CITY OF MILWAUKEE
HEALTH DEPARTMENT

MATERNAL AND CHILD HEALTH STRATEGIC PLAN

2026-2030

Published: November 2026



City of Milwaukee

This report was prepared by the City of Milwaukee Health Department in accordance with Ch.59 of the City of Milwaukee Code of Ordinances.

This material is available in alternative formats for individuals with disabilities upon request.
Please contact the City of Milwaukee ADA Coordinator at **(414) 286-3475** or **ADACoordinator@milwaukee.gov**
Provide a 72-hour advance notice for large print and 7 days for braille documents.

Braille

Large Print

Table of Contents

Executive Summary 4

Letters and Acknowledgments 6

Introduction 9

Context: Maternal and Child Health in Milwaukee 10

Planning Process: Listening to Community Partners 12

The Path Forward: Collective Commitment 16

Maternal and Child Health Strategic Plan Implementation Roadmap 17

Strategic Plan Goals 18

Next Steps Toward Implementation 26

Glossary 27

MHD Community Resources 28

Executive Summary

Milwaukee has a strong network of organizations, providers, community leaders, and families working to improve maternal and child health. Yet persistent disparities remain, and families are often left to navigate disconnected systems of care.

The City of Milwaukee Health Department's (MHD) Maternal and Child Health (MCH) Strategic Plan 2026–2030 provides a shared direction for strengthening Milwaukee's maternal and child health ecosystem. Developed through research, data analysis, and engagement with community members and partners, the plan focuses on helping organizations work more effectively together so families experience a more coordinated system of care. Planning and development took place in 2026, with implementation beginning following the plan's November release and continuing through 2030.

Central to the plan is the understanding that better coordination across organizations is essential to improving maternal and child health outcomes.

North Star

The MCH Strategic Plan is guided by a shared North Star for maternal and child health in Milwaukee, with the goals of:

- Improved maternal health
- Reduced infant mortality
- Reduced preterm births





How the Plan was Developed



MHD developed the MCH Strategic Plan through a collaborative planning process that included a review of local, state, and national data and research. The process also gathered input from public health leaders and staff, healthcare professionals, birth workers, researchers, community-based organizations, advocates, and people with lived experience. Their perspectives helped shape and refine the plan's goals and strategies.

Four Goals Through 2030

MHD will continue providing direct services while strengthening its role as a convener and systems aligner, bringing partners together to support greater coordination and shared accountability. Four goals will guide MHD's work and collaboration with partners through 2030.

What Success Looks Like

Success will mean a more connected maternal and child health ecosystem, stronger partnerships and referral pathways, greater community voice in decision-making, better access to responsive care, and increased MHD capacity. Together, Milwaukee can build a stronger, more connected maternal and child health ecosystem where every family has the support needed to thrive.

Strategic Plan Goals

Health Equity: Embed health equity, community leadership, and meaningful partnership into maternal and child health leadership, decision-making, and the ways organizations measure and improve equitable outcomes.

Infrastructure: Strengthen partnerships, structures, and shared systems needed for coordinated action across Milwaukee's maternal and child health ecosystem, with MHD serving as a trusted convener and systems aligner.

Access: Improve equitable access to coordinated, culturally responsive care, services, and support so families experience seamless, person-centered care throughout the maternal and child health continuum.

Capacity: Strengthen MHD's organizational capacity, leadership, and internal systems to effectively steward, coordinate, and sustain maternal and child health improvement efforts.

Find the full report and more at:
milwaukee.gov/FCH

Other helpful links:
milwaukee.gov/FIMR milwaukee.gov/CHA

Letter from the Commissioner

Dear Milwaukee,

Improving maternal and child health is one of Milwaukee's most important public health priorities. Every family deserves the opportunity to thrive, and every child deserves a healthy start in life.

Across Milwaukee, healthcare providers, community organizations, advocates, researchers, and families are working every day to improve maternal and child health outcomes. Yet too many families still face barriers to care and are left to navigate systems that can feel disconnected and difficult to access.

In developing this plan, the City of Milwaukee Health Department (MHD) brought together community partners to better understand what is working, where gaps remain, and where MHD can make the greatest impact. One message came through clearly: Milwaukee has the people, resources, and commitment to improve outcomes. The opportunity is to better connect those efforts, so families experience a more coordinated system of care.

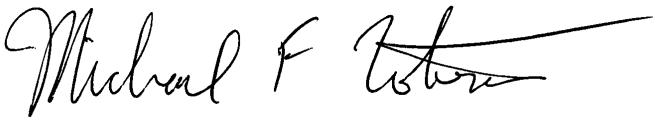
That is the purpose of this Maternal and Child Health (MCH) Strategic Plan.

Through the MCH Strategic Plan, MHD is embracing a stronger role as a convener and systems aligner by strengthening partnerships, improving coordination across systems, and supporting shared priorities that lead to better outcomes for Milwaukee families.

The planning process also reinforced the importance of listening, strengthening relationships, and building trust with community partners. Those principles will continue to guide MHD's work. The goal is straightforward: healthier pregnancies, healthier births, fewer infant deaths, and the elimination of disparities in maternal and child health outcomes.

Achieving that goal will take sustained commitment and collaboration. The MCH Strategic Plan provides a roadmap for the work ahead, and MHD looks forward to working alongside partners across Milwaukee to turn this vision into action.

