



CITY OF MILWAUKEE
HEALTH DEPARTMENT

MKE ELEVATE FALL MEETING

WHAT IS SOMETHING NEW YOU LEARNED?

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT SURPRISED YOU?

1. _____
2. _____
3. _____
4. _____
5. _____

WAS ANYTHING MISSED THAT YOU FEEL SHOULD HAVE BEEN A PRIORITY?

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
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