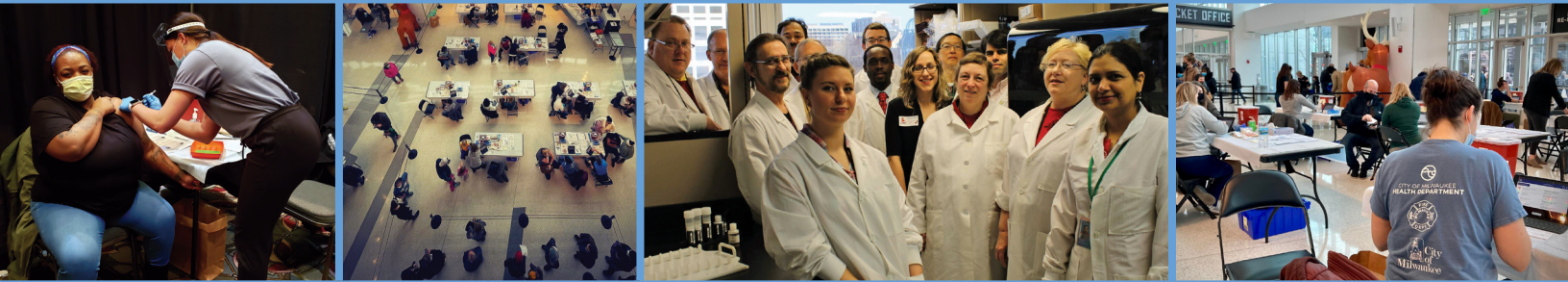


# STRATEGIC PLAN

2022-2027



CITY OF MILWAUKEE  
HEALTH DEPARTMENT

JULY 2022

# Acknowledgements

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The City of Milwaukee Health Department wishes to acknowledge several individuals whose expertise, time, and energy contributed to the development of the 2022-2027 strategic plan.

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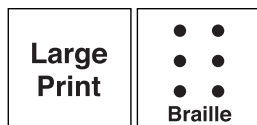
### **Mayor Cavalier Johnson**

### **Public Safety & Health Committee, Milwaukee Common Council**

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## Letter from the Commissioner of Health

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I am excited to share the City of Milwaukee Health Department 2022-2027 Strategic Plan, a five-year plan to enhance the Health Department's ability to promote and improve the health of Milwaukeeans now and into the future.

It was critically important to me that the strategic planning process was broadly inclusive and rooted in equity principles. The development of this plan was led by a steering team of Milwaukee Health Department (MHD) leaders and was informed by hundreds of stakeholders – MHD staff and leaders, Milwaukee residents and workforce, community organizations, public health colleagues, healthcare leaders, and many others. I am grateful for those who made time in the midst of busy lives and an ongoing pandemic to contribute their perspectives to this work.

Our commitment to become an anti-racist organization is apparent in the strategic plan as a consistent thread throughout the plan, with specific anti-racist actions integrated across the four areas of focus. In addition, we acknowledge the dynamic nature of public health and the importance of building new capacities within the department to sustainably support the health of Milwaukeeans. The actions in this plan are organized in a manner that allows MHD to focus initial efforts on establishing foundational capabilities in culture, management, people, and strategies, upon which we will build over time.

The fact that we will be embarking on this strategic vision while continuing the critical work we do every day to protect and promote the health of those who live, learn, work and visit the city of Milwaukee makes me even more appreciative of the extraordinary team with whom I get to work at MHD.

Together, in partnership with you and the community, we will bring this plan to life.



Kirsten Johnson  
Commissioner of Health



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## Introduction

The City of Milwaukee Health Department (MHD) serves a critical role in protecting, promoting, and improving the health of those who live, work, learn, and recreate in the city of Milwaukee. This charge is pursued through programs and services that are organized and delivered through the department's five branches – Administration; Community Health; Medical Services; Environmental Health; and Policy, Innovation and Engagement – in addition to the Public Health Laboratory and the Office of Violence Prevention.

In developing this strategic plan, it was important to acknowledge environmental and historical factors which shaped the work of the department. While aspects of these factors are outside the control, or even influence, of MHD, they nonetheless warrant acknowledgement because of their ongoing impact on the focus, capacity, and competencies of the department.

- **PANDEMIC RESPONSE.** Response to the COVID-19 pandemic dominated leadership attention and staff focus for the past two years. Despite significant state and federal resources to hire hundreds of temporary workers for contract tracing, testing, and vaccination, there continues to be significant demands on MHD leadership and staff to manage ongoing community needs.
- **LEADERSHIP TURNOVER.** MHD experienced notable staff turnover at all levels. Four commissioners have led the public health agency over the past five years, and nearly all of the senior staff are new to the organization. Additionally, MHD has experienced an unfortunate loss of institutional knowledge among senior employees who left public health in the face of unrelenting pandemic-related pressures and burnout.
- **RACISM AND HEALTH INEQUITY.** In response to historical and worsening health inequities, the City of Milwaukee Common Council declared racism a public health crisis in 2019. Throughout development of this strategy, we sought to create a strategic plan rooted in equity and aligned with the department's commitment to becoming an anti-racist organization by focusing on building internal competencies. In addition, the plan intentionally embeds anti-racist efforts within each focus area, ensuring that such efforts are seen and experienced as integral to the function of the department, and not a separate "project."



### Vision:

Living your best life, Milwaukee

### Mission:

Advance the health and equity of Milwaukeeans through science, innovation, and leadership

### Organizational values:

**Innovation:** We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.

**Equity:** We acknowledge historic and current injustices in our community and strive to cultivate an environment where everyone in our community has equal opportunity to be healthy.

**Collaboration:** We convene community members, partners, and elected officials to meet the needs of our community.

**Courage:** We take strategic risk and bold initiative to advocate for and prioritize the needs of our community.

**Accountability:** We act with transparency and integrity to advance the health of Milwaukee.

**Quality:** We continuously improve and adapt to create sustainable and positive health outcomes.

## How to use this document

This strategic plan is developed by and for the City of Milwaukee Health Department, with input from broad stakeholder groups including, but not limited to, MHD staff, Milwaukee residents, community-based organizations, MHD partner agencies, governmental bodies, and elected officials. The plan should be used by MHD leaders and staff to implement and monitor progress towards plan objectives, and as a primary document to inform Branch and Division-level strategic planning. In addition, the report memorializes current thinking so future references can be understood in the context of the circumstances and conditions in which the plan was developed.

While this document is intended for the use of MHD leaders and staff, it is likely other stakeholders may find value in the plan. Members of the public may utilize this document to learn about the upcoming goals and strategic investments of the department. Governmental organizations and community-based organizations can use this document to test alignment for partnership opportunities, and to explore opportunities for measure alignment and data coordination.

## Methodology

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The City of Milwaukee Health Department endorsed three principles to inform the planning process and ongoing strategy implementation.