Sincerely,



Michael F. Totoraitis, PhD
Commissioner of Health

Letter from the Board of Health

Dear Milwaukee Community,

The health of mothers, babies, children, and families reflects the health of our entire community. While Milwaukee has made progress, significant challenges remain. Improving maternal and child health will require sustained commitment from organizations and individuals across the city.

The Milwaukee Board of Health is proud to support this Maternal and Child Health (MCH) Strategic Plan and the collaborative process that shaped it. Community members, healthcare providers, public health professionals, researchers, birth workers, advocates, and many other partners contributed their expertise, perspectives, and lived experiences to help guide this work. The result is a plan built on a simple but important idea: lasting progress depends on stronger partnerships, better coordination, and shared accountability. No single organization can achieve these goals alone.

The Board of Health supports MHD as the department strengthens its role as a convener and systems aligner, bringing partners together around a shared vision for improving maternal and child health outcomes.

The MCH Strategic Plan marks the beginning of the work, not the end. Success will be measured by healthier pregnancies, healthier births, stronger partnerships, and better outcomes for Milwaukee families in the years ahead.

Thank you to everyone who helped shape this plan and to everyone who will help put it into action.

Sincerely,

Milwaukee Board of Health

Tahira Malik — Board Chair
Founder, Samad's House

Irum Ziauddin, PA-C, DMSc - Vice Chair
Primary Care/Internal Medicine Physician Associate, Ascension Wisconsin

Darlene C. Beck, DNP
Nursing Educator, Milwaukee Area Technical College

Caroline Gómez-Tom, MSW
Milwaukee County Board Supervisor, District 14
Enrollment Network and Accessibility Manager, Covering Wisconsin

Wujie Zhang, PhD
Professor of Chemical and Biomolecular Engineering, Milwaukee School of Engineering (MSOE)

Ericka Sinclair
Founder & CEO, Health Connections Inc.

Larresa Taylor
9th District Alderwoman

Acknowledgments

MHD and P3 Development Group extend sincere thanks to the dozens of community stakeholders, healthcare professionals, organizational leaders, and residents who shared their time, expertise, and lived experiences through interviews, focus groups, and surveys. Their contributions helped shape the MCH Strategic Plan.



Steering Committee

The Steering Committee played a crucial role in shaping the MCH Strategic Plan by providing strategic guidance, thoughtful feedback, and expertise throughout the planning process. MHD is grateful to these public health and community partners for generously volunteering their time and leadership.

Ann Christiansen, MPH
Milwaukee Health Care Partnership

Shana S. Crittenden
Ascension SE Wisconsin Hospital - St. Joseph Campus

Dr. Tito L. Izard, MD
Milwaukee Health Services, Inc.

Emmanuel Ngui, DrPH
University of Wisconsin-Milwaukee

Taryn Webb
Lived Experience Consultant

Staci Young, PhD
Medical College of Wisconsin

Dr. Jasmine Zapata, MD, MPH
Wisconsin Department of Health Services and
University of Wisconsin School of Medicine and Public Health

Disclaimer

P3 Development Group provided research, stakeholder engagement, facilitation, and strategic planning support in the development of the MCH Strategic Plan. Findings and recommendations were informed by available data, research, and stakeholder input collected throughout the planning process. MHD is responsible for the final content and implementation of the plan.

Introduction

The City of Milwaukee Health Department (MHD) is committed to advancing the health and well-being of Milwaukee residents through science, innovation, and leadership. MHD supports maternal and child health through programs and services like home visiting, health access, nutrition, health education, prenatal and postnatal services, and community outreach.

The MCH Strategic Plan builds on priorities and findings identified through several recent MHD and community planning efforts:

- The MHD Strategic Plan (2022-2027), which prioritizes the transition to an evidence-based Public Health 3.0 model characterized by a shift from direct service provision to strategic leadership.
- The MHD Community Health Assessment (2025), which identifies maternal and child health as one of five priority areas, alongside chronic disease, substance use, mental health, and violence and injury.
- The MKE Elevate Community Health Improvement Plan (2023-2028), which identifies racism and health equity as overarching priorities and maternal and child health as one of three priority action areas.
- The 2025 Fetal Infant Mortality Review (FIMR) report, which identifies what can be done to prevent fetal and infant deaths occurring in the City of Milwaukee.
- The Milwaukee County Community Health Needs Assessment (2024), which identifies the top health issues facing Milwaukee County.



Because these efforts are closely aligned, the Maternal and Child Health (MCH) Strategic Plan adopts shared terminology where appropriate (see Glossary on page 27).

The MCH Strategic Plan reflects MHD's values of Innovation, Equity, Collaboration, Courage, Accountability, and Quality. Developed through research, data analysis, and community engagement in 2026, the plan provides a framework for collaborative, community-centered action through 2030, with implementation beginning following its November 2026 release.

Context: Maternal and Child Health in Milwaukee

Why This Plan Matters

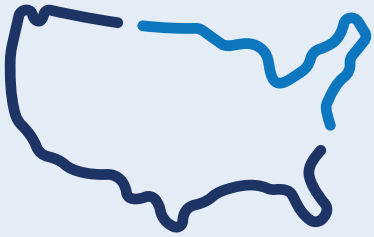
Over the past decade, studies, plans, and initiatives have consistently highlighted Milwaukee's maternal and child health challenges and the need to prioritize health equity, improve access to care, and strengthen collaboration. Despite widespread commitment, lasting systems-level change has remained difficult, with efforts often fragmented or short-lived.

