

# CITY OF MILWAUKEE HEALTH DEPARTMENT UPDATE

*DR. JEANETTE KOWALIK, PHD, MPH, MCHES*

*COMMISSIONER OF HEALTH*

*@JLKOWALIK @MKEHEALTH*

PUBLIC SAFETY & HEALTH COMMITTEE 7.16.2020



# MILWAUKEE, WISCONSIN, USA

## DEMOGRAPHIC OVERVIEW, 2019 (CO/CITY)

Population 946k/ 592k -- 3926/sq. mi.

Gender 52% female 48% male (same)

Age in years <18, 24/26%, >65, 14/10%

Race/ethnicity

White 51/45%, Black 27/39%, Latinx 15/19%, Asian 5/4%

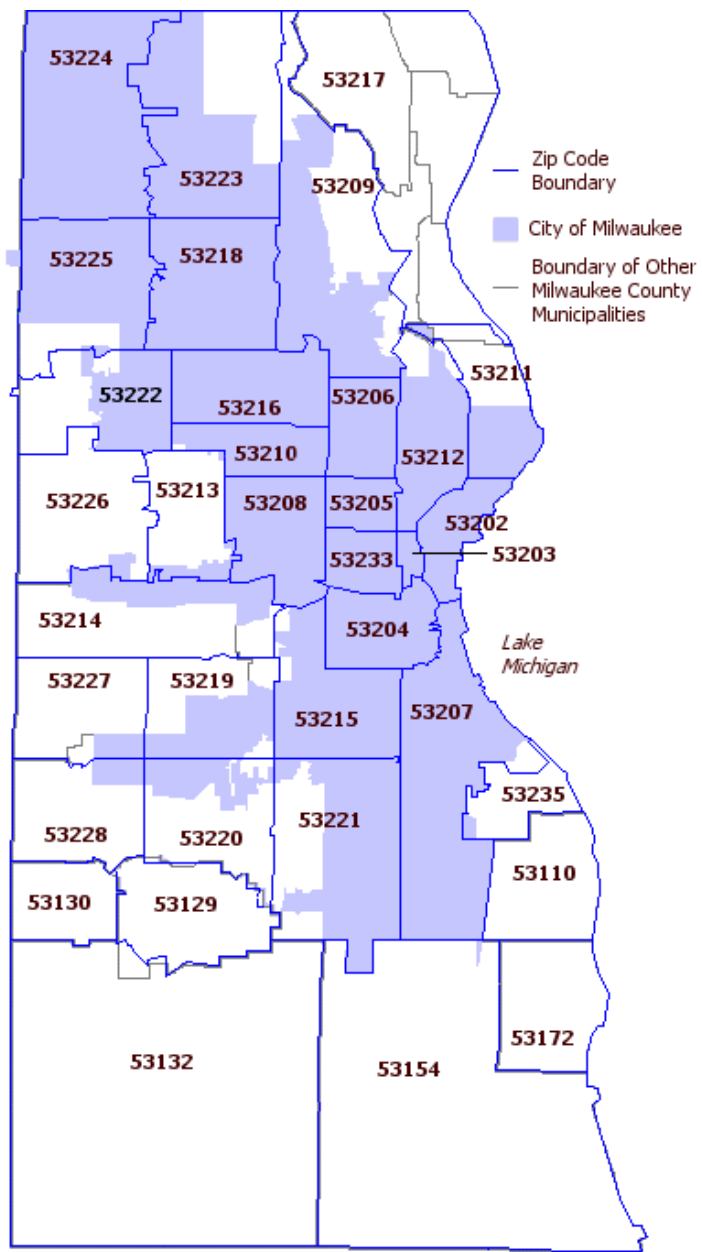
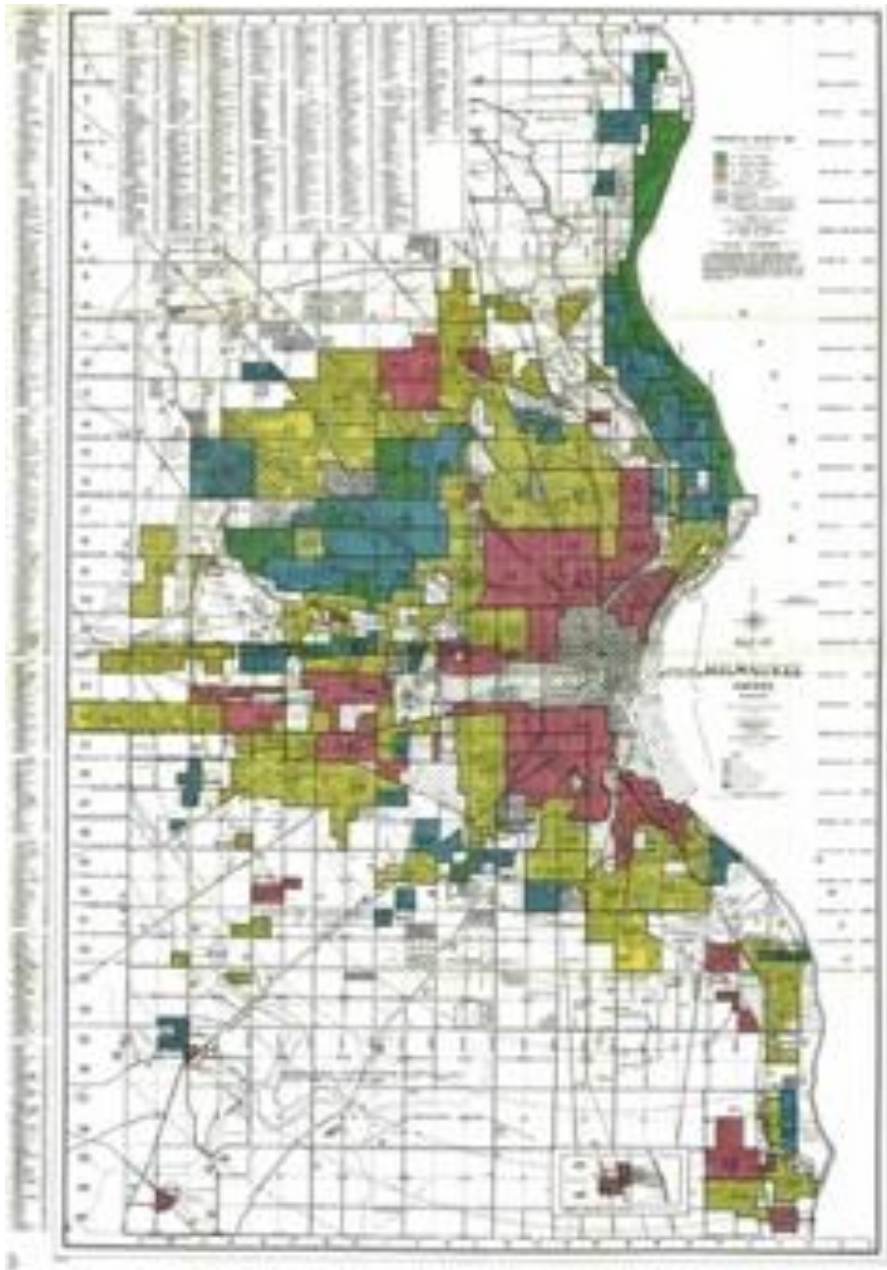
Disability 9/10%

Uninsured 8/11%

Poverty 19/27%

Median income \$49/40k, 2014-2018





# SEPTEMBER 2018



# COH - 1<sup>ST</sup> YEAR GOALS

SEPT 2018-2019

- Continue to monitor MHD staff performance and provide support
- Develop a culture of staff recognition, connect with each employee, increase trust, value, & support
- Diversify MHD leadership and staff to increase our ability to meet the needs of the community
- Perform MHD wide salary study to address pay related to retention
- MHD staff will have complete personnel files, with performance goals, coaching plans, and be up to date on required training (overall & specific to programs)

# COH- 1<sup>ST</sup> YEAR GOALS—CONT'D

SEPT 2018-2019

- Develop sustainability plans for MHD management positions and support department-wide cross training
- Promote and support credentialing of MHD staff (e.g. Certified Health Education Specialist- CHES, Certified Public Health Executives-CPH)
- Complete state 140 Local health department review and community health assessment in May of 2019
- Will aim to complete PHAB accreditation in 2019
- Inform Board of Health and Health Advisory Committee structure and function MHD programs will have updated logic models, Policies & procedures to enhance performance

# REORGANIZATION

## PRE 2019



*Think Health*   
*Act Now!*  
CITY OF  
**MILWAUKEE**  
HEALTH DEPARTMENT

# MISSION OF THE CITY OF MILWAUKEE HEALTH DEPARTMENT (PRE 2019)

Enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community.



# COMMUNITY GOALS AND OBJECTIVES (PRE 2019)

1. Build safe and healthy neighborhoods
  - Control the spread of communicable disease
  - Reduce injuries and deaths due to violence
  - Prevent the spread of food borne disease
2. Help children succeed, prepare for post secondary education and meet their full potential
  - Reduce the infant mortality rate
  - Improve immunization rates
  - Reduce the proportion of children with exposure to lead poisoning

**Office of the Commissioner**  
**Commissioner of Health**  
 Jeanette Kowalik, PhD, MPH,  
 MCHES  
**Administrative Assistant IV**  
 Tracy Wetzel

**Public Health Planning & Policy**  
**Director (Liaison to Zilber SoPH)**  
 Sarah Zarate  
**Compliance Analyst**  
 Ali Reed  
**Public Health Planner**  
 Michael Stevenson  
**Opioioid Prevention & Control**  
**Substance Abuse Prevention**  
**& Control Program Manager**  
 Tiffanie Cobb

**Office of Violence Prevention**  
**Violence Reduction & Prevention Program Director**  
 Reginald Moore  
**Injury & Violence Prevention Coordinator**  
 Karin Tyler  
 Shana Kidd  
**Violence Prevention Research Coordinator**  
 Melissa McGaughey  
**ReCAST Program Manager**  
 Sumaiyah Clark  
**Violence Prevention Manager**  
 David Muhammad  
**Administrative Assistant III**  
 Sherri Edwards  
**Crisis Intervention Specialist**  
 VACANT-HOLD

**Nursing Practice**  
**Public Health Nursing Director**  
 Tiffany Barba

**Operations**  
**Health Operations Administrator**  
 VACANT

**Human Resources**  
**Health Personnel Officer**  
 Tani Robertson  
**Human Resources Analyst - Sr**  
 Lori Hoffmann  
**Personnel Payroll Assistant II**  
 Dina Santos

**Communications / Media**  
**Health Communications Officer**  
 VACANT  
**Office Assistant III - Front Desk**  
 Theresa Hernandez  
**Graphic Designer II (DOA)**  
 Nancy Hills

**Medical & Academic Affairs**  
**Chief Medical Officer & Medical Director**  
 VACANT

**Associate Medical Director**  
 Paul Hunter, MD

**UW Population Health**  
 Services Fellows

**Family & Community Health Services**  
**Director**  
 Tasha Jenkins  
**Operations Manager**  
 Rebecca Rowland  
**Program Assistant I**  
 Michelle Kinnard  
**Medical Assistant**  
 VACANT

**Consumer Environmental Health**  
**CEH Division Director**  
 Claire Evers  
**CEH Coordinator**  
 Patrick Doornik  
**Julie Hults**  
 Michael Otzelberger  
 Kristina Viosich  
 Lindy Wiedmeyer

**Disease Control & Environmental Health**  
**Director**  
 Angie Hagy  
**Program Assistant II**  
 Taylor Rick

**Business Administration**  
**Business Operations Manager**  
 John Murphy

**Laboratory Services**  
**Public Health Laboratories**  
**Director**  
 Sanjib Bhattacharyya, PhD  
**Program Assistant I**  
 Julie Plevak