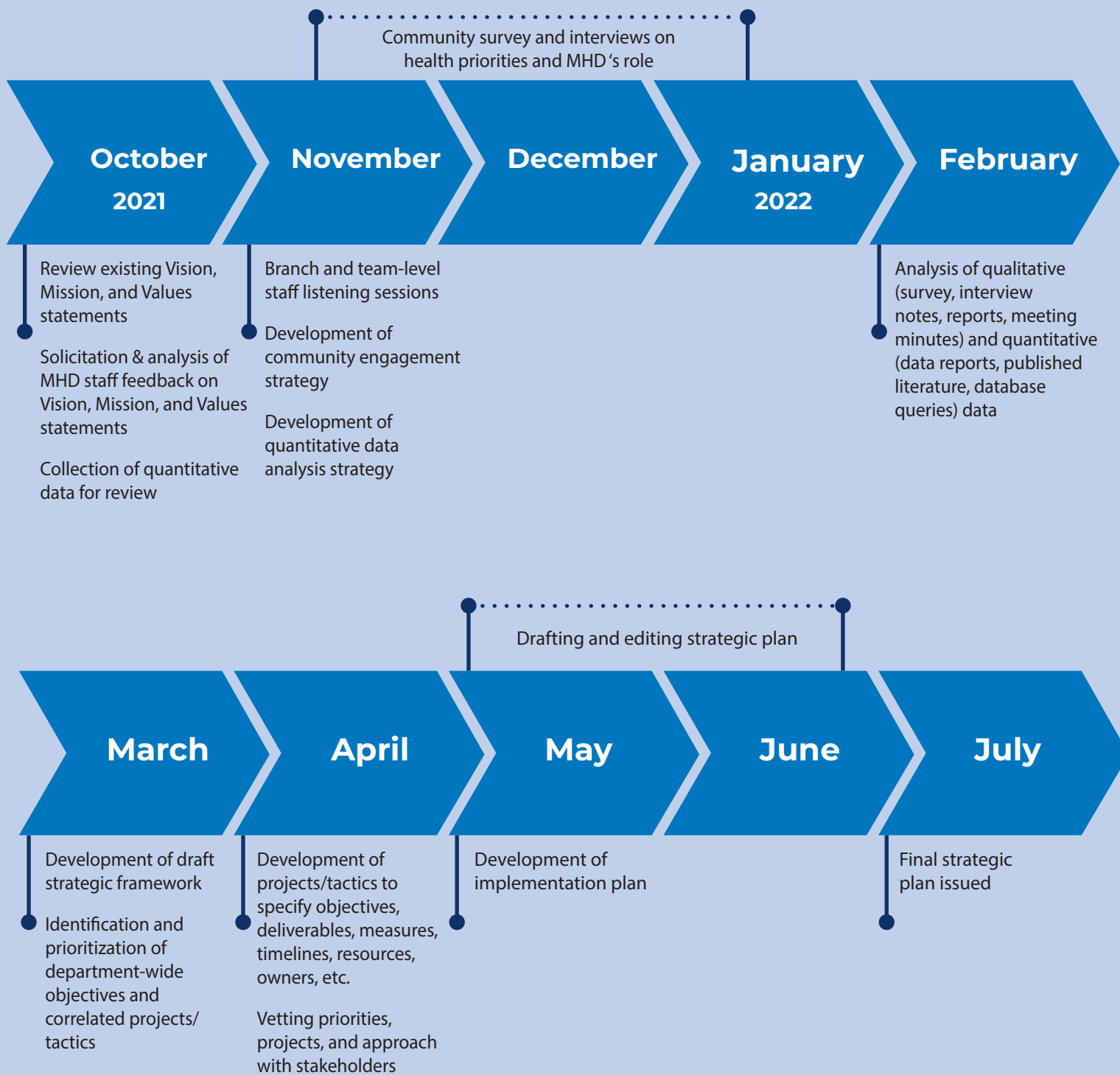
- **COMMUNITY CENTERED.** Centering the community in strategic planning begins with open and authentic conversation with residents, business owners, community leaders, and others to understand what the community desires for its health and how they envision MHD's role in this work. Conversations deepen understanding, which strengthen relationships, which fuels more conversation. In this meaningful cycle, MHD grounds itself as a partner and resource in health to residents and neighborhoods, each expert in their own lived experience.
- **DATA INFORMED.** Data informs all aspects of this strategic plan, from the clarity it brings to identification of disparities and opportunities, to the rigor it instills in process and outcomes measurements. MHD's commitment to growing and sharing public health data as a community asset is also evident in the strategies selected by our leadership team.
- **CAPACITY BUILDING.** The health of a community is a shared and cumulative effort, with each of us having a role to play. Building capacity for all – including MHD – to work strategically, sustainably, collaboratively, and effectively to create healthy environments will accelerate our pace to a healthier Milwaukee. This principle informed what priorities were selected for this strategy and how MHD will approach the work.

**Pandemic Safety Precautions.** High and consistent levels of COVID-19 transmission challenged MHD's desire to directly engage community residents within their neighborhoods, schools, or places of worship. Our accountability to lead through actions meant the strategy team elected to forgo in-person listening sessions in favor of electronic modalities, both passive (e.g., survey collection) and active (e.g., virtual interviews) to ensure resident safety. Moving forward, MHD will seek regular opportunities to provide updates, solicit input, and partner with residents to refine and implement its strategic plan.

## Process

The City of Milwaukee Health Department initiated strategic planning work in September 2021 with the naming of a multi-disciplinary steering team and development of a multi-phase project plan. This work is detailed in the Milestones below.

## Milestones



## Resources

MHD utilized a broad and deep set of resources to inform the development of this strategic plan. An illustrative summary of these resources is included below, with a full accounting located in **Appendix 1** to this report. As noted in the above milestones, MHD leadership intentionally sought new insights and recommendations from the Milwaukee community on what a healthy Milwaukee looks like, how MHD might support that view of a healthier community, and where MHD should begin our work. This data was critical to inform not only the development of our 2022-2027 strategic plan, but also is a key input to the development of Milwaukee's Community Health Assessment and Community Health Improvement Plan. These insights were collected via public survey, and group interviews with community leaders and representatives. Over 150 local organizations (**Appendix 2**) received invitations to take part in group interviews during the winter of 2021/22.

### Representation

### Resource Type

#### Community Voices

- *Community Survey*
- *Organization Interviews*
- *Stakeholder Interviews (e.g., Board of Health)*
- Milwaukee County

#### MHD Strategy & Operations

- MKE Elevate Plan
- Blueprint for Peace
- Interim 2018 MHD Strategy
- MHD Budgets (historical and current)
- MHD Annual Reports



#### Population Health

- Community Health Needs Assessments
- Community Health Improvement Plan

#### Databases

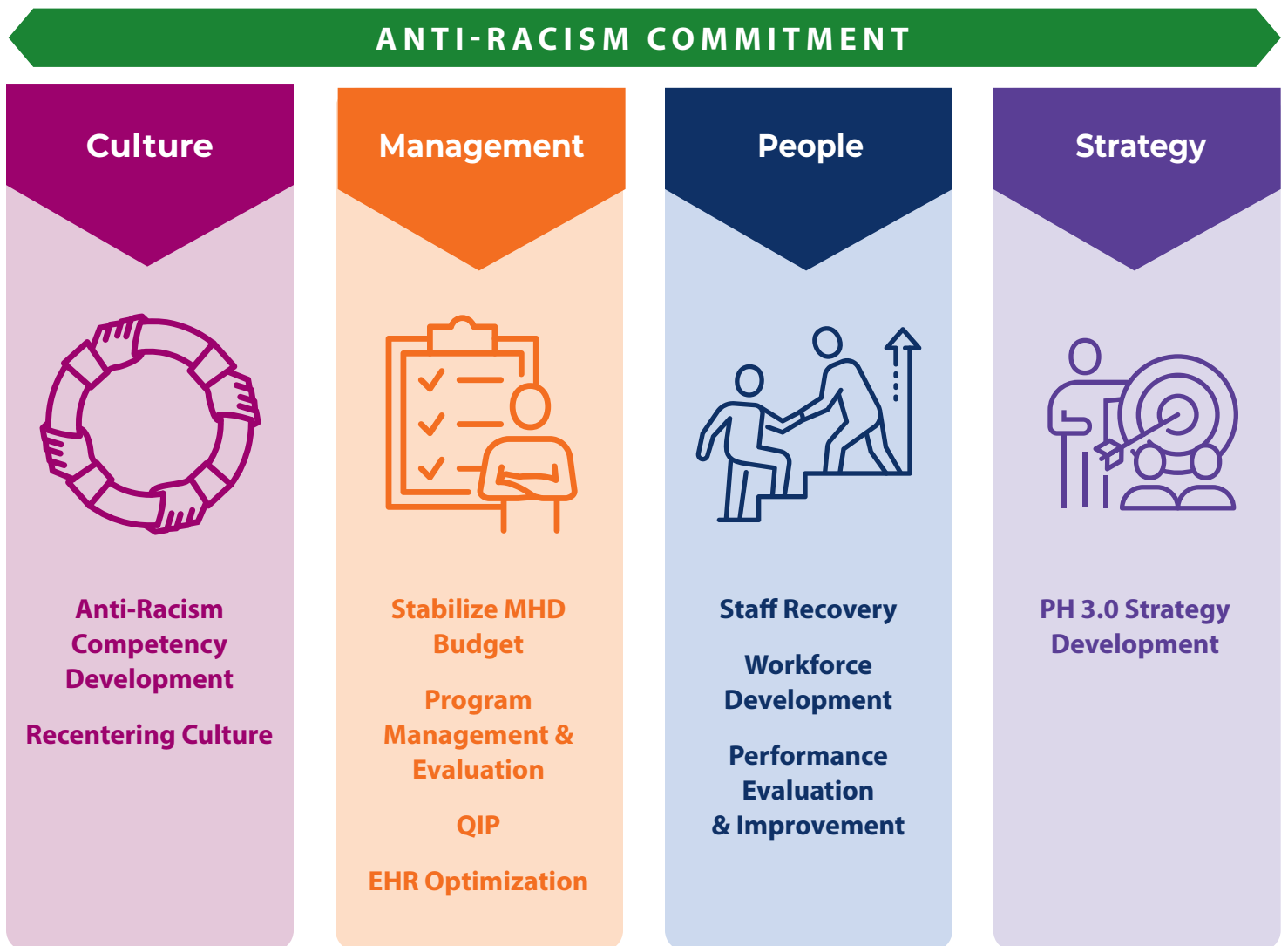
- County Health Rankings
- Wisconsin Interactive Statistics on Health (WISH)
- Milwaukee Equity Atlas
- FIMR Reports
- MHD-sponsored data repositories (lead, COVID-19, etc.)