The MCH Strategic Plan builds on this work by focusing on stronger relationships, better coordination, and more connected systems of care. The planning process also identified opportunities for MHD to deepen partnerships, strengthen trust, and ensure decision-making reflects its commitment to health equity and collaboration. Together, these efforts are intended to better connect the people, organizations, and resources already working to improve outcomes for Milwaukee families.

The Need is Great

MHD's 2025 Community Health Assessment identifies maternal and child health as one of five community health priorities and calls for collaborative action to address maternal mortality, maternal morbidity, infant mortality, and related health outcomes.

Areas of particular concern include:



Milwaukee is one of five U.S. cities with the highest infant mortality rates.



Low birthweight (less than 5.5 pounds) remains a significant concern, particularly among infants born to people younger than 19 or older than 45.



Premature births, defined as births occurring before 37 weeks of pregnancy, continue to increase.

Countywide data reinforce these concerns, suggesting that 95% of pregnancy-related deaths could have been prevented by addressing contributing factors, particularly cardiovascular conditions and injury-related mental health conditions, including overdose[1].

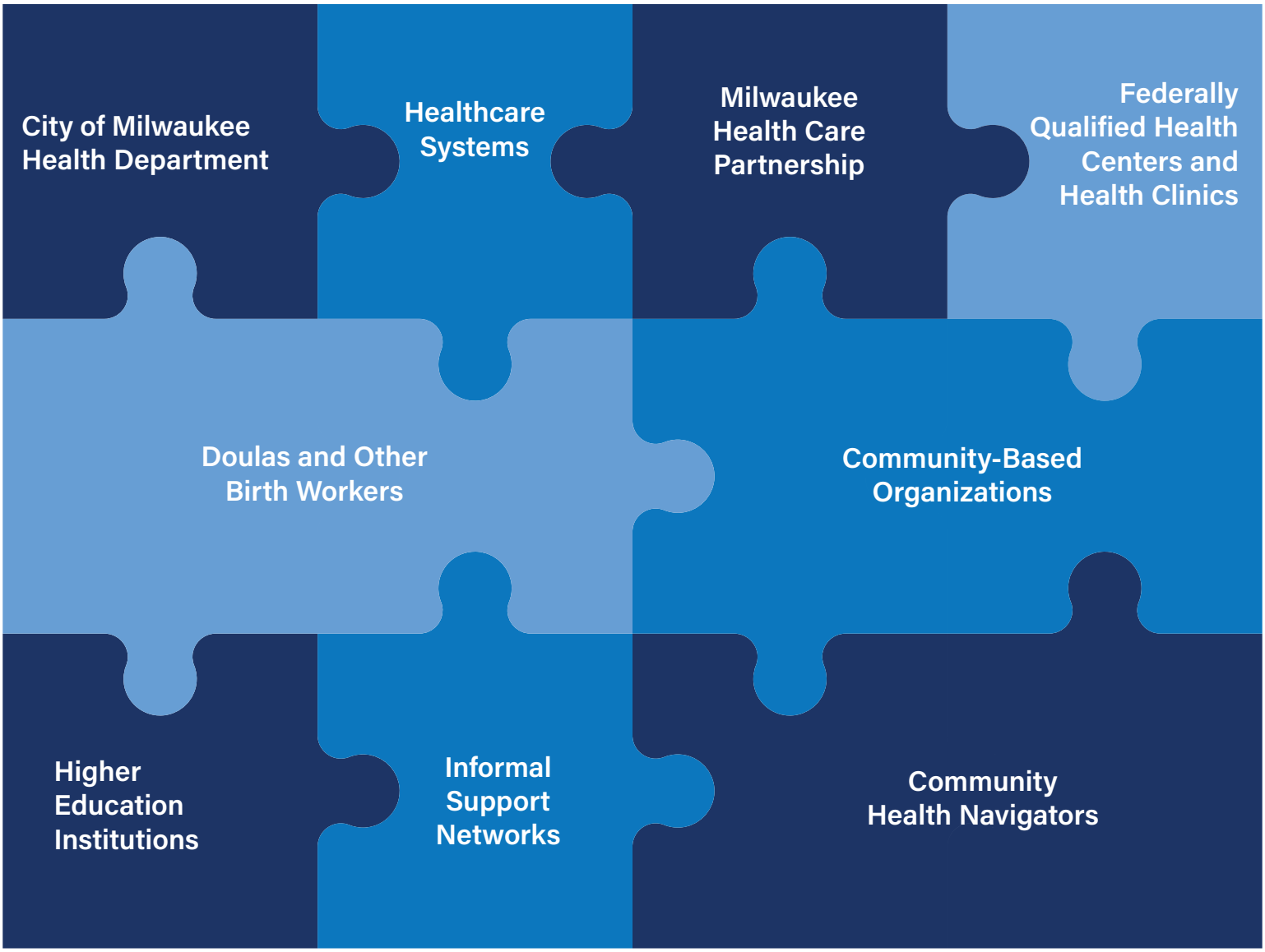
Maternal and child health disparities are also closely tied to historical and ongoing inequities caused by systemic racism. Black families disproportionately experience poor outcomes, while unequal access to quality education, housing, health insurance, healthcare, and economic opportunity can affect health before, during, and long after pregnancy. Experiences during pregnancy and early childhood can shape health across a lifetime.