**Home Environmental Health**  
**Program Manager**  
 VACANT  
**Program Assistant II**  
 VACANT  
**VACANT-PENDING JD Update**  
**Office Assistant III**  
 Samantha Santos  
**Office Assistant II**  
 Paula Olson  
**VACANT**  
**Environmental Health**  
**Services Manager**  
 VACANT  
**Environmental Health -**  
**Field Supervisor**  
 PENDING  
**Environmental Hygienist**  
 Andre Mitchell  
**Lead Project Coordinator**  
 Ronald Green-(TEMP APPT EHS)  
**Lead Program Info Specialist**  
 Marc Mejaki  
**PHN Coordinator**  
 Margot Manassa  
**Public Health Nurse**  
 Mary Ann Kierpczynski  
 Alimastou Traore  
 Michelle Robinson  
**Health Service Assistant II**  
 VACANT  
**Lead Risk Assessor II-ARP**  
 Danika Hill  
 Erin Hutchins  
**Lead Risk Assessor II**  
 Mubunani Brister  
 Nichole Cochenet  
 Demetrious Fitzpatrick  
 Luz Valdes Kuehn  
 Tracy Revels  
 Brandon Stinson  
 Nicholas Wiltgen  
**Lead Project Specialist**  
 VACANT

**Men's Health**  
**Program Manager**  
 Darryl Davidson  
**Public Health Educator II**  
 Marquese Higgins  
**Public Health Nurse**  
 Jay Romant  
**VACANT**  
**Health Project Assistant**  
 Jeremy Goddum  
 Jessie Wray  
 Anthony Higgins  
**Public Health Social Worker**  
 Richard Tranter

**Plain Talk**  
**Community Health Liaison**  
 Vanessa Newman

**CHAP**  
**Medical Assistance**  
**Outreach Coordinator**  
 VACANT-PENDING  
**Public Health Educator II**  
 VACANT  
**Health Access Assistant II**  
 Hlenard Burnham  
 Lorena Cornejo-Rodriguez  
 Edylis Correa-Alvarado  
 Nora DeBerry-Johnson  
 Mirta Kasper  
 Britney Brewster  
 Sandra Willingham  
 VACANT  
 VACANT

**Epidemiology**  
**Epidemiologist**  
 VACANT-PENDING

**Vital Statistics**  
**Vital Statistics and FIMR Manager**

**PNCC/CCC Team**  
**PHN Supervisor**  
 VACANT-PENDING OFFER  
**PHN Coordinator**  
 Angela Hamilton - RHC  
 Nancy Burns  
 Robyn Hicks  
 Susan Pacione  
**Public Health Nurse**  
 VACANT  
 VACANT  
 Ka Vang (0.8 FTE)  
 Mary Walker  
**Clinic Assistant**  
 Than-Son Pham  
 VACANT  
**Office Assistant III**  
 Jane Sizemore  
**Office Assistant II**  
 Luz Cruz

**WIC Program**  
**Program Manager**  
 Natalie Alcaraz  
**Health Project Coordinator**  
 Leah Allen  
 Karrii Farenkopf  
 Leonard Goudy  
 Karen Grade  
 Kristin Schurk  
 Robert Krieser  
 Giovanni Melton  
 Sadie Schuldt  
**VACANT**  
**VACANT**  
**ZMB Team**  
**CEH Supervisor**  
 Marivel Montejano  
**Environmental Health Specialist**  
 Jey Labecki  
 Courtney Langosch  
 Maria Salgado  
 Michael Starks  
 Randy Perez  
 Jennifer Zanin  
 Chuseng Xiong  
**Program Assistant I**  
 Ruy Yang  
**Office Assistant II**  
 Norma Avila

**MBCCAP**  
**Program Manager**  
 Lisa Phillips  
**PHN Coordinator**  
 VACANT-HOLD  
**Public Health Nurse**  
 Wendy Provost  
**Medical Assistant**  
 VACANT  
**Office Assistant IV**  
 Cynthia Thompson

**NWHC Team**  
**CEH Supervisor**  
 Carly Hegarty  
**Environmental Health Specialist**  
 Leah Allen  
 Karrii Farenkopf  
 Leonard Goudy  
 Karen Grade  
 Kristin Schurk  
 Robert Krieser  
 Giovanni Melton  
 Sadie Schuldt  
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 Maria Salgado  
 Michael Starks  
 Randy Perez  
 Jennifer Zanin  
 Chuseng Xiong  
**Program Assistant I**  
 Ruy Yang  
**Office Assistant II**  
 Norma Avila

**TB, Communicable Disease & Immunizations Division**  
**Infectious Disease Epidemiologist**  
 Lindsay Page  
**CD & Immunizations Supervisor**  
 Jill LeStarge  
**PHN Coordinator**  
 Richard Wojciechowski  
 Richard Weidensee  
 William Rice  
 Carol Ann Johnsen  
**Public Health Nurse**  
 Catherine Bowman  
 Rebecca Kryshak  
 Erica Luna-Vargas  
 Sholonda Morris  
**Radiologic Technologist**  
 Jeanette Baker  
**Public Health Aide - TB Control**  
 VACANT-Pending Offer  
**Public Health Aide - Bilingual**  
 VACANT-Pending Offer  
**Office Assistant III - SurvNet**  
 Robert Dunn  
**Program Assistant II**  
 Jeanette McKnight

**STD Clinic**  
**Communicable & Infectious Disease Program Manager**  
 Julie Katrichis  
**Communicable & Infectious Disease Coordinator**  
 Bill Borzon  
**Nurse Practitioner**  
 Mary McCarron  
**PHN Coordinator**  
 Tim Maher  
**Public Health Nurse**  
 Helen Hermus  
 Valancia Mathis  
 Christine Doyle  
**Disease Intervention Specialist**  
 Alanda Bradley-Claybourne  
 Travis Brown  
 Rachel Helgeson  
 Naomi Jenkins  
 Lorena Jimenez  
 Vanessa Vann  
 Marcia Triggs  
 Louis Pawela  
 Chelsea Watry  
**PHN - PENDING Pre-employment**  
**Medical Assistant**  
 VACANT  
**VACANT**  
**Program Assistant II**  
 Regina Jagors  
**Office Assistant III**  
 VACANT  
**Health Project Assistant**  
 Carlissa Glenn

**Accounting**  
**Grant Budget Specialist**  
 VACANT  
**Management Accountant - Sr**  
 Linda Schubert-Ross-PENDING IV-9  
**Administrative Specialist - Sr**  
 Peggy Luckow  
 Selena Cole  
**Program Assistant II: Billing**  
 Rhoda Seabern  
**Accounting Assistant II: Billing**  
 Nicholas Bolden  
**Accounting Assistant II:**  
 VACANT  
**Payroll/Accounting**  
 VACANT-PENDING  
**Inventory Control Assistant II:**  
 Karen DeBaere

**Mechanical Maintenance**  
**Supervisor**  
 William Pickart - SSHC  
**HVAC Mechanic**  
 Luis Frias  
**Delivery Driver**  
 Nancy Wicker  
**Custodial Worker**  
 Lee Classen  
 Victor Elizondo  
 Peter Kloss  
 Jeffrey Martin  
 Willie Taylor  
 Charitl Wilder  
 VACANT

**Laboratory**  
**Public Health Laboratories**  
**Deputy Director**  
 Trivikram Dasu, PhD  
**Public Health Laboratories Operations Manager**  
 Kristen Schieble  
**Laboratory Information Systems Specialist**  
 Noah Leigh  
**Laboratory Data Specialist**  
 Joshua Weiner  
**Microbiologist - Lead**  
 Manjeet Khubbar  
**Microbiologist - Senior**  
 Bradley Krause  
 Jesse Navidad  
**Microbiologist**  
 Zorangel Amequita-Montes  
 Raquel Gomez  
 Valdis Kalve  
 Krystal Krueer  
 Jennifer Lentz  
 Sean Wojnar  
**Medical Laboratory Technician**  
 Willie Genous  
 Eze Osuala  
 Steve Schulteis  
**Virologist - Senior**  
 Beth Plotenhauer  
**Virologist**  
 Jordan Hillshelm  
**Chemist - Senior**  
 Ben Hu, PhD  
**Chemist**  
 Elizabeth Zembrowski  
 Rebecca Pinhasos

# MILWAUKEE HEALTH DEPT.

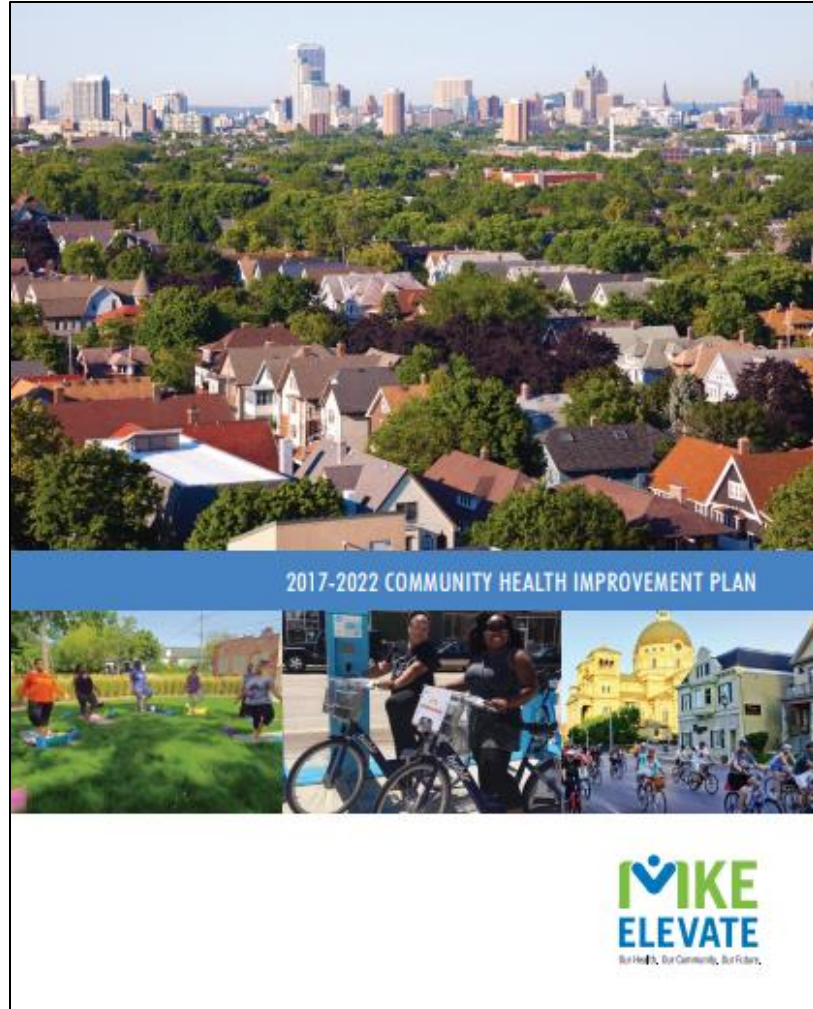
## VISION, MISSION, & VALUES

- **Vision** Living your best life, Milwaukee
- **Mission** Advance the health and equity of Milwaukeean through science, innovation, and leadership

### **Values**

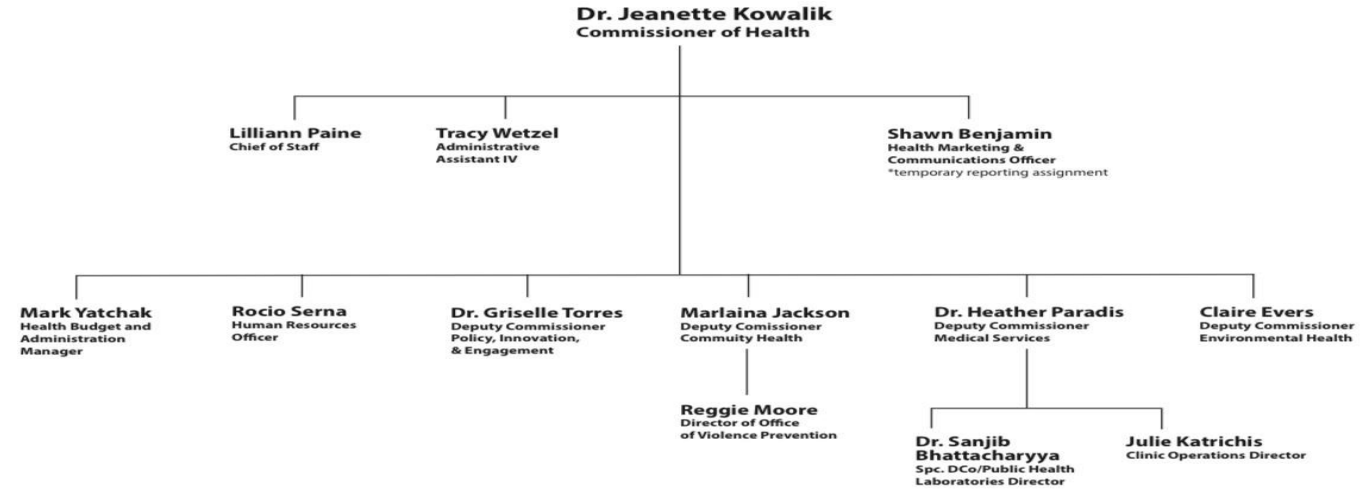
- **Innovation** We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.
- **Equity** We acknowledge historic and current injustices in our community and strive to cultivate an environment where everyone in our community has equal opportunity to be healthy.
- **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.