*Italicized entries denote new data collection*

# 2022-2027 Strategic Plan

The Milwaukee Health Department’s 2022-2027 strategy is defined by transitions: between pandemic and post-pandemic leadership; between past and future operating models. While the formal strategy window extends five years, MHD leadership chose to focus on detailed planning for Years 1-3 (July 2022 – 2025) in recognition of the highly dynamic nature of public health. Years 1-3 are defined by a primary strategic goal of “Recovery and Reset” from pre- and pandemic years to enable the department’s transition to a Public Health 3.0 model. In this section of the plan, strategic goals, tactics, measures, owners, and enablers have been identified, aligned, and sequenced. They are grouped into one of four categories (see Figure 1) according to the primary focus of each goal. This work naturally segues to Years 4-5 (July 2025-2027), when MHD’s strategy will focus on a formal transition to Public Health 3.0 operations. Strategies discussed in this second phase of work are presented thematically and organized according to five potential scenarios that MHD leaders may face regarding ordering, pacing, and evaluating transition-focused strategies.

Figure 1. MHD Strategic Initiatives, 2022-2025



## Why a Public Health 3.0 Model?

The decision to transition to a Public Health 3.0 (PH 3.0) is first and foremost in recognition of the evolving needs of our community and our community's evolving relationship with MHD. Our community recognizes services, grants, and coalitions are important but insufficient to create meaningful change in public health. They understand our environment – cultural, political, social, structural – must also cultivate health, and today's environments are, at best, challenging that outcome. Years of science and lived experience tells us healthy societies lead to healthy people.

Milwaukeeans are looking to MHD to be a leader in creating healthy environments. We have heard this over multiple years, in multiple venues, and in multiple conversations – most recent of which was through the community survey and interview data we collected to inform this strategic plan. Milwaukee residents want us to evolve our relationship with our community, from one primarily of service-provider to strategist, policy-maker, advocate, and partner. The Public Health 3.0 model charts this path.



Our resolve to adopt a PH 3.0 model began with listening to our community and is reinforced by what we know of public health management. Cities across the nation are looking to the PH 3.0 model as the next best-practice model, grounded in years of evidence. As an operational model, PH 3.0 is more agile and responsive to community needs, enabling health departments to quickly and effectively respond to community health needs, from viral threats to coalition building. And as a public asset, a PH 3.0 health department is a smart investment due to enhanced financial sustainability and partnerships.

## How we intend to get there: Anti-Racism Approach to Strategy

Our objective for this strategic plan is ultimately to adopt a PH 3.0 model. Becoming an anti-racist organization is a major aspect of how we will get there. Anti-racism practices are the backbone of this strategic plan, shaping not only what we will do but how we will do it. Anti-racism is also a core tenet of PH 3.0, requiring institutions with power – like MHD – to critically assess how we use our authority, share and divest of power wherever possible, and commit to restructuring or dismantling systems that create unhealthy or inequitable environments.

In 2019, Milwaukee's Common Council formally recognized what our community has long known: racism is a public health crisis. In the following years, our community witnessed the intersection of public health crises in the disparate harm that Black, Indigenous, and Persons of Color (BIPOC) Milwaukeeans faced due to COVID-19, community violence, environmental conditions, and others. MHD leaders are united and resolved to publicly and transparently work to become an anti-racist organization. We begin here, with our new strategic plan.

We will explore how racism has influenced all aspects of our work: from how we are structured as a public agency, to the programs we offer, the employees we hire, the data we collect, the policies we support, and the messages we promote. Becoming an anti-racist organization requires us to make additive investments in such things as staff training, analytics support, or leadership positions. It also requires us to examine and act on the anti-racist opportunities to change our daily operations, service delivery, collaborations, and partnerships. As such, anti-racism efforts are presented as both discrete strategies and tactics (e.g., anti-racism training), as well as aspects of more traditional health department strategies and tactics (e.g., program evaluation).

In the strategy summaries below, **examples of anti-racist strategies and practices are highlighted in green text.** These examples illustrate the integrated and interdependent nature of anti-racism work and public health management. We chose to explicitly call out these strategies and actions to hold ourselves accountable and serve as an example of how to embed a commitment to anti-racism in organizational strategy. Anti-racist work is a dynamic practice; there is no benchmark to reach or certification to achieve. We recognize that our success in embedding anti-racism in our work is achieved decision-by-decision, minute-by-minute. We believe we will grow in our collective ability to do this work over time. We will be relentless and resilient in our efforts. We will listen and learn with humility. Dismantling racism is necessary for the health of Milwaukee, and we are ready to focus this work.



### **The connection between PH 3.0 and Anti-Racism**

Public Health 3.0 describes the emerging shift in how public health departments serve their communities. Whereas “2.0 models” focused on direct provision of service, the “3.0 model” is anchored by public health departments assuming the role of Chief Health Strategist for their communities. Responsibilities include convening representative community stakeholders to facilitate data collection, strategic partnerships and public policies that will sustainably advance the health of residents. Inherent in this transition to a 3.0 model is acknowledgement of the impact that racism has on individual and public health; willingness and ability to identify racism in our programs, workplaces, and policies; and commitment to dismantle racism at every opportunity. In short, adopting a Public Health 3.0 model is also adopting anti-racist practices. To learn more about Public Health 3.0 and anti-racism practices, please visit [Public Health 3.0: A Call to Action](#) and [Anti-Racist Organizational Development](#).

# 2022-2025 Strategic Goal: Recovery and Reset

Seven years and four commissioners have shaped MHD since the implementation of its 2011-2015 strategic plan. Concurrently, department staff has been buffeted by the COVID-19 pandemic, community traumas, budget cuts, and workforce shortages. The result is an organization that urgently needs support to psychologically recover from past experiences and organizationally prepare for the work ahead. The eight initiatives grouped as “Recovery and Reset” strategies do just that: collectively restore MHDs capacity to serve Milwaukee. These strategies focus exclusively on department culture, people, operations, and strategy. They are foundational, filling gaps or updating tools to ensure MHD can function as a major employer and public service agency. And they prepare MHD to begin its work transitioning to a Public Health 3.0 operating model, in which MHD experts, data, and services partner with public and private entities to coordinate investments and management of the public’s health.

## Culture



### GOAL 1: Anti-Racism Competency Development

Improving the health of Milwaukee cannot be achieved without improving health equity, and health equity cannot be advanced unless we acknowledge and address racism in our society and in our organization. This work does not begin in this strategic plan, but it does take an important step forward with a department-wide commitment to developing anti-racist competencies. Specifically, we will ensure all MHD staff have fundamental knowledge as to why MHD will become an anti-racist organization, how the department will cultivate anti-racist practices and competencies, and what is expected of all staff members to support this work.

#### Strategies<sup>1</sup>

- **1.1** Organize and complete **anti-racism staff training** via Workforce Development grant
- **1.2** Develop and standardize use of **racial equity assessment** tool to inform program and funding decisions; of language to guide internal and external anti-racism analysis
- **1.3** Establish independent **anti-racism strategy, advisory body** to guide ongoing training needs and programs, financial supports, and cross-government alignment
- **1.4** Provide organizational space, time, resources, and

structure to discuss and respond to issues of **racial justice** within and outside the department<sup>2</sup>

- **1.5** Build internal capacity to facilitate ongoing **anti-racism training/competency building and racial caucusing**

#### Measures of Success:

- 100% staff completed **anti-racism training** series
- Pre/post staff surveys assessing confidence in applying **anti-racist practices** in daily work, interactions, and communications; understanding intersectionality of **racism and other social oppressions** with health outcomes
- % participation in ongoing anti-racism training/competency building

### GOAL 2: Recenter Culture

MHD’s culture blurred over several years of leadership turnover and crisis management. Defining our culture – whether in affirmation of long-held beliefs or in endorsement of new expectations – is critical to the overall success of this strategy and in the department’s transition to a Public Health 3.0 model. MHD resolves to clarify our cultural norms and aspirations through Goal 2 of this strategic plan and commits to reinforce its culture through daily work.