[1] *Wisconsin Maternal Mortality Review Team data as presented by Dr. Jasmine Zapata to the Steering Committee in April 2026*

The Opportunity is Here

Maternal and child health reflects the overall health of a community. When families have access to safe housing, transportation, education, social support, economic opportunity, and quality healthcare, communities thrive[2]. When those resources are unavailable or disconnected, families are left to navigate complex systems on their own.

Milwaukee already has a strong network of healthcare providers, community-based organizations, public health agencies, educational institutions, birth workers, and community leaders working to improve maternal and child health. Some helped shape the MCH Strategic Plan, and all have an important role to play in its implementation.



The MCH Strategic Plan was developed alongside a Milwaukee Health Care Partnership (MHCP) planning effort focused on data-driven, systems-level maternal health strategies. The complementary efforts create opportunities for continued alignment and collaboration during implementation.

[2] *The Community Capitals Framework (Cornelia Butler Flora and Jan L. Flora, 2008) as shared by Dr. Tito L. Izard to the Steering Committee.*

Planning Process: Listening to Community Partners

From March through July 2026, an MHD Planning Team of six staff members, supported by a Steering Committee of seven public health and community partners, participated in a P3 Development Group-led strategic planning process.

The Planning

Data Review	Stakeholder Engagement	Strategy Development
February – March 2026	April – June 2026	June – July 2026
MHD Planning Team, Steering Committee, and MHD's Health Strategy and Data & Evaluation teams participated in creating a research agenda, conducting an environmental scan, and identifying eight initial strategic insights.	Public health partners, healthcare providers, academics, community-based organizations, and community members with lived experience participated in interviews, focus groups, and surveys that affirmed the initial insights and helped inform and prioritize four goals and supporting strategies.	MHD Planning Team and Steering Committee reviewed and refined the goals, objectives, and strategies, identifying a guiding North Star and a roadmap for the first two years of implementation.

Steering Committee

An all-volunteer Steering Committee contributed system-level expertise throughout the planning process, helping ensure the MCH Strategic Plan stayed focused on health equity, remained actionable, and was positioned for long-term implementation across Milwaukee's maternal and child health ecosystem.

Committee responsibilities included:

- Providing strategic input on maternal and child health priorities, trends, and gaps.
- Identifying opportunities for partnership and system alignment.
- Advising on policy, funding, operations, and workforce considerations.
- Strengthening shared ownership and long-term sustainability.

Steering Committee members are listed in the Acknowledgments section.



Data Review

Before engaging community partners, MHD established a structured research process to ensure the MCH Strategic Plan would be grounded in evidence. Supported by MHD's Health Strategy and Data & Evaluation teams, this work included developing a research agenda, conducting an environmental scan, and identifying key themes to guide stakeholder engagement.

The environmental scan included:

- Milwaukee Community Health Needs Assessment (CHNA)
- Wisconsin Department of Health Services data
- MHD's Vital Records and maternal mortality findings
- MHD program data
- Existing maternal and child health initiatives
- Local and national research
- Promising practices from peer communities
- Existing community resources, partnerships, and system infrastructure

Rather than serving as a comprehensive literature review, the environmental scan identified recurring patterns, opportunities, gaps, and system dynamics influencing maternal and child health in Milwaukee. The findings were synthesized into a series of research domains that informed the next phase of the planning process.



Initial Strategic Insights

The environmental scan gave rise to eight strategic insights that identified areas requiring additional stakeholder input before strategic priorities were established:

1. Reduce racial and place-based disparities
2. Enhance care coordination
3. Improve the continuity of care
4. Address upstream drivers and social determinants of health
5. Integrate mental and behavioral health
6. Expand existing programs and models
7. Strengthen alignment across Milwaukee's maternal and child health ecosystem
8. Identify priorities for collective impact

Individuals and organizations represented through interviews include:

- Michael Adams, JobsWork MKE
- Dalvery Blackwell, African American Breastfeeding Network
- Geraud Blanks and Maureen Post, Culture x Design
- Sarah Bloomquist, Moms Mental Health Initiative
- Bridget Clementi, Children's Wisconsin
- Amy Cline, MSW, APSW, Children's Health Alliance of Wisconsin
- Alyson Chavez-Stewart, Planned Parenthood of Wisconsin
- Kara Woida, Chorus Community Health Plans
- Samantha Cortez, Milwaukee County Birth to 3 Program
- AkkeNeel Talsma, PhD, UWM School of Nursing and Maternity Metrix
- Jill Denson, PhD, MSW, APSW, Prevention Research Center, University of Wisconsin
- Julia Dickson-Gomez, PhD, Medical College of Wisconsin
- David Frazer, MPH, Center for Urban Population Health
- Jeanne Garchi and Madeline Miranda Navarro, Benedict Center
- Yvonne Greer, DrPH, RD, CD, Y-Eat Right
- Janalle Goosby, MBA, Wisconsin Association for Perinatal Care
- Tokara Henry, Sickle Cell Warriors of Wisconsin
- Vanessa Johnson, RN, Birthworkers United
- Cynthia Jones, Devine Women Foundation, Inc
- Jennifer Layton, MSW, APSW, Catholic Charities
- Paisley Lucas, MBA, CLSP, Moo'd Lactation Partners
- Africa Lucas, MSW, BSW, SAC-IT, TICC, Milwaukee County Behavioral Health Services
- Shyquetta McElroy, COLE Lead Safe and Healthy Homes Project
- Wanda Montgomery, Black Child Development Institute-Wisconsin
- Reggie Moore, Medical College of Wisconsin
- Jessica Olson, PhD, Medical College of Wisconsin, ASCEND WI
- Deanna Tharpe, Wisconsin Doulas of Color Collective, Inc
- Tonda Thompson, HaRunbee 5k Walk/Run for Healthy Birth Outcomes
- Christine Ullstrup, Meta House
- Tova Walsh, PhD, Sandra Rosenbaum School of Social Work-University of Wisconsin-Madison
- Taryn Webb, Lived Experience Consultant
- Dea Wright, City of Milwaukee's Office of Early Childhood Initiatives
- MHD Family and Community Health staff focus group

Other stakeholders participated in focus groups that were structured to ensure anonymity; their names are not listed here.