# MKE ELEVATE



- **MKE Elevate Focus Areas:** Fair & Inclusive Society, Positive Mental Health, Economic Security
- **Next Steps:**
  - Develop 6 month partner reengagement plan
  - Reengagement will focus on community capacity building around priority areas, highlighting successful MKE Elevate partners, and identify gaps in implementation

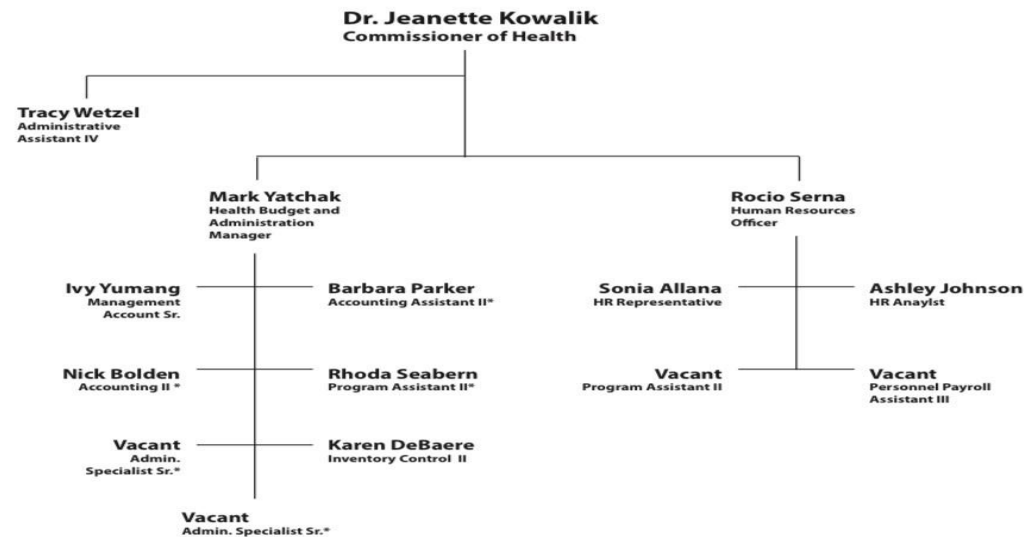
## Leadership Team

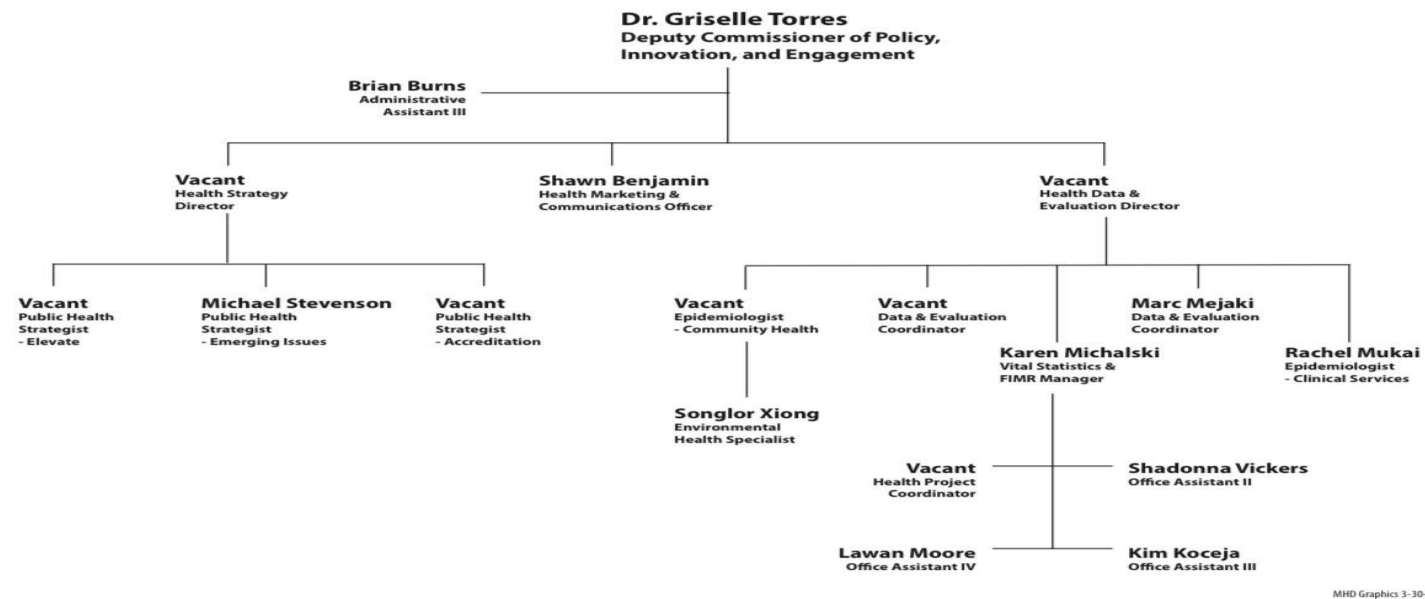


Reggie Moore reports to Mayor and DCo of Community Health, Appointed position  
 Health Marketing & Communications Officer reporting to CoH until post-DNC 8/1/2020  
 Special Deputy DCo and Clinic Operations Director report to CoH as DCo of Medical Services is contractual through Children's WI effective 4/1/2020  
 Chief of Staff, Deputy Commissioners (DCo), and Health Marketing & Communications Officer are all appointed

MHD Graphics 4-8-2020

## Administration Team

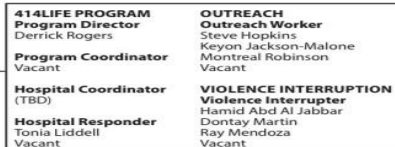
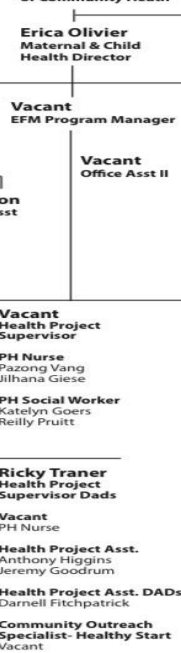
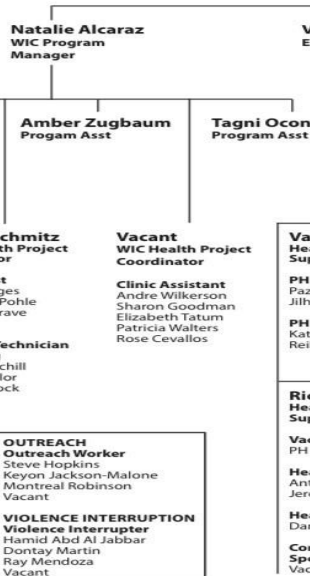
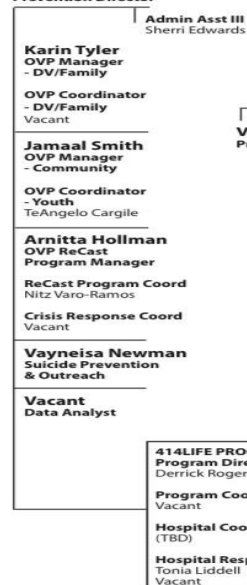




Community Health

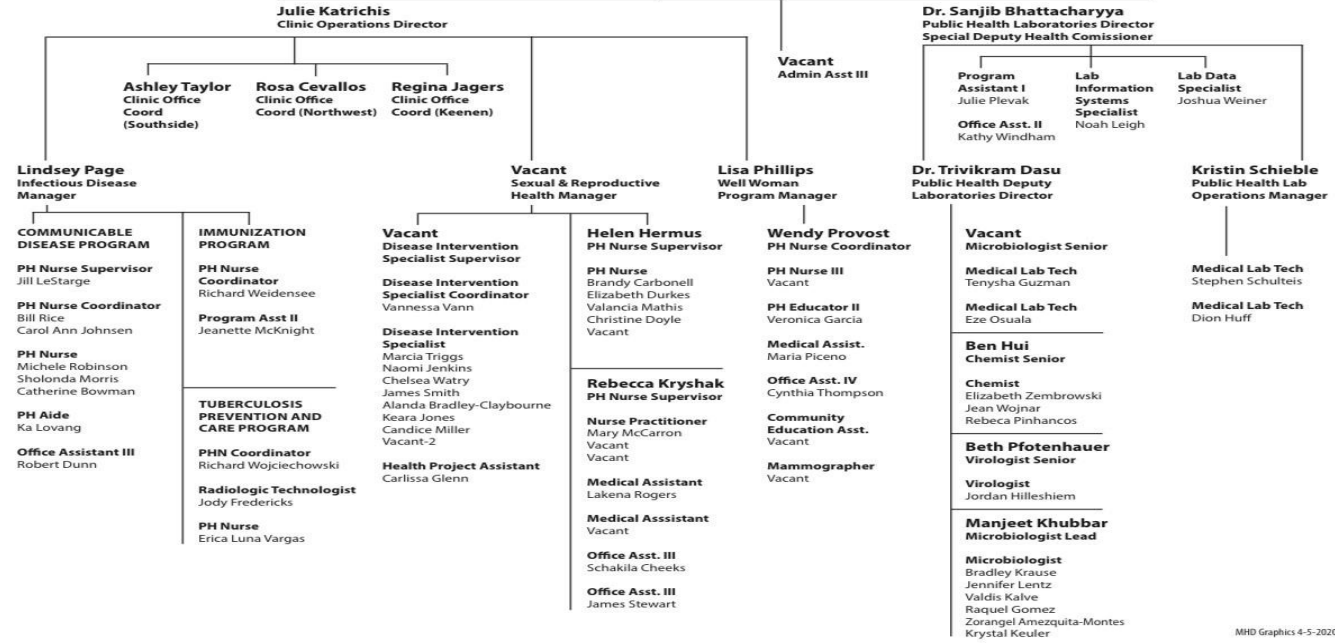
**Marlaina Jackson**  
Deputy Commissioner of Community Health