## Strategies:

- **2.1** Conduct **demographically disaggregated** culture assessment to identify current culture strengths, weaknesses, opportunities: issue recommendations for improvements, training opportunities, tools, etc., with priority on sharing tools or practices used across city and county government
- **2.2** Review and update MHD vision, mission, and values statements to **foster development of an inclusive and anti-racist culture**
- **2.3** Develop or adopt an **anti-racist** culture shaping framework to guide ongoing culture work across the department.
- **2.4** Create and curate suite of active and passive tools to reinforce **anti-racist** culture aspirations, practices, policies, and learning opportunities, including but not limited to team-building exercises, slides, posters/placards, etc. across all divisions and programs

## Measures of Success:

- % understanding, endorsement of culture based on staff survey
- % increase YoY in staff satisfaction survey
- Integration of culture content or norms into other related work (e.g., Workforce Development, Staff Recovery, etc.)
- **# of anti-racist practices, policies, and learning opportunities** integrated into team-building exercises, slides, posters/placards

## CASE STUDY: Racism as a Public Health Crisis in King County (Washington)

Racism was declared a public health crisis in King County, Washington in June 2020. Key insights from their early activities include:

- A chair and co-chair of an oversight committee were selected to lead the work, and all participants committed to responsive, transparent, adaptive, and accountable behaviors.
- Guiding principles of the work centered Black, Brown, and Native voices, focused attention on where negative impacts of racism have been most harmful, and prioritized opportunities to address root causes of racism.
- In early 2022, members of disenfranchised communities were invited to participate in a Gathering Collaborative, a community led process to decide where \$25 million dollars of federal funds from the American Rescue Plan will be spent.

- Additionally, a policy agenda and budget were developed by the county government that centers voices and lived experiences of those most impacted by systemic racism and economic inequity.

The proposed budget for the current fiscal year included new investments in the criminal legal system and funding priorities for anti-racist work to shift historic power structures as well as providing resources to community-based organizations serving and rooted in Black, Indigenous, and Persons of Color (BIPOC) communities across the county. This budget was developed in partnership with advocates, community members, and public servants.





## Goal 3: Financial Alignment and Sustainability

Demand for public health resources increased significantly over the last five years, as have expectations for transparency, accountability, and sustainability in funding. In this goal, MHD endorses strategies and actions to ensure that funding pursued and accepted by MHD aligns with the goals of this strategic plan and available resources (e.g., people, data, etc.). In addition, these strategies enable MHD to efficiently sustain critical services and supports.

### Strategies:

- **3.1** Establish “unified” MHD Financial Reporting, reflecting all funds/programs
- **3.2** Evaluate alignment between the terms and focus of funders and MHD strategic goals, **including anti-racism practices**; recommend strategies or programs to be phased-out, new funding sources to secure or grow
- **3.3** Establish methodology and frequency to assess program performance and anti-racism impact in context of revenue/resources required for each program
- **3.4** Collaborate on the design and implementation of the PH 3.0 Strategy to embed new financial planning practices and cross-agency financial data
- **3.5** Enhance community-based program funding and improve efficiency of re-granting process

### Measures of Success:

- % growth in funding for strategic priorities
- % growth in State funding for mandated functions or shared programming (e.g., lead abatement)
- “Overhead” expenditures for costs such as parking, phones, utilities, etc. at or below 6% total department spending
- % increase in cost recovery for citywide services

## Goal 4: Program Evaluation & Improvement

As stewards of Milwaukee’s health, it is imperative MHD understand the impact of its many programs and to share that information with the public. In Goal 4, MHD will build out its programmatic evaluation and improvement work by cultivating program-specific data assets, developing staff and data standards for evaluation, and setting department-wide expectations for performance reporting and transparency. This foundational information will help leaders understand which programs have the greatest impact, where to invest new resources, what improvement opportunities exist, and how to tell the story of MHD’s work.

### Strategies:

- **4.1** Recruit and retain new staff – with a specific intent to recruit a **diverse and inclusive workforce** - to develop and conduct program-level data analysis across department
- **4.2** Establish workgroup to review and endorse key performance indicators for internal tracking and external reporting
- **4.3** Develop and implement plan to build **demographically disaggregated data** assets, tools, dashboards, and procedures for use in program evaluation and improvement
- **4.4** Convene a Quality Improvement Committee to assess, select, and monitor annual quality improvement initiatives aligned with PH 3.0 transition and grounded in **anti-racism practices**; establish first Quality Improvement Plan (QIP)
- **4.5** Develop and implement plan to **highlight and measure health inequities across programs, to collect and report data disaggregated by race, ethnicity, income, gender, neighborhood**, etc., and **incorporate community voice** into ongoing data collection, analysis, and reporting.

### Measures of Success:

- Established Quality Improvement Committee and Quality Improvement Plan by EOY 2022
- % quality improvement initiatives on track/target per quarter
- % managers completed training in program evaluation and quality improvement practices
- Program performance dashboards (internal and external-focused) are completed and in use by June 2025
- Number of programs and projects reporting **disaggregated data and/or applying an anti-racism lens** to program evaluation

## Goal 5: Electronic Health Record (EHR) Optimization

Meaningful, granular, and comprehensive data is necessary for MHD to understand our current performance and to effectively transition to a Public Health 3.0 model. The department's recent installation of a centralized and unified electronic health record EHR system is a major step forward for the department. Optimization of this system will ensure that programs are

accurately documenting client interactions, clinical care, and tracking programmatic outcomes. **It will also ensure consistent collection of specific types of data (e.g., race, ethnicity, language) to inform equity analysis and anti-racism efforts.**

### Strategies:

- **5.1** Leverage clinical, security, and practice management workgroups for EHR optimization, focusing on clinical and programmatic outcomes data workflows
- **5.2** Coordinate and implement full integration with allowable MHD programs, including the Lab Information Management System and program access to billing modules, in accordance with equity-based guidelines
- **5.3** Implement quality improvement processes for EHR use

### Measures of Success:

- All in-scope programs for patient services and included interfaces are fully implemented in the EHR
- Program metrics and outputs are accessible via data extracts and data reports by June 2024





## Goal 6: Staff Recovery

Over the last five years, MHD staff served city residents through extraordinary times of disease, community traumas, and leadership upheaval. The result is an exhausted and hurting public health workforce. The wellbeing of MHD's staff is at the center of MHD achieving its goals and serving Milwaukee residents. Therefore, our sixth strategic goal is to support MHD staff in personal and team recovery, and develop personal, interpersonal, and organizational practices for ongoing stress management.

### Strategies:

- **6.1** Assess and propose department and branch-level opportunities to delay/scale-back/or stop discretionary activities through July 2025
- **6.2** Engage MHD staff to understand sources of chronic and acute stress – **including, but not limited to, stressors caused or exacerbated by racism** – in the workplace, and develop strategies to mitigate select stressors; determine which of these MHD will sponsor longitudinally to ensure consistent access
- **6.3** Establish consistent venues, methods, or events to support personal and interpersonal psychosocial healing from community traumas; **utilize evidence-informed programs or modalities that are grounded in cultural humility, health equity, and anti-racist practices**
- **6.4** Assess inter-MHD opportunities for relationship recovery and improved collaboration

### Measures of Success:

- % staff awareness and use of recovery resources
- Implement annual staff experience, satisfaction survey; establish baseline and team/branch-level YoY improvement goals
- % reduction in position turnover
- % increase in annual job satisfaction surveys

## Goal 7: Workforce Development

MHD's greatest asset is our people. The absence of a clear workforce development strategy and support at a time of crisis management during the COVID-19 pandemic created unprecedented challenges for employee morale, recruitment, and retention. In Goal 7, MHD commits to a significant investment in its people by establishing an MHD-wide workforce development strategy, focusing on **equitable** recruitment, retention, compensation, promotion, and skill development for all MHD staff.