Strategy Development

North Star

Through the data review, stakeholder engagement, and validation process, the MHD Planning Team and Steering Committee identified a shared North Star to guide implementation of the MCH Strategic Plan:

Milwaukee achieves equitable maternal and child health outcomes through improved maternal health, reduced infant mortality, and reduced preterm births.

Stakeholder Engagement

Stakeholder engagement included interviews, focus groups, surveys, and conversations with community members and cross-sector partners. Examples included a focus group with mothers, participation from a lived experience representative on the Steering Committee, and discussions and surveys conducted during the 2026 Black Birth Symposium. Together, these activities provided insight into lived experiences, system challenges, and opportunities to improve maternal and child health.



Although the project timeline and available resources limited the depth of community outreach in some areas, the engagement process provided valuable insight into Milwaukee's greatest opportunities for improving maternal and child health.

Cross-sector partner types include:

- Community Health Worker
- Doula
- Home Visitor
- Hospital President
- Mental Health Provider
- Midwife
- Nurse (RN/LPN)
- Physician (OB-GYN/Family Practitioner)
- Prenatal Care Coordination Provider
- Program Manager/Administrator
- Public Health Provider
- Social Worker/Case Manager
- Substance Use Provider

The engagement process reinforced a central finding of the MCH Strategic Plan:

Milwaukee's greatest challenge, and greatest opportunity, is strengthening alignment, coordination, and long-term infrastructure across an already committed but fragmented maternal and child health ecosystem.

Additional themes consistently emerged throughout stakeholder engagement:

- Building trust and addressing longstanding health disparities must remain central to improving maternal and child health outcomes.
- Families continue to bear the burden of navigating disconnected systems.
- Existing community assets and programs should be strengthened, better connected, and sustainably supported.
- MHD has an opportunity to serve as a convener, advocate, and accountability leader.

Stakeholders also emphasized the need for ongoing relationship building and community engagement, supported by organizational readiness and dedicated resources.

Before finalizing the plan, MHD validated the proposed goals and strategies with leadership, staff, community partners, and the Steering Committee. Feedback was used to refine the goals and strategies and identify considerations for successful implementation.

The Path Forward: Collective Commitment

Shared Accountability

Improving maternal and child health requires coordinated action across healthcare, public health, community-based organizations, public agencies, families, and other partners. Each brings distinct expertise, resources, and responsibilities to this work.

Residents and families bring lived experience, cultural knowledge, and leadership that help shape priorities, strategies, and measures of success. Community-based organizations serve as trusted partners and advocates, elevating community priorities, connecting families to services, and strengthening relationships across the ecosystem. Healthcare providers, FQHCs, and public health agencies deliver clinical care, improve population health, share data, and work together to improve outcomes across the continuum of care. Public agencies help align policy, funding, and infrastructure to support community-informed solutions and ensure accountability.

MHD will continue providing direct services while strengthening its role as a convener and systems aligner, bringing partners together around shared priorities, data, and coordinated action.

Shared accountability does not mean every organization is responsible for the same work. Each remains accountable for its own role while contributing to shared goals.



Goals, Objectives, and Strategies

Four strategic goals will guide MHD's work and collaboration with partners through 2030:

Health Equity: Embed health equity, community leadership, and meaningful partnership into maternal and child health leadership, decision-making, and the ways organizations measure and improve equitable outcomes.

Infrastructure: Strengthen partnerships, structures, and shared systems needed for coordinated action across Milwaukee's maternal and child health ecosystem, with MHD serving as a trusted convener and systems aligner.

Access: Improve equitable access to coordinated, culturally responsive care, services, and support so families experience seamless, person-centered care throughout the maternal and child health continuum.

Capacity: Strengthen MHD's organizational capacity, leadership, and internal systems to effectively steward, coordinate, and sustain maternal and child health improvement efforts.

Maternal and Child Health Strategic Plan Implementation Roadmap

How the Work Will Move Forward

Planning and development took place in 2026. This roadmap outlines the first two years of implementation following the plan's November 2026 release, with subsequent work continuing through 2030.

First 90 Days: Listen, Learn, and Prepare	**Months 4–12:** Engage, Test, and Learn	**Months 13–24:** Learn, Improve, and Strengthen What Works
MHD will: • Establish the internal team and clarify roles • Review staff capacity, funding, technology, and data needs • Review existing community and partner groups before creating new structures • Listen to families and partners about how they want to participate **MHD and partners will:** • Identify barriers to participation, including: language, childcare, transportation, and cost • Map partners, referral pathways, family experiences, and service gaps • Review existing measures and agree on initial measures to track	**MHD and partners will:** • Launch or strengthen community participation structures • Agree on shared priorities and approaches to decision-making • Begin using a health equity review for major decisions • Pilot a limited number of referral, navigation, or warm handoff improvements • Gather family and partner feedback and continue to track progress • Begin regular learning and progress reviews • Strengthen staff training, communication, and internal systems	**MHD and partners will:** • Review what is working and what improvements are needed • Adjust roles, meetings, and decision-making as needed • Strengthen community leadership and shared accountability • Improve referral and navigation practices based on family experiences • Continue tracking progress and using data and community feedback to guide decisions • Address priority staff, resource, and system gaps • Expand successful approaches as readiness and resources allow

Conditions for Success

- Trust and strong relationships
- Community collaboration and participation
- Staff and partner capacity
- Available funding and resources
- Useful data
- Health equity-centered decision-making
- Organizational readiness

Why a 24-month Roadmap?