**Reggie Moore**  
Office of Violence Prevention Director



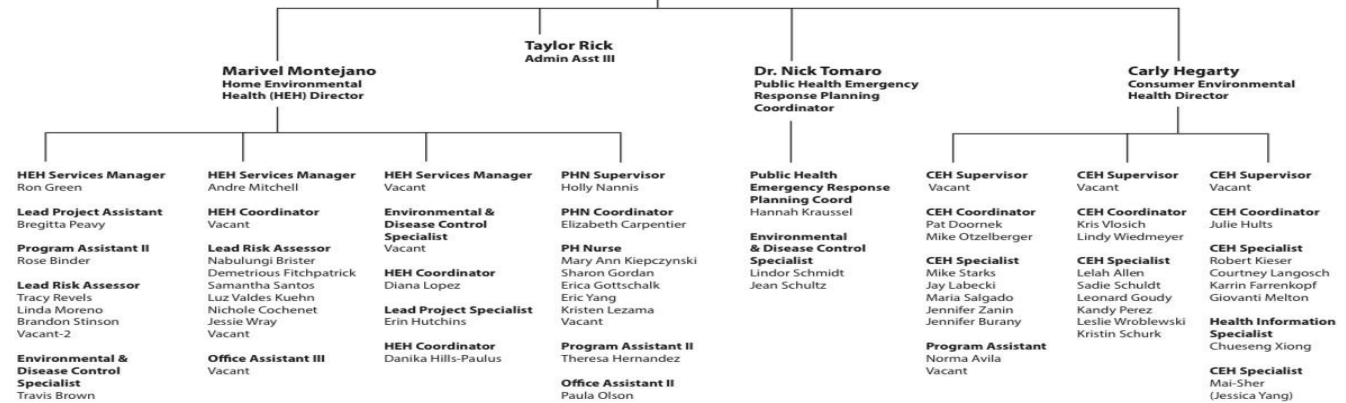
# Medical Services

**Dr. Heather Paradis**  
Deputy Commissioner  
of Medical Services



# Environmental Services

**Claire Evers**  
Deputy Commissioner  
of Environmental Health



# 2018-2019

## YEAR 1 HIGHLIGHTS

- We resumed all staff meetings
- Lead program turnaround and support several audits
- Restored Well Woman Program
- 414 Life Team launched
- Board of Health established
- Racism as a Public Health Crisis Declaration
- Department Reorganization
- DNC emergency preparedness prep
- Back to School Health Fair
- MORI- Overdose response prevention
- MHD Rebranded- community engaged









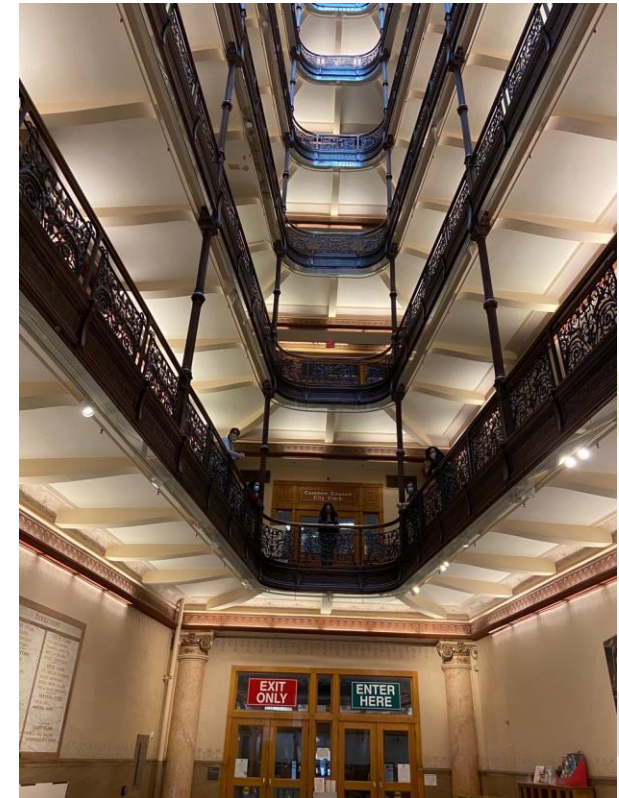
# Annual Back to School Health Fair- 2019



# 2019-2020

## YEAR 2 HIGHLIGHTS...

- GARE- Government Alliance on Race and Equity
- Leadership team complete
- BOMB Doula Program kick off
- COLE Lead Safe Kits
- Expansion of STI/HIV Clinic at SSHC
- Electronic Health Record
- COVID-19 response



# 2019 REPORT TO THE COMMUNITY



CITY OF MILWAUKEE  
HEALTH DEPARTMENT

## 2019 REPORT TO THE COMMUNITY

Prepared by  
Dr. Jeanette Kowalik, PhD, MPH, MCHES  
Commissioner of Health

APRIL 6, 2020





February 24, 2020

### City of Milwaukee Board of Health

Dear Community,

In 2019, the City of Milwaukee re-established its Board of Health. This nine-member governing board is responsible for assuring city residents that the City of Milwaukee Health Department (MHD) is fulfilling the responsibilities mandated by the state, advising the department on priorities, taking public stances on public health policy issues, and being champions for public health in Milwaukee. These positions were appointed by Mayor Tom Barrett after an application and interview process and each member was confirmed by the Common Council.

As you may know, the MHD has faced many challenges over the years. There were significant concerns about the way childhood lead poisoning cases were handled under the previous leadership. The department is diligently working to improve their response once a case of lead poisoning has been identified and resolve subsequent ongoing investigations from multiple state agencies. The Board of Health is working closely with Commissioner Kowalik as she strives to refine the department's organizational structure and enhance various processes to increase efficiency. These changes are necessary to improve the function and ability within the department to protect and promote residents' health.

The Board of Health will establish committees or working groups as needed. This first of these is a lead advisory committee. The Lead-Safe Advisory Committee is responsible for monitoring city-wide lead poisoning data and follow up, advocating for city environmental policies that substantially reduce the risk of lead exposure, and developing a long-term plan to eliminate lead poisoning. The committee will be made up of people living and working in areas of our community most affected by lead poisoning, as it is imperative that the voices of who are most impacted are brought together to tackle this issue facing our city.

As a board, we believe, in order to achieve success in health equity we must come together to address social determinants of health and mitigate the impacts that racism plays in public health. This board will continue to support efforts that work to eliminate gaps of services in public health that disproportionately affect communities of color.



We are also very concerned about the negative ramifications of the growing political rhetoric directed at our immigrant and refugee communities to the point where people are becoming afraid to seek out medical care. We support the Health Department's decision to not support or assist the Department of Homeland Security Immigration and Customs Enforcement (ICE) division in situations where cooperation may jeopardize an individual or family's stability and safety.

We are encouraged by the strides of improvement made by the health department and look forward to being deeply engaged with our community in a long, winding journey to allot the ability for all Milwaukee residents to live their best lives.

Please visit our website at [www.milwaukee.gov/boardofhealth](http://www.milwaukee.gov/boardofhealth) more information and ways to get more involved.

We look forward to the work that lay ahead, and to a healthier Milwaukee.

Yours in Health,

Lyn Ranta, MD, President

Caroline Gomez-Tom, Vice President

Ruthie Weatherly

Bria Grant

Alderwoman Chantia Lewis

Julia Means

LaNelle Ramey

Ericka Sinclair

Wujie Zhang, PhD

# MHD ANTI RACISM PLAN

## CALL TO ACTION—EQUITY AND INCLUSION

- A statement documenting departmental commitment to advancing and achieving racial equity, including:
  - Roles and responsibilities at all levels of the department
  - Processes used to collect data and measure success
- A commitment to engaging key community stakeholders and using their feedback to set departmental priorities and goals
- *An open-ended discussion relative to how you will use your leadership role in city government to uplift, empower, and protect black and brown lives*



# MHD ANTI RACISM PLAN

## CALL TO ACTION--WORKFORCE DEMOGRAPHICS

- Current workforce and annual reports on new hires, promotions, and separations
- Departmental efforts to increase staff diversity and recruitment and retention efforts
- Departmental efforts to advance diversity in managerial and leadership roles
- Departmental efforts related to orientation and onboarding with a focus on racial equity and inclusion
- Managerial efforts and practices that support and expect work environments that are equitable, inclusive, and fair



# MHD ANTI RACISM PLAN

## CALL TO ACTION—ACCOUNTABILITY

- Departmental framework for establishing policy and decision making through an equity lens
- Initiatives and strategies to provide culturally responsive service delivery
- Departmental metrics to track disparate racial impact in resident service utilization and allocation of resources

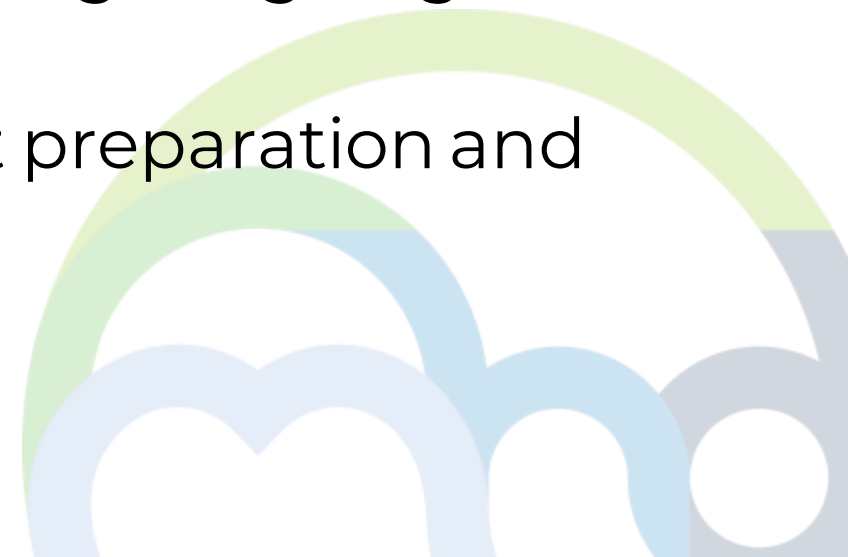




# MHD ANTI RACISM PLAN

## CALL TO ACTION—ACCOUNTABILITY

- Assessment of administrative requirements related to policies, programs, practices, fees, applications, hours of operation, licenses or fees that represent barriers to achieving equity and inclusion and plans for eliminating the aforementioned barriers
- Strategies and opportunities for engaging community stakeholders on a regular basis and for allowing on-going and continuous community feedback
- Efforts to incorporate equity goals in budget preparation and allocation



June 5, 2020

**Re: Commissioner Kowalik's reflections and call to action:**

We continue to mourn the deaths of our ancestors past and present. Mr. George Floyd is the latest Black man to be murdered by a white man on video. Technology has allowed millions of people to witness this act and has evoked many of us to take action locally and worldwide. It has also triggered many of us who are fed up and tired of injustice rooted in anti-Black racism.

In addition to murders and lynching, there are many forms of violence that threaten our existence each and every day. These continued assaults against Black and Brown people can be internal and external. Poor health is an internal threat that can be spawned by coping, over-working, and striving for acceptance. The goal of perfectionism is a fantasy—I realized this when I received my first autoimmune disease diagnosis in 2008, the second in 2015, and the third in 2016. Let's not forget about the recent smears against my health and my need to take sick time during the pandemic—of course 3 white men were behind these pathetic attacks. Regardless of our talents, degrees, occupations, assimilation, or niceties, we are reminded that we are not good enough because this system is centered on whiteness as "good" or the default—this is toxic. The system and its supporters (passive or active) are quick to show us that we don't matter and devalue our very being. We are replaceable with the quickness, scapegoated, and thrown under the bus on the regular.

Let me pivot and focus on my hometown of Milwaukee, Wisconsin. Milwaukee is one of the most segregated cities in the USA—it is a classic "tale of two cities." How often are the outcomes the same for our white counterparts? The double standard that exists is exhausting and compounds cortisol that increases our risk of chronic illness and premature death. We have observed that chronic conditions such as heart disease and diabetes are associated with increased death from COVID-19. Is there any question as to why we see these inequities continue to play out in cities across this country? *Is there any reason as to why people are fed up NOW, during a pandemic?*

When I returned home in the fall of 2018, I stated that I was under spiritual attack. The truth of the matter is that it's not just me, but we, as Black and Brown people, past and present, have been under spiritual attack for quite some time—and we're tired and we're angry. This is magnified as we aim to evoke true change; we are shushed, shamed, mocked, harmed, and/or killed. The spiritual root of the emotional, mental, and physical effects of anti-Black racism is profound.

I reject the notion that we are living in the past or scapegoating our current realities impacted by anti-Black racism. These systems are engineered to oppress and must be dismantled. For example, the minimization of Black and Brown folk's success by attributing it Affirmative Action. One must consider the unearned benefit and distribution of resources many white people receive due to system weighing in their favor. As the Chief Health Strategist for the City of Milwaukee, I believe that it is high time for a call to action, the establishment of a **New American System**.

The **New American System** must be rooted in correcting for the wrongs of the past. This includes long overdue reparations for Black and Brown Americans. This can be in the form of \$ including solid wages for work, safe and lead-free housing, legal aid, education (K-12 & higher education which also needs an overhaul), stellar health insurance including access to holistic and mental health services, and supports to build generational wealth. These things are often included in the [economic and social determinants of health](#). For instance, I believe if Black and Brown communities were in a better position by having these supports prior to the pandemic, the scourge of COVID-19 would have been minimized.