### Strategies:

- **7.1** Create, maintain, and implement a comprehensive values-based workforce development plan for MHD, in accordance with Public Health Advisory Board (PHAB) and State of Wisconsin requirements for a Level III public health agency, with prioritization on training and recruiting for PH 3.0 competencies
- **7.2** Expand MHD's Human Resources (HR) staff positions to allow sufficient HR support for recruitment, onboarding, development, evaluation, **anti-racism practices**, and other activities
- **7.3** Evaluate and update position roles, titles, responsibilities, competencies to reflect PH 3.0 standards and **anti-racism objectives**
- **7.4** Conduct market and **equity-focused** studies on individual and role compensation and partner with City leaders to address recommendations
- **7.5** Develop 360o performance evaluation criteria and use guidelines for all staff; utilize performance improvement cycles, tools, standards, and documentation for routine professional development coaching
- **7.6** Apply and embed **anti-racist language, policies, principles, and practices** in all aspects of workforce development, and related department policies
- **7.7** Establish strategies, funds, programs for **Black, Indigenous, and Persons of Color (BIPOC) MHD employees to participate in leadership development opportunities**



	Blue	Gold	Green	Orange
Esteemed for	Being a good listener	Being approachable	Discovering new insights	Being fun, taking risks
Stressed by	Feeling artificial	Lack of order	Feeling inadequate	Restrictions
Seeks	Love and acceptance	Security	Insight and knowledge	Freedom
Specialty is	People	Accomplishments / results	Research and innovations	Entrepreneurship
Validated by	Acceptance of others	Being appreciated	Aligning their vision	Achieving visible results

- **7.8 Set benchmarks around leadership development and retention of people of color**
- **7.9** Establish shared, central resource for professional development tools, activities, learnings, etc., **inclusive of anti-racism competencies**

**Measures of Success:**

- YoY improvements in the racial/ethnic diversity of staff recruitment and retention at each leadership level
- YoY improvements in staff satisfaction with annual development opportunities, compensation and benefits, team culture

- Reduced number of unfilled positions
- Implementation of annual 360o reviews for all employees
- % **staff of color** participating in leadership development opportunities
- % increase in number of staff hired and retained who **reflect communities most affected by inequities**
- Institutionalized professional development models and trainings integrating **trauma-informed approaches, transformation, and racial equity**

**CASE STUDY: Public Health Ontario**

The Ontario Public Health Department reviewed a number of strategies to support the mental health of the public health workforce due to the effects of COVID-19. Support was provided at the individual, organizational, and community levels using evidence-based strategies. Individual and team strategies include education and training, mental health interventions, and peer support. Examples of these types of interventions given include providing training on pandemic-related stressors and mental health risks, resilience and coping skills, referral to specialty mental health services for staff, and establishing opportunities for staff to build social connections with one another. Organizational and management strategies include staffing, workload

management, communication, leadership, and workplace cohesion. Examples of these types of interventions include provision of adequate personal protective equipment, space and time to rest, providing adequate food and drink, proactively monitoring for staff mental health concerns, and providing recognition and gratitude for the work and efforts of staff. Policy level interventions include strategic pandemic preparedness policies and reviewing occupational health policies, normalizing funding mental health as part of routine operations, and reducing stigma. Examples of these types of interventions mentioned include designing occupational health policies to promote psychological wellbeing of staff, and routinely providing mental health resources and support.



## Goal 8: PH 3.0 Strategy

MHD is poised to transition to a Public Health 3.0 (PH 3.0) model over the five-year strategy window. Doing so requires careful examination of the implications of this transition on roles, partnerships, funding, data collection, communications, and other department functions or responsibilities, and particularly the sequencing and pace of changes to any of the above. MHD's eighth goal is to create a strategic plan specifically for the transition to a PH 3.0 model, for implementation beginning in Year 4 (July 2025).

### Strategies:

- **8.1** Complete asset and program-level assessment of services, roles, and partnerships aligned with 3.0 model to ensure strategy focuses on creating net new assets
- **8.2** Develop Public Health 3.0 Transition Strategy for department, inclusive of initial design, milestones, and resource requirements
- **8.3** Deploy universal and targeted education to staff on transition planning, public health 3.0 competencies and roles, etc.
- **8.4** Develop priority-based equity tool to inform department and branch-level decision making

- **8.5** Seek input and guidance from Black, Indigenous, Persons of Color (BIPOC) organizations and community leaders in decision-making
- **8.6** Build organizational understanding of how power is distributed within and across MHD, and how MHD's decisions are made
- **8.7** Evaluate how MHD's programs are designed to build and share power with the community; make recommendations on ways to advance power-sharing via existing programs and policies, or establish new programs and policies designed to build and share power

### Measures of Success:

- Pre/post analysis of staff understanding and preparation to function in a 3.0 model
- % increase in high-value partnership activities to support local leadership of health services, functions
- % increase in diversification of funding sources
- % increase in quality and quantity of **partnerships with communities of color**
- % increase in capacity on individual's, team's, department's role in structure and decision-making, especially relating to **racial equity**



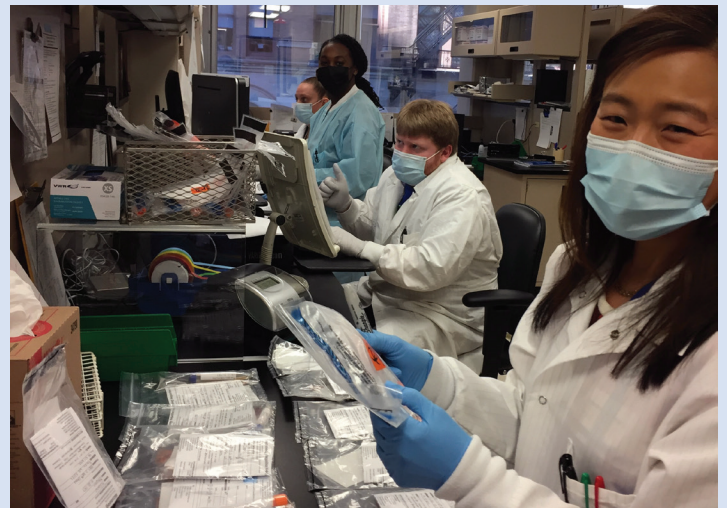
## Additional Strategic initiatives

The City of Milwaukee Health Department's work far exceeds the eight foundational strategies detailed in its Recovery and Reset plan. In addition to the ongoing management of programs, grants, and partnerships, MHD leaders have several high-profile initiatives that overlap the 2022-2027 strategic period, all of which present tremendous opportunities for early insights, strategic alignment, and accelerated impact of its transition to a Public Health 3.0 model and anti-racist organization. The following initiatives were taken into consideration during the development of the strategic plan and will continue to be monitored closely alongside department strategies.



- 1. Pandemic Response & Recovery.** Formalize learnings from ongoing pandemic response by developing strategies and guidelines to inform future COVID-19 surge response and recovery or other future public health crises or events. To learn more about COVID-19 pandemic response and crises management, visit our COVID-19 webpage at [milwaukee.gov/coronavirus](https://milwaukee.gov/coronavirus).
- 2. Community Health Assessment (CHA), Community Health Improvement Plan (CHIP).** Complete Milwaukee's next Community Health Assessment in 2022 to inform the development and implementation of the paired Community Health Improvement Plan (Planning 2023, Implementation 2024-27), with particular attention paid to MHD's emerging priorities and roles in a Public Health 3.0 model. To learn more Milwaukee's CHA/CHIP analysis and planning, visit MKE Elevate's webpage at [milwaukee.gov/elevate](https://milwaukee.gov/elevate).
- 3. Lead Hazard Reduction.** Deploy \$26M in new funding for lead paint hazard reduction via nurse case management services, increased testing, and lead reduction in an additional 800 units within the city of Milwaukee. To learn more about MHD's lead hazard reduction work, visit our webpage at [milwaukee.gov/lead](https://milwaukee.gov/lead).

- 4. Violence Prevention.** Deploy \$11.4M in new funding for violence prevention via expanding 414 Life program operations, suicide prevention, youth prevention, crisis response, and community-based program funding for pass-through grant opportunities. To learn more about violence prevention efforts, read Milwaukee's Blueprint for Peace or visit our webpage at [milwaukee.gov/ovp](https://milwaukee.gov/ovp).



- 5. Public Health Lab Systems Improvement Program.** Using the new Laboratory Systems Improvement Program (L-SIP) toolkit, assess and pursue improvement opportunities to strengthen lab networks, improve data analysis, and update workforce and infrastructure. To learn more about MHD's public health lab program, visit our webpage at [milwaukee.gov/healthlab](https://milwaukee.gov/healthlab).
- 6. Clinic Operations Assessment & Redesign.** Analyze optimal type, size, and placement of clinical services sponsored independently by or in partnership with MHD over the coming years to ensure critical access to care for all Milwaukee residents and support MHD's transition to a Public Health 3.0 model. To learn more about MHD's clinical services and locations, visit our webpage at [milwaukee.gov/health/clinics](https://milwaukee.gov/health/clinics).