Implementation will be shaped by community and partner feedback, available capacity and resources, and lessons from early efforts. By the end of the first 24 months, MHD will use what it has learned to develop an updated implementation roadmap through 2030.

Goal 1

Health Equity: Advance Community-Driven Leadership and Accountability

Advance health equity by embedding community leadership, meaningful partnerships, and shared accountability into maternal and child health decision-making, programs, and evaluation.

Objectives and Strategies:

1.1 Parents, families, caregivers, birth workers, and community organizations meaningfully influence maternal and child health priorities, decision-making, implementation, and evaluation.

- **a.** Create opportunities for community members and organizations to share lived experience and help shape maternal and child health priorities and decisions.
- **b.** Strengthen partnerships with community members and organizations while advocating for their inclusion in shared leadership and decision-making.
- **c.** Reduce barriers to engagement and work with partners to support community participation in ecosystem-wide efforts.
- **d.** Build on existing community knowledge and leadership by expanding access to information, learning opportunities, tools, and relationships that support meaningful participation.
- **e.** Incorporate community feedback into MHD programs, practices, and funding decisions, and communicate how that feedback influenced decisions and actions.



1.2 MHD and its partners demonstrate transparent leadership that advances health equity, trust, shared responsibility, and collaboration.

- **a.** Model transparent leadership within MHD and promote shared accountability with partners.
- **b.** Create regular opportunities for partners to build trust, strengthen relationships, and learn from one another.
- **c.** Strengthen partners' capacity to apply health equity and culturally responsive practices through shared learning, practical tools, and support.

1.3 Health equity is consistently reflected in MHD's maternal and child health policies, programs, funding decisions, and organizational practices.

- **a.** Apply a health equity lens to MHD decision-making and work with partners to advance health equity across the maternal and child health ecosystem.
- **b.** Integrate MHD's Equity Advisory Committee into major maternal and child health initiatives, policies, and funding decisions before implementation.
- **c.** Work with parents, families, caregivers, birth workers, and community organizations to identify the questions, experiences, and outcomes that should be used to assess progress.
- **d.** Develop accessible performance measures and evaluation methods that reflect community priorities and differences in experiences and outcomes.

Why is Goal 1 Important?

Health Equity Is a Community Priority

"Racism undermines everything. We always have to do a better job of unlearning it… and recognizing the layers of it that are in the community that are preventing families from succeeding." — **focus group participant**

In a 2026 survey of Black Birth Symposium attendees, 83% of respondents identified addressing systemic racism and health disparities as a top priority for improving maternal and child health outcomes. Other social determinants of health and upstream factors were also identified as high priorities:

Social or Other Health Factor	% of Respondents Viewing It as a Top Priority
Poverty and low income	84%
Systemic racism and health disparities	83%
Mental or behavioral health	83%
Violence and safety	81%
Housing and homelessness	71%

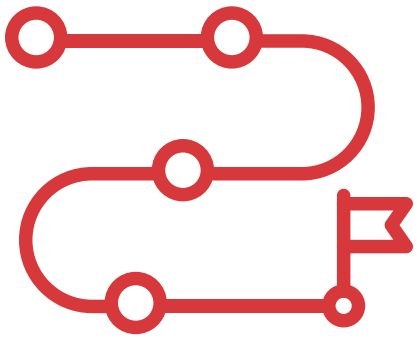
Steering Committee discussions reinforced the need to address both immediate needs and the underlying factors contributing to persistent health disparities.

"If women are still coming into pregnancy sick or in poor health…and the infrastructure is not conducive for their care…and then underlying all that is the equity issue that we already know because of structural [conditions], I'm not sure we're going to improve [outcomes]." — **Steering Committee Member**

How Will MHD Measure Success?

Quantitative and qualitative measures include but are not limited to:

- Collect data on the demographics of community members engaged.
- Synthesize participant feedback about their experience of being engaged and heard.
- Track how community input influences changes to plans, policies, and programs.



Goal 2

Infrastructure: Strengthen the Maternal and Child Health Ecosystem

Strengthen the partnerships, structures, and shared systems needed to support coordinated maternal and child health action, with MHD serving as a trusted convener and systems aligner.



Objectives and Strategies:

2.1 MHD clearly defines and communicates its role as a convener and systems aligner within Milwaukee's maternal and child health ecosystem.

- **a.** Define MHD's roles and responsibilities and how staff work across programs and with partners.
- **b.** Communicate MHD's role to partners through ongoing engagement and collaboration.

2.2 Cross-sector partners[3] and community representatives[4] work together around shared priorities to improve maternal and child health outcomes.

- **a.** Convene cross-sector partners and community representatives to:
  - Establish a governance structure with defined roles, decision-making processes, and systems to support ongoing implementation.
  - Identify and agree on shared priorities for improving coordinated care and client navigation.
  - Develop action plans with measurable partner commitments.
  - Establish shared performance measures and regular processes for reviewing data and assessing progress.