The **New American System** must also be free of perpetrators of anti-Black racism and other forms of discrimination. [Any elected official that supports racist policies and practices should step down immediately and if they refuse, a movement must be created to replace them through fair and safe elections with leaders that are committed to uplifting Black and Brown communities as well as protecting the sanctity of the New American System](#). Focusing on development of a new system will create a tidal wave of change across all sectors including public health and law enforcement.

In closing, I would like to remind everyone that [Racism was declared as a Public Health Crisis](#) last summer by the City and County of Milwaukee. This means that change is inevitable. Racism, specifically anti-Black racism continues to threaten Milwaukeeans ability to Live Their Best Lives, the vision of the MHD and our collective ability to achieve the goals of our Community Health Improvement Plan, [MKE Elevate](#).

We know that injustice rooted in hate and anti-Black racism has caused death and destruction of Black and Brown people for centuries. Now is the time for [strategy](#) versus channeling emotions into short-lived actions. **Ask yourself what is your commitment to stopping these injustices from occurring now and in the future?**

To everyone who has been doing the work, internally and in our community, thank you all for your hard work and support. Please remember that self-care is important now more than ever as we battle these crises: Anti-Black Racism, Violence, and COVID-19.

**My Self-Care pro tips:**

- 1) **Take a moment to sit with your emotions**—journal these feelings by triggers & date.
- 2) **Hone in on where tension is being held in your body**. Do this at least once a day. Verbalize the release of this tension and your need to protect yourself from harm.
- 3) **Get adequate hydration, food, and sleep**. Increase your immunity naturally which includes protecting yourself from harm due to overwork and over-stimulation via technology and being bombarded with information via social media outlets. Block harmful people and news sources from your feeds—unapologetically!
- 4) **Set healthy boundaries at home and work**. Of course we all have roles and functions at home and work. I am not encouraging insubordination, rather the need to refrain from allowing work to bleed into personal/family time. We need to be healthy and at peace.
- 5) **Create!** If you are an artist or not, develop something when you feel inspired. It can be a drawing, a sculpture, singing, or dancing.
- 6) **COVID-19 is still a threat in our community**. Wear a mask or cloth over your nose and mouth to protect yourself from the spread of COVID-19. Make sure that you wash cloth masks and toss paper masks after each use. Increase your hand hygiene if you don't have access to a sink, use liquid sanitizer with 60% alcohol content. If you are feeling sickly/not well, stay at home and isolate yourself from others in your house if you can. Get tested for COVID-19: call 2-1-1 or [www.milwaukee.gov/coronavirus](http://www.milwaukee.gov/coronavirus) for more info.

In solidarity,



Dr. Jeanette Kowalik, PhD, MPH, MCHES

# HEALTH DISPARITIES, INEQUITIES, EQUITY

## Health Disparity

A difference in health between groups of people.

By itself, *disparity* does not address the chain of events that produces it.

## 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.

- Margaret Whitehead

## Health Equity

A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

-ASTHO, 2000

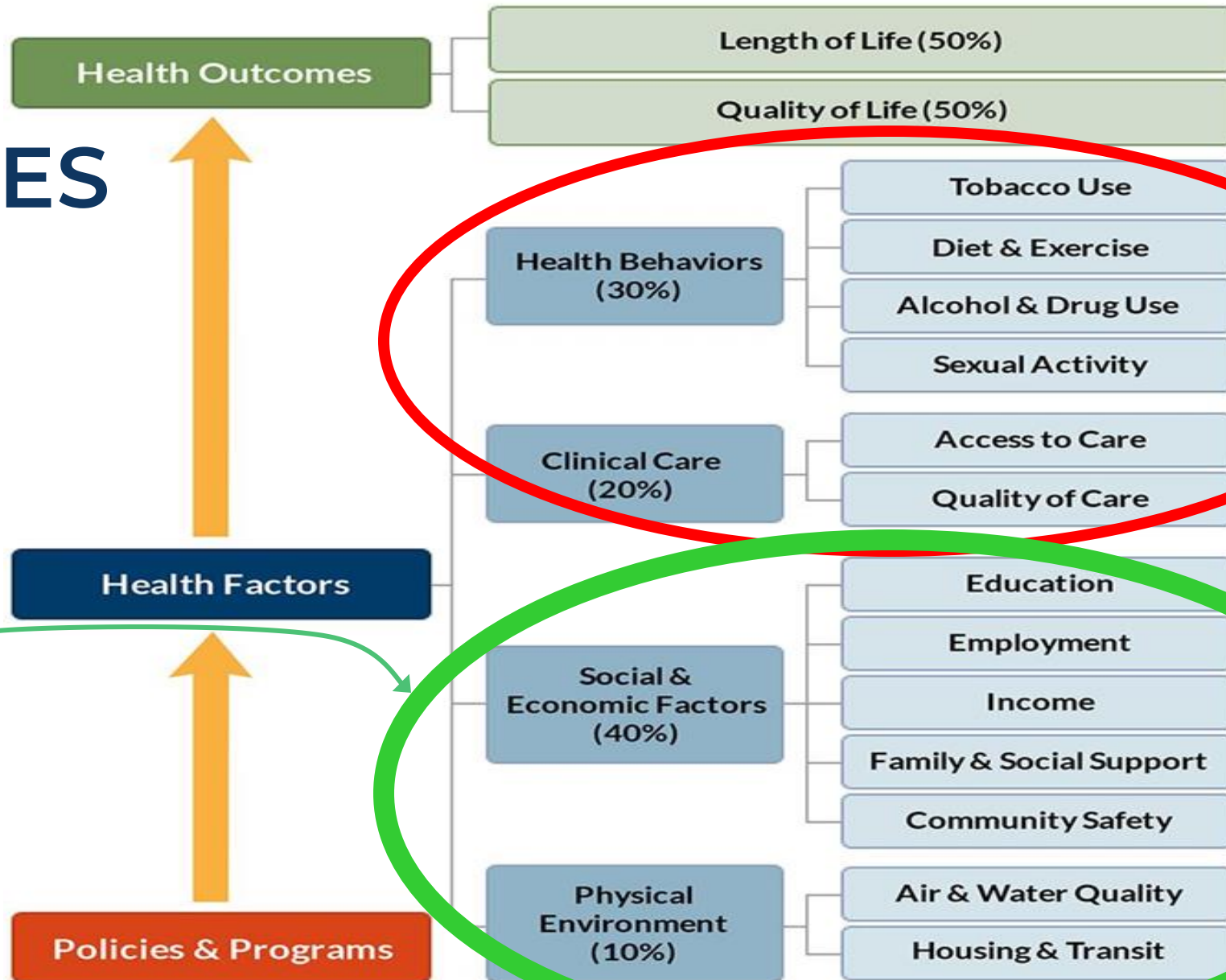
An environment where everyone has a fair and just opportunity to be healthy.

-Paula Braveman, 2017

*This slide based on consensus definitions originally compiled by Ingham Co, MI*

# WHAT DETERMINES HEALTH?

SDoH = the conditions in which people are born, grow up, live, work, and age. (WHO)

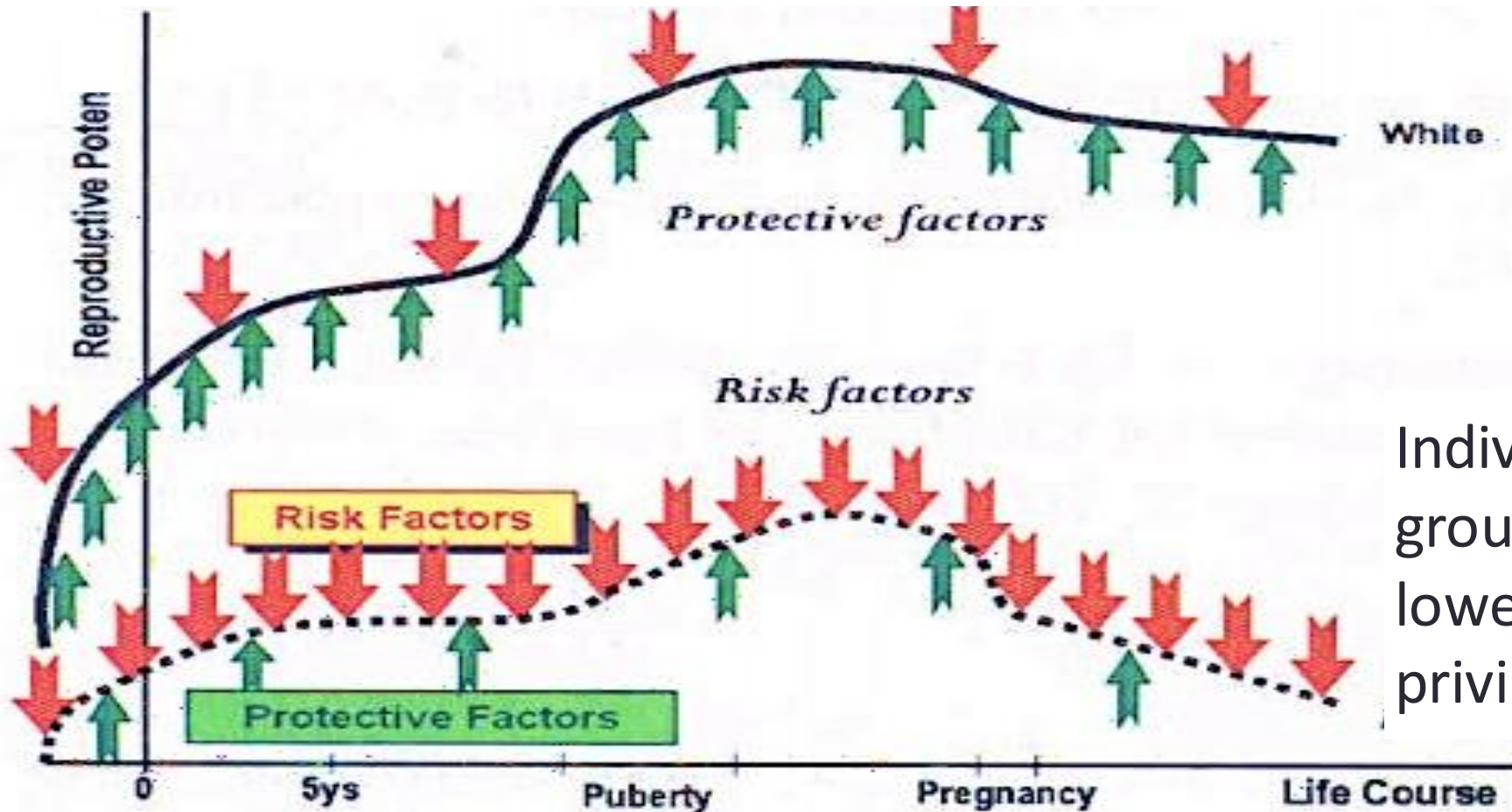


# SDOH – HEALTH PATHWAYS

1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. SDoH affects one's biology directly
  - Example: toxic physical environments
  - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
  - Example: epigenetic mechanisms / DNA methylation
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation

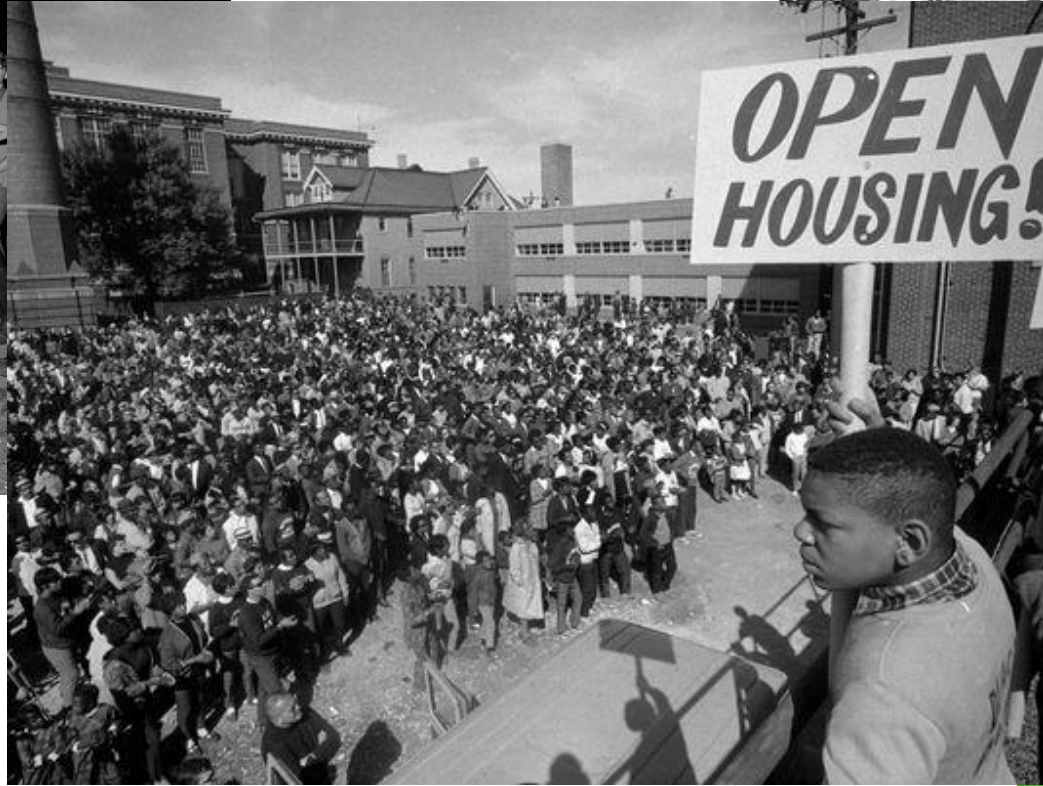
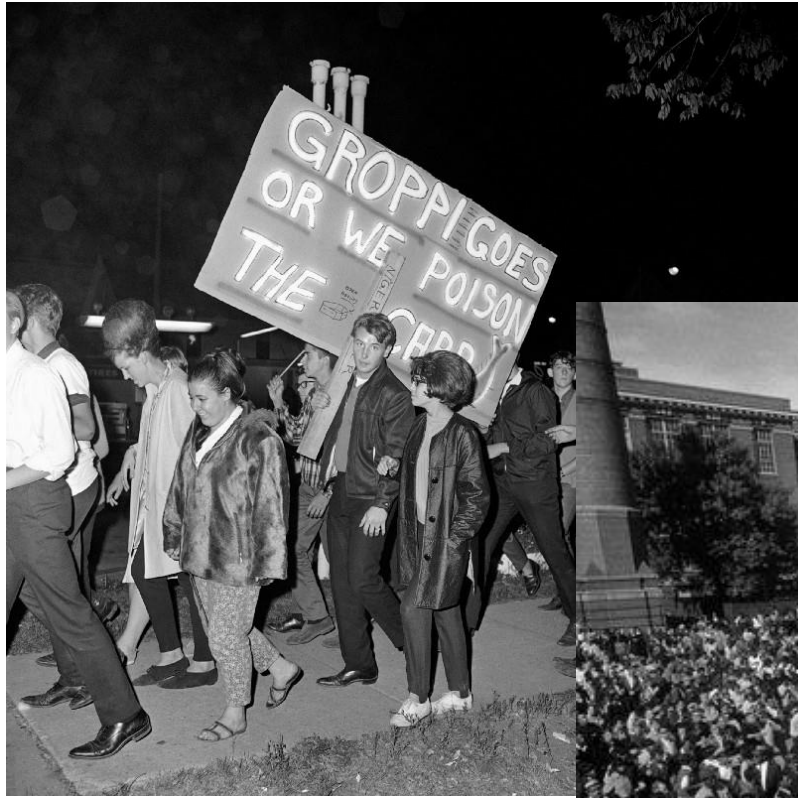
# ACROSS THE LIFE COURSE & FROM GENERATION TO GENERATION

Health Potential



White

Individuals & groups with lower power and privilege



SOURCE: <https://timeline.com/milwaukee-long-hot-summer-252057567975>



# SEGREGATION IN MILWAUKEE

- “The academic consensus that Milwaukee is one of America’s most segregated cities has focused generally on the persistently high levels of black-white residential segregation in the region – levels that most scholars characterize as hypersegregation.
- Although the data show that Latino-White Non-Hispanic (WNH) segregation is not as pervasive as racial segregation in Milwaukee, the rate of Latino-WNH segregation here is high and has not declined over the past twenty years” p.22

University of Wisconsin Milwaukee Center for Economic Development. (2016). Latino Milwaukee: A Statistical Portrait. Retrieved April 7, 2019 from [https://www.greatermilwaukeefoundation.org/files/7914/6215/2972/Latino\\_Milwaukee\\_Study\\_2016.pdf](https://www.greatermilwaukeefoundation.org/files/7914/6215/2972/Latino_Milwaukee_Study_2016.pdf)




# *CITY OF MILWAUKEE BLACK- WNH SEGREGATION RATES*

1990	2000	2010
56.4	59.5	57.0

**60 is high segregation**

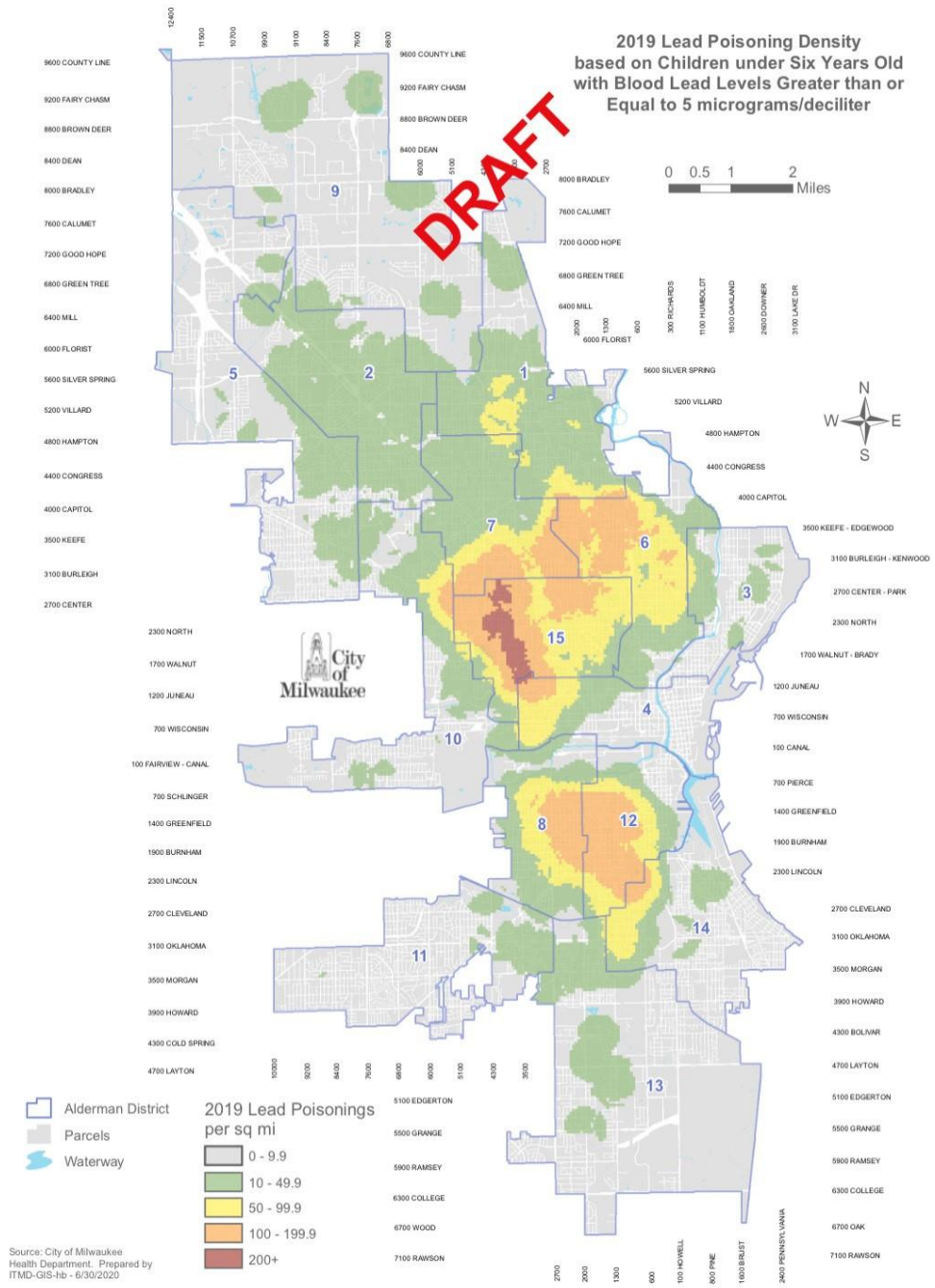
University of Wisconsin Milwaukee Center for Economic Development. (2016). Latino Milwaukee: A Statistical Portrait. Retrieved April 7, 2019 from [https://www.greatermilwaukeefoundation.org/files/7914/6215/2972/Latino\\_Milwaukee\\_Study\\_2016.pdf](https://www.greatermilwaukeefoundation.org/files/7914/6215/2972/Latino_Milwaukee_Study_2016.pdf)