# 2025-2027 Strategic Goal: Public Health 3.0

MHD’s focus in the final two years of its strategy is to complete the transition to a Public Health 3.0 model, as directed by the strategy developed during the Recovery and Reset phase, and further embed anti-racist practices and policies in all aspects of work. The environment in which MHD leaders will advance these strategies, however, is unknown. The scenarios that may be present are also widely variable. As such, MHD leaders approached planning for the final two years of our strategic window by establishing clarity on the final outcome – an operational 3.0 model – and exploring possible factors that may encourage or disrupt achieving that outcome. Below, we describe five of these scenarios, as well as possible risks and opportunities that may present, and Recovery and Reset strategies that could be particularly valuable in each paradigm. This summary reflects an extensive planning exercise completed by MHD leaders, to be referenced and refined over the first three planning years.

## Scenario

## Risks & Considerations

**1.** Public or political climate that questions or minimizes the role of public health, requiring MHD to respond to challenges on impact, relevancy, etc. while continuing to deliver service and implement strategy

### STRATEGIC RISKS:

- Staff burnout; challenges with retention or recruitment
- Declining interest from community-based organizations (CBO), governments, academia in collaborations
- Legal challenges to public health authorities

### LOOK TO:

- Staff Recovery
- Program Evaluation & Improvement

**2.** Significant new investments to expand public health infrastructure, readiness, programs, etc., which has implications for MHD’s ability to grow/expand rapidly, decision-making, etc.

### STRATEGIC RISKS:

- No guarantee of continued funding at increased levels, risks with sustainability
- Challenges to fill and sustain new staffing requirements

### LOOK TO:

- Workforce Development
- Public Health 3.0
- Financial Alignment and Sustainability



## Scenario

## Risks & Considerations

- 3.** Changes in public health is managed across region (e.g., consolidation of services, redistribution of authorities or services)

### STRATEGIC RISKS:

- Potential to dilute the power currently held by City residents (primarily Persons of Color, lower SES, etc.), by virtue of having City-specific PH department.

### POTENTIAL OPPORTUNITIES:

- Opportunities to collaborate on societal and systemic issues (e.g., anti-racism, equity) and cross-county factors in health (e.g., transportation, pandemic response)
- Favorable impact on bureaucracy and administration costs

### LOOK TO:

- Public Health 3.0
- EHR Optimization
- Workforce Development

- 4.** Necessity to respond to additional catastrophic events (e.g., another novel pandemic, environmental toxin exposure, climate event, etc.)

### STRATEGIC RISKS:

- Processes and learning from managing COVID-19 have not yet been transferred to institutional knowledge or standard practices
- Stressors and burnout from current pandemic weaken safety net providers
- May slow MHD's transition to a PH 3.0 model

### LOOK TO:

- Staff Recovery
- Recentering Culture
- Workforce Development

- 5.** Significant disruptions in availability of public health workforce

### STRATEGIC RISKS:

- An under-staffed health department limits ability to deliver on standard services, respond to crisis situations
- May incentivize a more rapid and premature shift to a PH 3.0 model

### POTENTIAL OPPORTUNITIES:

- Strong potential for new or growing partnerships with CBOs, academic, health providers to ensure consistency in service

### LOOK TO:

- Public Health 3.0 Strategy
- Workforce Development
- Program Evaluation & Improvement

(\*Ordering of scenarios is not indicative of likelihood or preference.)

# Implementation

The following actions are slated for the **first** year of implementation (July 2022-June 2023) of MHD’s five-year plan. Actions are grouped according to strategic focus area and initiative and presented alongside the strategy owner(s).

CULTURE		
Goal 1	Anti-Racism Competency Development.	
1.1	Organize and complete <b>anti-racism staff training</b> via Workforce Development grant	
	Identify and secure contract for training all MHD staff on <b>anti-racism</b> practices and competencies	Policy, Innovation & Engagement
	Complete <b>anti-racism training</b> for 100% of staff, inclusive of full and part-time employees, contracted workers	Policy, Innovation, & Engagement
1.2	Development and standard use of <b>racial equity assessment tool</b> to inform program and funding decisions; of language to guide internal and external anti-racism analysis	
	Initiate establishment and socialization of <b>anti-racism language</b> , in coordination with City Office of Equity and Inclusion	Policy, Innovation, & Engagement
1.3	Establish independent <b>anti-racism strategy, advisory body</b> to guide ongoing training needs and programs, financial supports, and cross-government alignment	
	Complete draft charter and prepare for initiation in Year 2 (starting July 2023)	Policy, Innovation, & Engagement
1.4	Provide organizational space, time, resources, and structure to discuss and respond to issues of <b>racial justice</b> within and outside the department <sup>2</sup>	
	Hold bi-monthly Brave Space conversations for MHD staff and leadership to engage in discussions regarding racial <b>justice and equity</b> .	Policy, Innovation, & Engagement Office of Violence Prevention Administration
1.5	Build internal capacity to facilitate ongoing <b>anti-racism training/competency building and racial caucusing</b>	
	Identify internal champions for <b>anti-racism and diversity/equity/inclusion efforts</b> to inform ongoing strategy peer-to-peer coaching, and collaboration across city government and local stakeholders	Policy, Innovation, & Engagement Administration – Human Resources
Goal 2	Recentering Culture.	
2.1	Conduct demographically <b>disaggregated</b> culture assessment of MHD staff to identify current culture strengths, weaknesses, opportunities: issue recommendations for improvements, training opportunities, tools, etc., with priority on sharing tools or practices used across city and county government	
	Convene representative team to develop assessment tool, data collection timeline, and data analysis process for culture assessment; utilize or adapt existing culture assessment tools where possible	Administration – Human Resources Administration – Commissioner’s Office Data & Evaluation
2.2	Review and update MHD vision, mission, and values statements to <b>foster development of an anti-racist culture</b>	
	Convene representative team to evaluate existing vision, mission, and values statements using anti-racist practices and objectives and in relation to the strategic goals set forth in the 2022-27 strategic plan to improve alignment, clarity, and content of statements.  Make recommendations to Commissioner for refinements to vision, mission, and values statements	Culture Committee (to be formed) Policy, Innovation & Engagement MHD Leadership
2.3	Develop or adopt a culture shaping framework to guide ongoing culture work across the department	
	Identify culture shaping frameworks in support of MHDs specific goals and culture opportunities, along with related training, implementation costs.  Identify potential funding sources to advance this work in Year 2+	Culture Committee (to be formed) Policy, Innovation & Engagement Administration – Commissioner’s Office
2.4	<i>Create and curate suite of active and passive tools to reinforce <b>anti-racist</b> culture aspirations, practices, policies, and learning opportunities, including but not limited to team-building exercises, slides, posters/placards, etc. across all divisions and programs</i>	
	<i>Planned for Y2+</i>	