2.3 Partners strengthen coordination through shared systems that improve referrals, information sharing, collaborative learning, and continuous improvement.

- **a.** Establish clear referral pathways, consistent communication practices, and care coordination processes that enable warm handoffs and ensure continuity of care.
- **b.** Develop shared approaches to data collection, reporting, and information sharing.
- **c.** Bring partners together regularly for ongoing collaborative learning, problem-solving, and continuous improvement.

[3] Cross-sector partners include organizations, agencies, systems, and service providers
[4] Community representatives are people with lived experience, including birthing people, parents, fathers, and caregivers

Why is Goal 2 Important?

Effective collaboration requires intentional leadership, dedicated resources, shared structures, and sustained commitment. Building this infrastructure will help partners coordinate their work and maintain collective efforts over time.

"I think there's already a lot of great things in place that, in order for them to be fully optimized and for us to be able to consistently leverage some of them, [they] need to be expanded upon building capacity and building partnerships, collaboration." **- interview participant**



How Will MHD Measure Success?

Quantitative and qualitative measures include but are not limited to:

- Track the number and percent of partners with signed agreements to work collaboratively.
- Monitor changes in referral rates across participating partners.
- Collect partner feedback on MHD's effectiveness as convener and systems aligner.

Goal 3

Access: Improve Access to Coordinated, Person-Centered Care and Support

Improve access to coordinated, culturally responsive care, services, and support while advancing health equity so families experience seamless, person-centered care throughout the maternal and child health continuum.

Objectives and Strategies:

3.1 Families, caregivers, and support networks can easily find and access culturally responsive healthcare, behavioral health services, community resources, and social supports that meet their needs.

- **a.** Work with partners to reduce barriers, including transportation, housing, insurance navigation, and language and digital access, that limit families' ability to receive care and services.
- **b.** Work with partners to strengthen outreach and increase awareness of trusted, culturally responsive resources and services.

3.2 Families experience coordinated support, warm handoffs, and continuity of care across healthcare, public health, FQHCs, and community-based organizations.

- **a.** Engage families, frontline staff, and partners to identify gaps in care coordination and transitions, and prioritize improvements.
- **b.** Work with partners to implement shared referral, care navigation, and transition practices across care settings, including warm handoffs and timely follow-up.
- **c.** Use family experiences, partner feedback, and data to assess what's working, address gaps, and strengthen care continuity and coordination.



Why is Goal 3 Important?

A fragmented maternal and child health ecosystem places unnecessary burdens on families. Families are often left to navigate disconnected systems, repeat their stories to multiple providers, and coordinate services on their own. These challenges can delay care, increase stress, and make it more difficult to receive timely support.

Stakeholder survey respondents identified care coordination and referral systems as the ecosystem's highest priority for improvement, ranking them above several other important areas.

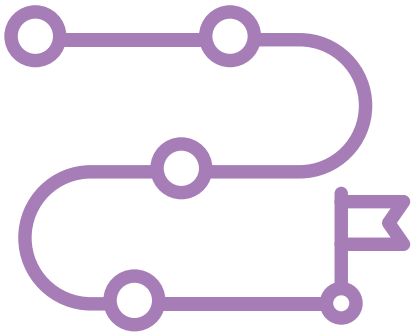
"The patient shouldn't have to be the one coordinating their care." **- interview participant**



How Will MHD Measure Success?

Quantitative and qualitative measures include but are not limited to:

- Track the percent of families reporting MHD services as culturally responsive, respectful, and easy to understand.
- Monitor changes in rates of prenatal care initiation, postpartum follow-up, and breastfeeding initiation.
- Collect family and partner/provider perceptions of MHD care coordination and communication.



Goal 4

Capacity: Strengthen MHD's Internal Capacity

Strengthen MHD's organizational capacity, leadership, and internal systems to coordinate and sustain maternal and child health improvement efforts.

Objectives and Strategies:

4.1 MHD programs consistently use shared organizational systems and practices that support coordinated, effective, and high-quality service delivery.

- **a.** Strengthen and regularly evaluate communication and information-sharing practices across MHD programs, incorporating staff feedback.

4.2 Leadership and organizational practices consistently use data, staff expertise, and community perspectives to guide learning, decision-making, and continuous improvement.

- **a.** Regularly gather feedback and recommendations from staff, community representatives, and partners to strengthen MHD programs and services.
- **b.** Establish a program review process that uses performance data, staff expertise, community perspectives, and partner feedback to guide decision-making and continuous improvement.

4.3 MHD has the workforce capacity, infrastructure, and resources needed to implement and sustain the MCH Strategic Plan.

- **a.** Establish an internal implementation structure that defines roles, responsibilities, decision-making processes, coordination, and progress monitoring.
- **b.** Build workforce knowledge, skills, and capacity to support coordinated maternal and child health efforts.
- **c.** Identify, dedicate, and align the financial, technological, data, and project management resources needed to implement the MCH Strategic Plan.



Why is Goal 4 Important?

Strong Internal Systems Support Strong Community Partnerships

MHD has long supported maternal and child health through its programs and services. Stakeholders identified opportunities to strengthen internal communication, workforce capacity, cultural responsiveness, and community engagement. Strengthening these areas will help MHD sustain its maternal and child health work and effectively support collaboration with partners.