**THE BURDEN OF LEAD  
POISONING IS  
GEOGRAPHICALLY  
CONCENTRATED**

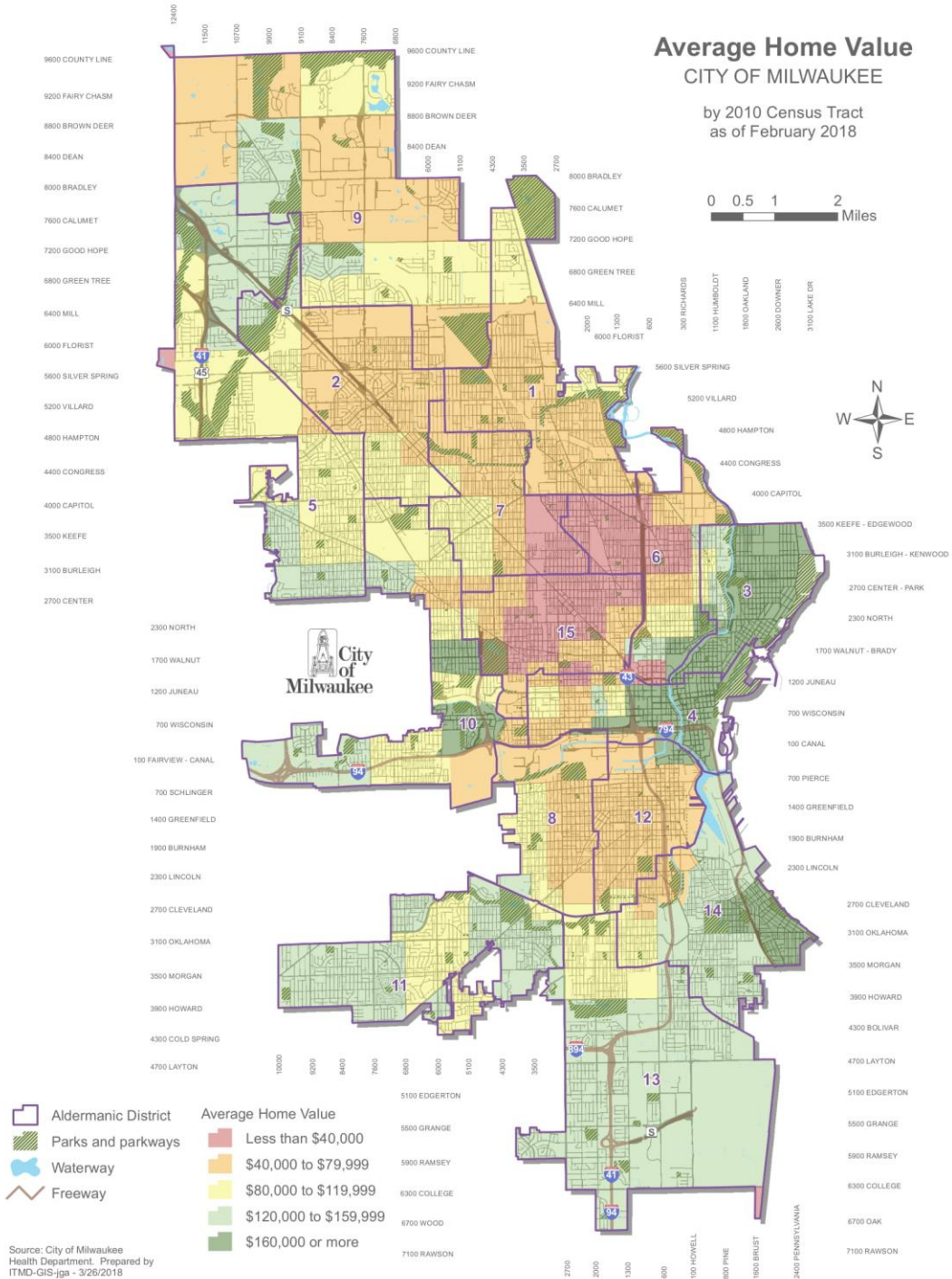
**SOME DISTRICTS ARE  
IMPACTED BY LEAD  
POISONING MUCH MORE  
THAN OTHERS**

# Burden of Lead Poisoning in the City of Milwaukee

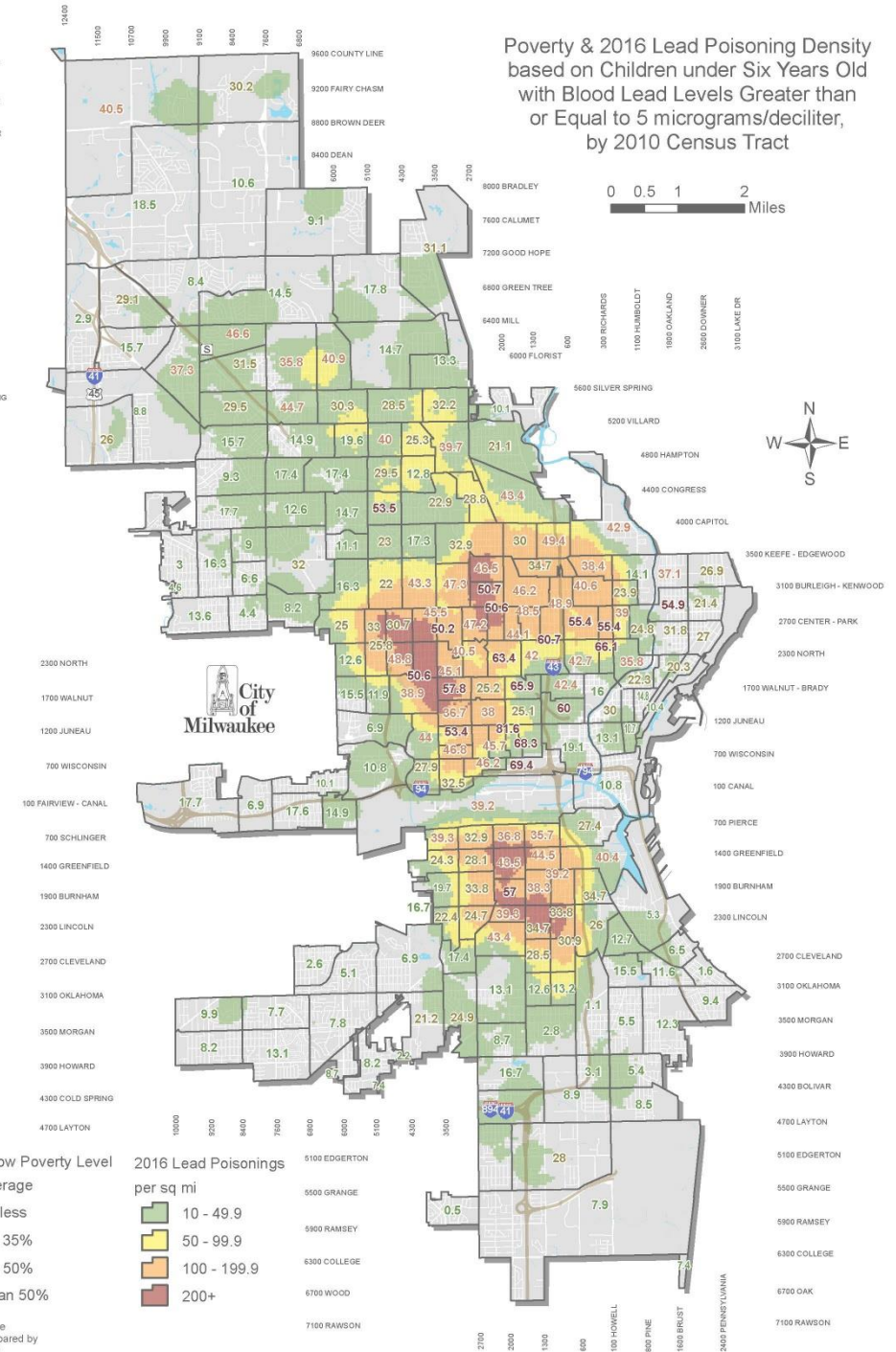


**THE AREAS MOST  
IMPACTED BY LEAD  
POISONING ALSO HAVE  
OTHER SIGNIFICANT  
CHALLENGES**

# Average Home Value



# Poverty



# Redlines





# DECLARING RACISM AS A PUBLIC HEALTH CRISIS

*CATALYST FOR COLLECTING COVID-19 RACE & ETHNICITY DATA FROM THE START*

- 2018 – Wisconsin Public Health Association Resolution
- May 2019 – MKE County & its Office of African American Affairs Resolution
- July 2019 -- MKE City Resolution: Substitute resolution committing the City of Milwaukee to take actions toward achieving racial equity and transforming the systems and institutions of racism that impact the health and well-being of the community.

# DISMANTLING RACISM

## SOCIAL & ECONOMIC DETERMINANTS OF HEALTH

- Artiga, S., Garfield, R. & Orgera, K. (2020). Communities of color at higher risk for health and economic challenges due to COVID-19. Retrieved April 29, 2020, from <https://www.kff.org/report-section/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19-issue-brief/>
- Atwel, A. (2020, April 1). *Most of Milwaukee's coronavirus patients are black people, Officials grasp for explanations*. Medium. <https://atlantablackstar.com/2020/04/01/most-of-milwaukees-coronavirus-patients-are-black-people-officials-grasp-for-explanations/>
- Chin, T., Kahn, R., Li, R, Chen, J. T., Krieger, N. Buckee, C. O., Balsari, S., & Kiang, M. V. (2020). U.S. county-level characteristics to inform equitable COVID-19 response. <https://doi.org/10.1101/2020.04.08.20058248>
- Edwards, B. (2020, March 26). *Middle-aged black men make up most of Milwaukee's coronavirus cases*. Medium. <https://www.essence.com/news/milwaukee-coronavirus-black-community/>
- Johnson, A. & Buford T. (2020, April 3). *Coronavirus: Early data shows african americans have contracted and died of coronavirus at an alarming rate*. ProPublica. <https://www.propublica.org/article/early-data-shows-african-americans-have-contracted-and-died-of-coronavirus-at-an-alarming-rate>

# DISMANTLING RACISM

## *SOCIAL & ECONOMIC DETERMINANTS OF HEALTH*

- Short & long term supports are necessary to survive & recover from COVID-19
  - Protect essential workers—provide PPE, hazard pay, free, high quality healthcare
  - Suspend rent & mortgage, utility payments, provide free healthcare & food, monthly stipends
  - Reparations, dramatically increase essential worker pay, provide free/low cost high quality healthcare, education/college

# POLICY, ENGAGEMENT, & INNOVATION BRANCH (PIE)

HEALTH STRATEGY

# COVID-19 ISSUE BRIEFS

## COVID-19 ISSUE BRIEF

*Increasing number of COVID-19 cases among Hispanic/Latinx individuals under the age of 15 in the city of Milwaukee*

### BACKGROUND

The State of Wisconsin and city of Milwaukee have seen an increased number of individuals who identify as Hispanic/Latinx that are positive for COVID-19. This shows an unjust and unequal difference in disease burden. Out of all COVID-19 cases in the city of Milwaukee, Hispanic/Latinx positive cases account for 40.2% of cases, while positive cases for Black individuals is 31.4% and 11.3% for White individuals.<sup>4</sup> In fact, in the city of Milwaukee, individuals who are Hispanic/Latinx make up only 20.2% of the population, but 40.2% of positive COVID-19 cases.<sup>3</sup> This inequity is also reflected in State COVID-19 data where individuals who are Hispanic/Latinx make up 7% of the population in Wisconsin, but account for 38% of COVID-19 cases.<sup>2</sup> Furthermore, Hispanics/Latinx test positive for COVID-19 at disproportionate rates in 42 states.<sup>3</sup>

In the City of Milwaukee, individuals who are Hispanic/Latinx make up only 20.2% of the population, but 40.2% of positive COVID-19 cases.<sup>5</sup>

There are a few potential reasons for this inequity. The Hispanic/Latinx population are overrepresented in essential jobs that increase exposure to COVID-19 and are less likely to have paid sick leave. These essential jobs often have low wages and individuals may feel that they are required to leave their home for work, possibly even while sick.<sup>6</sup> Milwaukee's older housing stock includes many multi-family properties such as duplexes and Polish flats. Multi-generational housing and living in densely populated areas may be more common for Hispanic/Latinx households and neighborhoods that can increase exposure to COVID-19.<sup>1,2</sup> These risk factors are not only increasing positive COVID-19 cases among the working Hispanic/Latinx population, but the virus continues to spread among households and increasing cases among families and children. In the United States, the Hispanic/Latinx population is overall younger – over 65% are millennials or younger in Milwaukee<sup>5</sup> – and this, along with risk factors of their families and housing, may be contributing to more positive COVID-19 cases among individuals under the age of 15 in Milwaukee who are Hispanic/Latinx.

### EXPLORING THE DATA

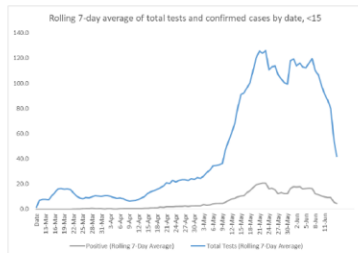


Figure 1: Seven Day Rolling Average of Tests Among Residents Under 15 Years of Age. As of June 7, 2020 approximately 7% of all confirmed cases of COVID-19 in the city have been among those under the age of 15. However, between June 7 - 24, 2020 youth under the age of 15 increased to make up 13% of all confirmed COVID-19 cases in the city.

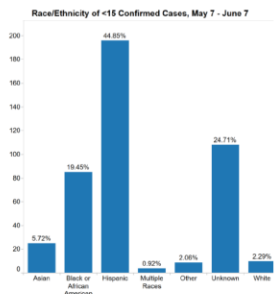


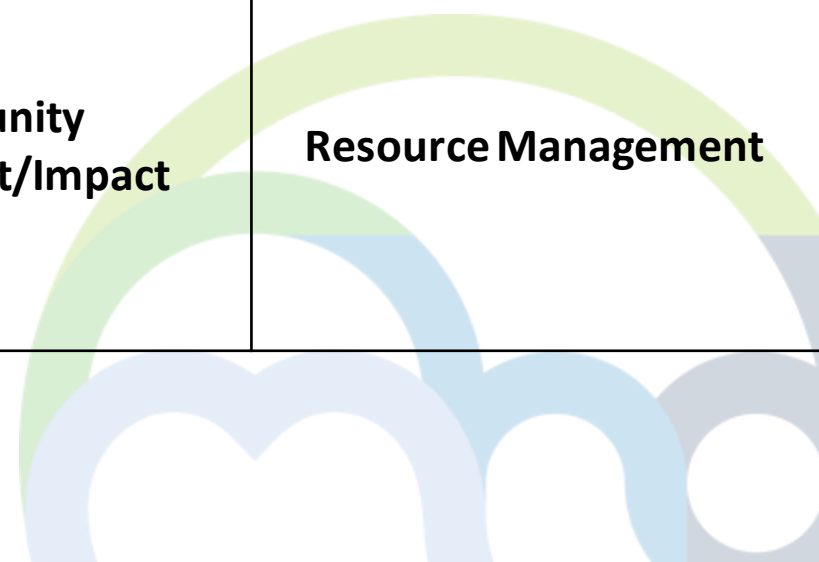
Figure 2: Race/Ethnicity of COVID-19 cases under the age of 15 Over the Past Month (May 7 - June 7, 2020). The increasing number of cases among the under 15 age group have followed similar trends to the overall COVID-19 trends observed in the city of Milwaukee, with a disproportionate number of cases identifying as Hispanic/Latinx.