ACTION

OWNERS

MANAGEMENT		
<b>Goal 3</b>	<b>Financial Alignment and Sustainability.</b>	
3.1	Establish “unified” MHD Financial Reporting, reflecting all funds/program	
	Complete “unified” MHD Financial Reporting (all funds, all programs), and establish schedule and distribution list for review (including management, Board of Health, Mayor, Common Council)	MHD Administration – Finance Policy, Innovation & Evaluation MHD Leadership
	Complete standardization of overhead cost allocation and budgeting for expenses such as leases, parking, phones, IT, energy, memberships, office expenses, etc.	MHD Administration - Finance
3.2	Evaluate alignment between the terms and focus of funders and MHD strategic goals, <b>including anti-racism practices</b> ; recommend mis-aligned strategies or programs to be phased out, new funding sources to secure or grow	
	Outlook for simplified DHS funding arrangements is formalized and proposed to DHS.	MHD Administration - Finance
	Refine “priority budget” tools and process to guide resource allocation/expansion decisions, used/debuted for 2024 Budget Request (May 2023).	MHD Administration – Finance MHD Leadership
3.3	<i>Establish methodology and frequency to assess program performance and <b>anti-racism impact</b> in context of revenue/resources required for each program</i>	
	<i>Planned for Year 2+</i>	
3.4	<i>Collaborate on the design and implementation of the PH 3.0 Strategy to embed new financial planning practices and cross-agency financial data</i>	
	<i>Planned for Year 2+</i>	
3.5	Enhance community-based program funding and improve efficiency of re-granting process	
	Design and implement criteria and related process to make smaller, shorter-term awards to community-based organizations in support of public health 3.0 goals	City Attorney, City Comptroller, City Grants Administration, MHD Leadership, Administration – Finance
<b>Goal 4</b>	<b>Program Evaluation &amp; Improvement</b>	
4.1	Recruit and retain new staff – with a specific intent to recruit a <b>diverse and inclusive workforce</b> - to develop and conduct program-level data analysis across department	
	Establish formal pipeline for recruitment of <b>diverse candidates</b> from area colleges and universities for data and evaluation team members	Policy, Innovation, & Engagement Administration – HR
	Utilize culture assessment findings (2.1) to inform specific program, policy, or process improvements in data analytics teams	Data & Evaluation Administration – HR
4.2	Establish workgroup to review and endorse key performance indicators for internal tracking and external reporting	
	Charter and convene workgroup; complete analysis and issue recommendations by June 2023	Data & Evaluation MHD Program Leadership
4.3	Develop and implement plan to build <b>disaggregated</b> data assets, tools, dashboards, and procedures for use in program evaluation and improvement	
	Train program leadership on program evaluation tools by June 2023	Policy, Innovation, & Engagement MHD Program Leadership
4.4	Convene a Quality Improvement Committee to assess, select, and monitor annual quality improvement initiatives aligned with PH 3.0 transition and <b>grounded in anti-racism practices</b> ; establish first Quality Improvement Plan (QIP)	
	Charter and convene QIC to revise/update MHD quality improvement plan by January 2023	Policy, Innovation, & Engagement MHD Program Leadership
4.5	Develop and implement plan to <b>highlight and measure health inequities across programs</b> , to collect and report <b>data disaggregated by race, ethnicity, income, gender, neighborhood</b> , etc. and <b>incorporate community voice</b> into ongoing data collection, analysis, and reporting.	
	Develop guiding principles for community engagement, analysis and reporting across department services and functions to understand <b>health inequities</b>	Policy, Innovation, & Engagement Data & Evaluation
<b>Goal 5</b>	<b>EHR Optimization</b>	
5.1	Leverage clinical, security, and practice management workgroups for EHR optimization, focusing on clinical and programmatic outcomes data workflows	
	Scope of work (SOWs) and implementation plans for clinical and community health programs are completed and prioritized	Data & Evaluation MHD Program Leadership
5.2	Coordinate and implement full integration with applicable MHD programs, including the Lab Information Management System and program access to billing modules, in accordance with <b>equity-based guidelines</b>	
	All applicable MHD programs (including clinical and community health programs) are using MHD’s EHR to support service delivery and billing	Data & Evaluation MHD Program Leadership
5.3	Implement quality improvement processes for EHR use	
	Establish change management process to conduct intake, assessment and prioritization of quality improvement opportunities for EHR use	Data & Evaluation EHR Workgroup (See 5.1)

# PEOPLE

## Goal 6 Staff Recovery

6.1	Assess and propose department and branch-level opportunities to delay/scale-back/or stop discretionary activities through July 2025	
	MHD executive leadership begin to map out current projects, grants, programming and clinical operations to determine specific areas that can be paused. Strategic sessions with executive leadership to occur and each Deputy will be responsible for seeking feedback/insight from their management teams to generate comprehensive ideas for the immediate and long-term changes.	MHD Program Leadership
	Present strategic plan and proposed budget to key constituents (Board of Health, Common Council and Mayor's Office).	MHD Program Leadership
6.2	Engage MHD staff to understand sources of chronic and acute stress – including, but not limited to, stressors caused or exacerbated by racism - in the workplace, and develop strategies to mitigate select stressors; determine which of these MHD will sponsor longitudinally to ensure consistent access	
	Generate surveys for staff to assess overall well-being, workplace-based stress, and priorities for action. Partner with experts in City government in the design and selection of questions to elicit meaningful insights without creating or compounding harm.	MHD Program Leadership City Department of Employee Relations and/or Equity and Inclusion designees
6.3	Establish consistent venues, methods, or events to support personal and interpersonal psychosocial healing from community traumas; utilize evidence-informed programs or modalities that are grounded in cultural humility, health equity, and anti-racist practices	
	Establish and convene representative working group to identify initial priorities, timelines, and sequencing of activities to support personal and interpersonal psychosocial healing from community traumas. Seek input from existing City partners focusing on Diversity, Equity and Inclusion to see of evidence-informed programs/modalities that could align with the City's movement towards anti-racism. Evaluate timing for an RFP for a contracted entity (pending grant opportunities as well) to focus on workforce development and recovery.	MHD Program Leadership Department of Equity and Inclusion
6.4	Assess inter-MHD opportunities for relationship recovery and improved collaboration	
	Planned for Year 2+	

## Goal 7 Workforce Development

7.1	Create, maintain, and implement a comprehensive values-based workforce development plan for MHD, in accordance with Public Health Advisory Board (PHAB) and State of Wisconsin requirements for a Level III public health agency, with prioritization on training and recruiting for PH 3.0 competencies.	
	Hire Workforce Director to oversee the creation, maintenance, and implementation of a Workforce Development plan for MHD.	Administration – Human Resources Department of Employee Relations Policy, Innovation, & Engagement
7.2	Expand MHD's Human Resources staff positions to allow sufficient HR support for recruitment, onboarding, development, evaluation, anti-racism practices, and other activities.	
	Hire Workforce Director to oversee the creation, maintenance, and implementation of a Workforce Development plan for MHD.	Administration – Human Resources Department of Employee Relations Policy, Innovation, & Engagement
	Hire Workforce Director to support recruitment, hiring, and retention of diverse workforce.	Administration – Human Resources Department of Employee Relations Policy, Innovation, & Engagement
7.3	Evaluate and update position roles, titles, responsibilities, competencies to reflect PH 3.0 standards and anti-racism objectives	
	Planned for Year 2+	
7.4	Conduct market and equity-focused studies on individual and role compensation and partner with City leaders to address recommendations	
	Planned for Year 2+	
7.5	Develop 360° performance evaluation criteria and use guidelines for all staff; utilize performance improvement cycles, tools, standards, and documentation for routine professional development coaching	
	Planned for Year 2+	
7.6	Apply and embed anti-racist language, policies, principles, and practices in all aspects of workforce development	
	Planned for Year 2+	
7.7	Establish strategies, funds, programs for Black, Indigenous, and Persons of Color (BIPOC) MHD employees to participate in leadership development opportunities	
	Planned for Year 2+	
7.8	Set benchmarks around leadership development and retention of people of color	
	Planned for Year 2+	
7.9	Establish shared, central resource for professional development tools, activities, learnings, etc., inclusive of anti-racism competencies	
	Planned for Year 2+	

ACTION

OWNERS

STRATEGY		
Goal 8	Public Health 3.0 Strategy	
8.1	Complete asset and program-level assessment of services, roles, and partnerships aligned with 3.0 model to ensure strategy focuses on creating net new assets	
	Conduct gap analysis of MHD programs and services; including an assessment of the extent to which programs are designed to help people analyze and <i>address root causes of inequity</i>	Policy, Innovation, & Engagement
	Identify current strategic partnerships across MHD	Policy, Innovation, & Engagement Community Health
	Conduct stakeholder network analysis	Policy, Innovation, & Engagement Community Health
8.2	Develop Public Health 3.0 Transition Strategy for Department, inclusive of initial design, milestones, and resource requirements	
	Develop a scope of work for Public Health 3.0 Transition Strategy.	Policy, Innovation, & Engagement Administration – Human Resources
8.3	<i>Deploy universal and targeted education to staff on transition planning, public health 3.0 competencies and roles, etc.</i>	
	<i>Planned for Year 2+</i>	
8.4	<i>Develop priority-based equity tool to inform department and branch-level decision making</i>	
	<i>Planned for Year 2+</i>	
8.5	<i>Seek input and guidance from Black, Indigenous, Persons of Color (BIPOC) organizations and community leaders in decision-making</i>	
	<i>Planned for Year 2+</i>	
8.6	<i>Build organizational understanding of how power is distributed within and across MHD, and how MHD's decisions are made</i>	
	<i>Planned for Year 2+</i>	
8.7	<i>Evaluate how MHD's programs are designed to build and share power with the community; make recommendations on ways to advance power-sharing via existing programs and policies, or establish new programs and policies designed to build and share power</i>	
	<i>Planned for Year 2+</i>	

ACTION

OWNERS

# Appendices

## APPENDIX 1. Sources

The following list represents data, reports, and other information reviewed at the outset of the strategic planning process to understand latest trends and priorities in health of Milwaukee residents.