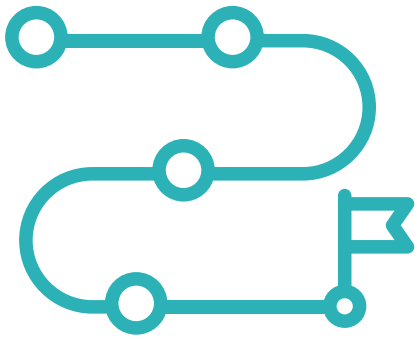


"MHD is well positioned to convene partners, align data, support accountability, and coordinate resources, but community trust will require distributed authority, transparent governance, and meaningful leadership from impacted families, community-based organizations, clinical partners, and trusted grassroots institutions." **— validation survey respondent**

How Will MHD Measure Success?

Quantitative and qualitative measures include but are not limited to:

- Refine processes and practices with up-to-date standard operating procedures.
- Collect employee feedback about collaboration, communication, shared problem-solving, and a sense of ownership for implementation.
- Document examples of organizational learning and continuous improvement.



Next Steps Toward Implementation

The MCH Strategic Plan is designed as a phased, multi-year approach that allows MHD to strengthen its internal capacity, deepen collaboration across partner organizations, and create clearer pathways for families to access the care and services they need. The plan is supported by an internal Implementation Roadmap (page 17), which will guide implementation, help monitor progress, and support accountability over time.

MHD will regularly review performance data, community feedback, and lived experiences to evaluate progress, inform decision-making, and identify opportunities for continuous improvement.

By 2030, success will be measured by more than the completion of strategies. It will be reflected in stronger partnerships, a more coordinated maternal and child health ecosystem, improved maternal health, reduced infant mortality, reduced preterm births, and fewer health disparities across Milwaukee.

Achieving the MCH Strategic Plan's long-term goals will require continued participation from partners and communities across Milwaukee. The opportunities below provide ways to stay involved in maternal and child health improvement efforts.



Call to Action:

MKE Elevate: For information on the Maternal & Child Health Action Team, visit milwaukee.gov/elevate. To join, email mkeelevate@milwaukee.gov

For those particularly interested in reducing infant mortality and stillbirth, email fimr@milwaukee.gov to join the FIMR Community Action Team.

For future events and opportunities to engage with the MCH Strategic Plan, please visit milwaukee.gov/FCH

Glossary

The following definitions are adapted from existing public health resources used throughout the MCH Strategic Plan. Footnoted terms cite their original source. All other definitions are drawn from the 2019-2022 Fetal Infant Mortality Review (FIMR) report.

Birth Outcomes
Refers to whether a pregnancy resulted in a live birth, fetal death (miscarriage or stillbirth), or infant death. Birth outcomes also include characteristics such as birth weight, gestational age (prematurity), birth defects or congenital anomalies, and admission to a neonatal intensive care unit (NICU). Birth outcomes can be positive or negative.

Health Disparity
Differences in health outcomes between population groups. Some health disparities affect populations that already face social or economic disadvantages and are widely considered unfair.

Health Equity[5]
The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Infant Mortality
The death of an infant before their first birthday.

Infant Mortality Rate
The number of infant deaths divided by the total number of live births within a specific time period. This is usually reported as the number of deaths per 1,000 live births.

Public Health 3.0[6]
A public health model that emphasizes cross-sector collaboration to address the social determinants of health and advance health equity. Public health leaders serve as Chief Health Strategists by partnering across sectors and using data and shared resources to improve community health.

Social Determinants of Health[7]
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

Stakeholder
An individual or organization with an interest in a specific issue. In this MCH Strategic Plan, stakeholders are individuals and organizations working to improve maternal and child health outcomes for pregnant people, infants, children, and families.

Systemic Racism[8]
Systemic racism refers to laws, policies, institutional practices, and social systems that create or reinforce unequal opportunities and outcomes for people based on race. These inequities can affect access to healthcare, education, housing, employment, and other factors that influence health.

[5]*Centers for Disease Control and Prevention. What is Health Equity?.* https://www.cdc.gov/health-disparities-hiv-std-tb-hepatitis/about/index.html

[6]*NACCHO- Public Health 3.0.* https://www.naccho.org/uploads/downloadable-resources/Public-Health-3.0-White-Paper.pdf

[7]*Healthy People 2020. Social Determinants of Health.* https://health.gov/healthypeople/priority-areas/social-determinants-health

[8]*Center for the Study of Social Policy, Key Equity Terms & Concepts: A Glossary for Shared Understanding, 2025.* https://cssp.org/wp-content/uploads/2025/04/CUSP-Key-Equity-Terms-and-Concepts-April-2025.pdf

MHD Community Resources



Clinic locations and hours: milwaukee.gov/clinics

For more information on accessing Family & Community Health services, including home visiting, WIC for food and breastfeeding support, healthcare access, baby screenings, and safe sleep: milwaukee.gov/FCH

Sign up for home visiting here: Home Visiting Client Survey

Parent support groups:

- Mom 2 Mom: Peer Support Group - call us at (414) 758-0661
- Focus on Fathers - call us at (414) 286-6636

Information on sexual & reproductive health services offered: milwaukee.gov/SRH

Information on steps to prevent child lead poisoning: milwaukee.gov/HEH

Information on Women, Infant, and Children (WIC) services: Milwaukee.gov/WIC

For information on acquiring birth and death certificates at the Vital Statistics Office: Birth and Death Certificates