Representation	Resource Type
<b>Community Voices</b>	<ul style="list-style-type: none"> <li>• <i>Community Survey</i></li> <li>• <i>Organization Interviews</i></li> <li>• <i>Stakeholder Interviews (e.g., Board of Health)</i></li> <li>• Milwaukee County</li> </ul>
<b>MHD Strategy &amp; Operations</b>	<ul style="list-style-type: none"> <li>• MKE Elevate Plan</li> <li>• Blueprint for Peace</li> <li>• Interim 2018 MHD Strategy</li> <li>• MHD Budgets (historical and current)</li> <li>• MHD Annual Reports</li> <li>• MHD Antiracism Plan, 2020</li> <li>• MHD Organizational Chart</li> <li>• MHD Policies on employee performance evaluation and promotion, workplace equity, and racism</li> </ul>
<b>Local Reports</b>	<ul style="list-style-type: none"> <li>• Community Health Needs Assessment 2018/2019</li> <li>• Community Health Needs Assessment, Key Informant Report 2018/2019</li> <li>• Community Health Improvement Plan, 2017/2022</li> <li>• Child Death Review – Sudden Unexplained Infant Death Report, 2015-2018</li> <li>• WI Maternal Mortality Review, 2022</li> <li>• Milwaukee County Strategic Plan, 2022*</li> <li>• Be Prepared: An Overview of Public Health Services in Milwaukee County and Options for Structural Change, Public Policy Forum, 2022*</li> </ul>
<b>Databases</b>	<ul style="list-style-type: none"> <li>• County Health Rankings</li> <li>• Wisconsin Interactive Statistics on Health (WISH)</li> <li>• Milwaukee Equity Atlas</li> <li>• FIMR Reports</li> <li>• MHD-sponsored data repositories (lead, COVID-19, STI, etc.)</li> <li>• Health Compass Milwaukee</li> <li>• City of Milwaukee Open Data Portal</li> </ul>

## APPENDIX 2. Interviews

In an effort to solicit insights from diverse Milwaukee voices and perspectives, many stakeholders were invited to participate in interviews and surveys to inform the strategic plan. Invitees represented public health; health care; faith communities; education; childcare; business development; disability community; foundations; youth-serving; BIPOC and LGBTQIA+ communities; environmental health; research and community safety groups. The following table lists invited organizations in alphabetical order. Some organizations represented more than one segment, e.g., early childhood education and healthcare.

4C for Children	Children's Mental Health Coalition	Froedtert Memorial Lutheran Hospital
Acelero Learning Milwaukee	Children's Wisconsin	Greater Milwaukee Foundation
Advancing Healthier Wisconsin	City Forward Collective	Greater Milwaukee Urban League
Advocate Aurora Health	City of Cudahy Health Department	Hayat Pharmacy
African American Chamber of Commerce Wisconsin	City of Franklin Health Department	Hispanic Affiliate of the MMAC
Aging and Disability Resource Center (ADRC)	City of Greenfield Health Department	Hispanic Chamber of Commerce Wisconsin
Aging Resource center (ARC) of Milwaukee County	City of Milwaukee Environmental Collaboration Office (ECO)	Hmong American Friendship Association
Alverno College	City of MKE Recreation Department	iCare
Artists Working in Education (AWE)	COA Youth & Family Centers	Ignace Community Health Center
Ascension	Coalition on Lead Emergency (COLE)	Independence First
Bader Philanthropies	Community Advocates	Indian Community School
Behavioral Health Division - MKE County	Community Care, Inc	Interfaith Conference of Greater Milwaukee
Big Brothers/Big Sisters	Community Medical Services	International Institute of Wisconsin
Black Child Development Institute (BCDI)	Community Schools Partnership - UW	Jewish Community Center
Black Health Coalition	Core el Centro	Kenosha Health Department
Black Leaders Organizing Communities (BLOC)	County Senior Centers	Kosciuszko Center (Milwaukee Christian Center)
Boys & Girls Club of Greater Milwaukee	Courage MKE	La Causa
Bread of Healing Clinic	Cream City Foundation	Leaders Igniting Transformation (LIT)
Brewers Community Foundation	Department of City Development	LULAC Youth Council
Burmese-Rohingya Community of Wisconsin	DHS Refugee and Immigration Services	Lutheran Social Services of Wisconsin and Upper Michigan
Cardinal-Stritch University	Disability Resource Center of Milwaukee County	M Cubed
Catholic Charities - Milwaukee	Disability Rights Wisconsin	Malaika Early Learning Center
Center for Urban Population Health	Diverse & Resilient	Marquette University
Central Racine Health Department	Dominican Center for Women	Mayor's Office of Faith-Based and Community Engagement
	Employ Milwaukee	
	Epikos Church	

MCW School of Public Health	Outreach Community Health Center	UW-Milwaukee
Medical College of Wisconsin	Parklawn Assembly of God	VIA Community Development Corporation
Meta House	Pathfinders Milwaukee	Village of Greendale Health Department
Metcalfe Park Development Corporation	Pearls for Teen Girls	Village of Hales Corners Health Department
Metropolitan Milwaukee Association of Commerce (MMAC)	Penfield Children's Center	Village of Hales Corners Health Department
MHA - Wisconsin	Potawatomi Tribal Nation	VISIT Milwaukee
Milwaukee Area Technical College (MATC)	Progressive Community Health Center	Vivient Health
Milwaukee Center For Independence (MCFI)	Racine City Health Department	Voices de la Frontera
Milwaukee Consortium for Hmong Health	Rocketship Schools	Walworth County Health Department
Milwaukee Fire Department	Rogers Hospital	Washington Ozaukee Public Health Department
Milwaukee Health Care Partnership (MHCP)	Running Rebels	Washington Ozaukee Public Health Department
Milwaukee Health Services	Safe & Sound	Waukesha Health Department
Milwaukee Inter-City Congregations Allied for Hope (MICAH)	Scaling Wellness in Milwaukee (SWIMKE)	Wauwatosa Health Department
Milwaukee LGBTQ Community Center	Sherman Park Community Association	Wellpoint Care Network (formerly Saint A)
Milwaukee Pride, Inc.	Sixteenth Street CHC - Environmental Health Dept	West Allis Health Department
Milwaukee Public Schools (MPS)	Sixteenth Street Community Health Center	WI Association of School Boards
Milwaukee River Keepers Group	Social Development Commission	WI Department of Public Health Office of Policy and Practice Alignment
Milwaukee Succeeds	Sojourner Family Justice	WI Department of Public Health Southeast Regional Office
MKE Black Grassroots Network for Health Equity	South Milwaukee/St. Francis Health Department	WI Public Health Association
MKE County Division on Aging	Southeast Wisconsin Schools Alliance	Wisconsin Black Chamber of Commerce
Mount Mary University	Southside Organizing Center (SOC)	Wisconsin Community Service
Muslim Community health Center	The Asha Project	Wisconsin LGBT Chamber of Commerce
NAACP - Milwaukee Chapter	The Business Council - Diverse business affiliate of MMAC	Wisconsin Policy Forum
National Alliance on Mental Illness (NAMI) Wisconsin	True Skool	Wisconsin Restaurant Association
Next Door Foundation	UMOS	Women's Fund of Greater Milwaukee
North Shore Health Department	United Community Center (UCC)	Wraparound MKE
Oak Creek Health Department	United Way of Greater Milwaukee & Waukesha County	YMCA
Office of Early Childhood Initiatives	Urban Ecology Center	YWCA
	Urban Underground	Zilber Family Foundation
	UW-Milwaukee REPHA	Zilber School of Public Health

## Appendix 3. Key Terms and Definitions<sup>3</sup>

### ANTI-RACISM

Anti-Racism is the active, on-going process of dismantling systems of racial inequity and creating new systems of racial equity. Anti-racism demands that this work be done at the individual, organizational/institutional, and cultural levels in order to effectively address systemic racism. Anti-racism is an approach, not an end-point, and thus provides a useful frame for an organizational change process.

### ANTI-RACIST ORGANIZATIONAL CHANGE

Anti-racist organizational change is about making organizational changes in a way that intentionally addresses structural racism and creates greater diversity, inclusion, and equity.

### CAUCUSING

Anti-racism acknowledges that our experiences do not occur in a neutral context. Those who identify as racialized or Indigenous experience racism differently than those who do not. Separating into groups based on this distinction — a process called “racial caucusing” — is a strategy that allows people to talk about shared experiences. The strategy is not designed to create division but to make the whole group more effective, i.e. “When the two groups come back together as a team, they are better able to understand, confront, and dismantle racism within the team itself and within the institutional setting.”

### HEALTH DISPARITY

A difference in health between groups of people. By itself, disparity does not address the chain of events that produces it.

### HEALTH EQUITY

A fair, just distribution of the social resources and social opportunities needed to achieve well-being. An environment where everyone has a fair and just opportunity to be healthy.

### HEALTH INEQUITY

Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.



CITY OF MILWAUKEE  
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