- **Goal:**
  - Working to combine data and policy translation/dissemination efforts
  - Co-lead the discussion/data updates with community partners
  - Apply social determinants of health lens.
- **Frequency:** New brief monthly
- **Potential Topics:** COVID-19 & Domestic Violence, COVID-19 & Food Security, COVID-19 & Housing, COVID-19 & Overdose etc.

# PERFORMANCE MANAGEMENT

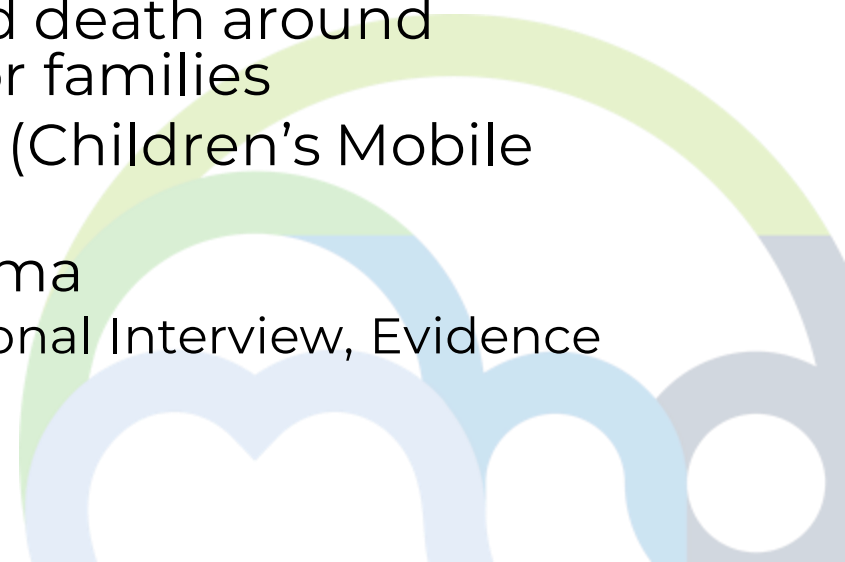
- Engaged UBUNTU Research and Evaluation in Fall 2019 in a series of key performance metric workshops
  - Finalizing key performance metrics for each MHD functional area
  - Utilizing a balance scorecard framework
- **Next Steps:** Implement performance management system, pending technology solutions

<b>Public Health Interventions</b> What we did?	<b>Public Health Outcomes</b>
<b>Community Engagement/Impact</b>	<b>Resource Management</b>



# MILWAUKEE OVERDOSE RESPONSE INITIATIVE

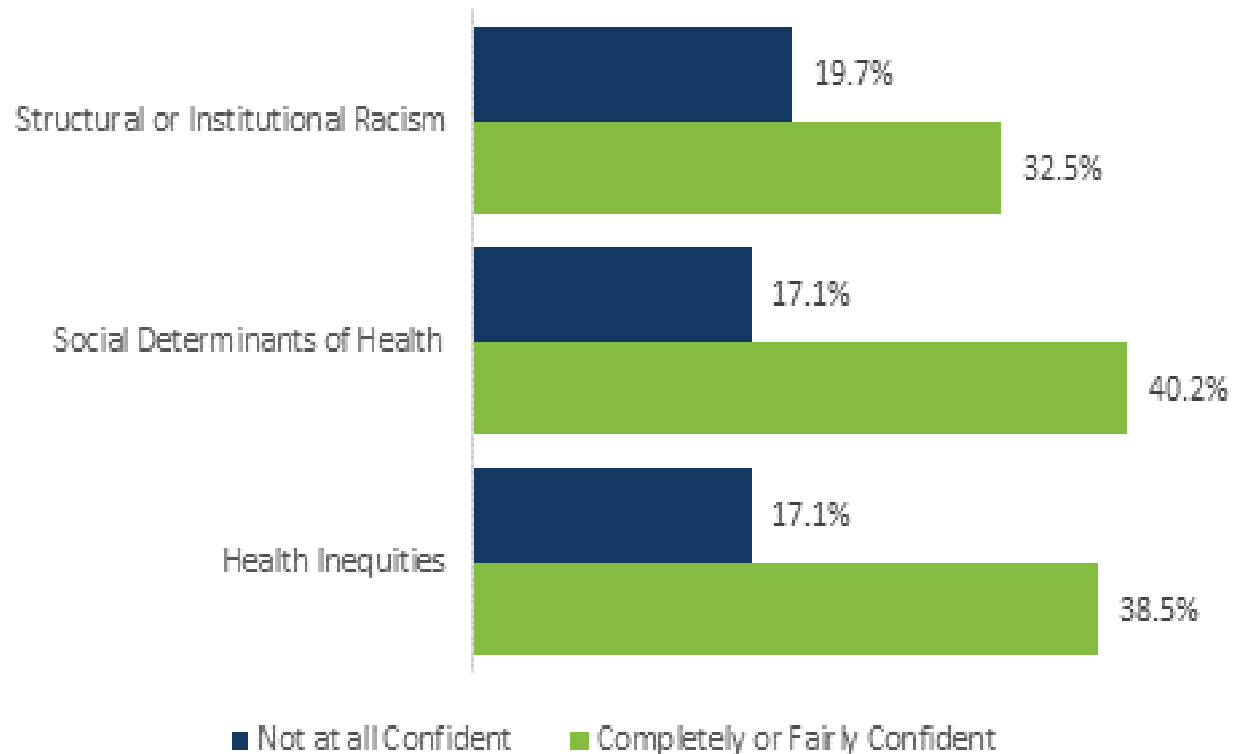
- Received an additional \$500,000 from NACCHO, in addition to the ~\$750,000 received in 2019
- **Next Steps:**
  - Contract with MORI partner agency to find a full-time licensed clinician, located at ME office to perform social autopsy, 8/1/20-7/31/21
  - Expand from nonfatal OD, to include fatal OD and death around trauma, and provide full spectrum of resources for families
  - Broaden Partnerships to include BHD, OVP, CMC (Children's Mobile Crisis), TRT (Trauma Response Team)
  - Train MORI team and partners on ACE's and trauma
    - Training already completed includes: SBIRT, Motivational Interview, Evidence based practices for SUD and Trauma Informed Care



# HEALTH EQUITY WORKFORCE ASSESSMENT

## How Confident are MHD Staff Informing Others on...

Data Source: 2020 MHD BARHII Survey



- Completed BARHII Assessment in Winter 2020; currently analyzing data
- Reengaging MHD's Government Alliance for Race and Equity Team

### Next Steps:

- Identify racial equity trainings for all staff
- Operationalize how all MHD programs are applying a racial equity lens
- Implement optional lunch and learns for staff



# OPEN RECORDS/FOIA

	2019	2020 to date
<b>Total number of open record requests</b>	71	172*
* Includes media/interview requests that came in as public records. Not included in 2019		

- Types of requests: Environmental Requests, Media and interview requests, Personnel requests, etc.

# PIE BRANCH

DATA AND EVALUATION

### Gating Metric Review

May 28<sup>th</sup> – July 9<sup>th</sup>

Metric	Status – May 28 <sup>th</sup> *	Status – June 4 <sup>th</sup> **	Status – June 11 <sup>th</sup>	Status – June 18 <sup>th</sup>	Status – June 25	Status – July 2	Status – July 9
<b>Cases</b>	<b>Red</b>  Slope was 4.63, significantly positive based on P-Value	<b>Yellow</b>  Slope was 0.764, <u>not</u> significantly positive based on P-Value	<b>Yellow</b>  Slope was -0.15, <u>not</u> significantly negative based on P-Value	<b>Green</b>  Slope was -0.23, significantly negative based on P-Value	<b>Yellow</b>  Slope was 0.10, <u>not</u> significantly positive based on P-Value	<b>Red</b>  Slope was 0.53, significantly positive based on P-Value	<b>Yellow</b>  Slope was 0.15, <u>not</u> significantly positive based on P-Value
<b>Testing</b>	<b>Red</b>  Data during this assessment period showed there were between 230 and 470 tests performed per day	<b>Yellow</b>  Average of 1,120 tests per day	<b>Yellow</b>  Average of 10% Positive	<b>Yellow</b>  Average of 7.08% positive	<b>Yellow</b>  Average of 7.8% positive	<b>Yellow</b>  Estimated Average of 1,682 tests per day. Average of 12.2% positive.	<b>Yellow</b>  Average of 1,702 tests per day. Average of 9.1% positive
Hospitalization of COVID+ patients was approximately x%							
<b>Care***</b>	<b>Yellow</b> 11%	<b>Yellow</b> 10%	<b>Green</b> 9%	<b>Green</b> 7%	<b>Green</b> 6%	<b>Green</b> 5%	<b>Green</b> 6%
<b>Safety (PPE)***</b>	<b>Yellow</b>	<b>Yellow</b>	<b>Yellow</b>	<b>Green</b>	<b>Yellow</b>	<b>Yellow</b>	<b>Yellow</b>
Tracing: Week 1: 16.05% of COVID+ cases received a contact attempt by MHD staff within 24 hours of the case being reported Weeks 2 +: COVID+ residents assigned to MHD for follow up were successfully reached within 3 contact attempts							
<b>Tracing</b>	<b>Red</b>	<b>Yellow</b> 77.8%	<b>Yellow</b> 91.29%	<b>Yellow</b> 78.8%	<b>Yellow</b> 82.9%	<b>Yellow</b> 83.3%	<b>Yellow</b> 76.5%

\*Delays in data reporting from national guard sites heavily impacted the cases, testing, tracing metrics

\*\*Methodology for testing, cases, and tracing metrics were adjusted based on best practices for the city of Milwaukee

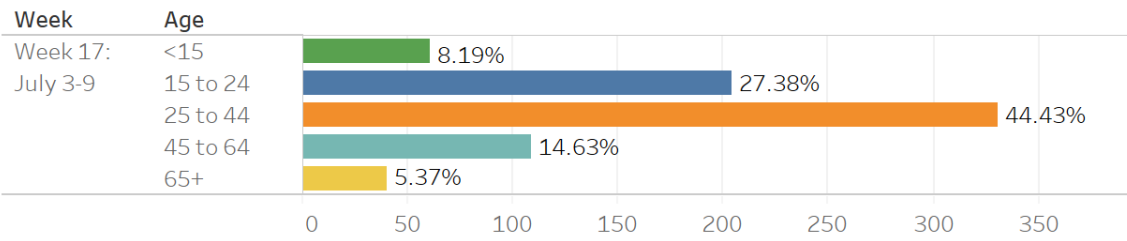
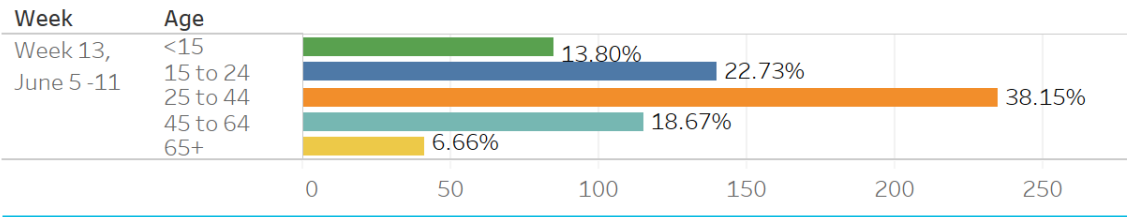
\*\*\*Based on Milwaukee County Dashboard Data



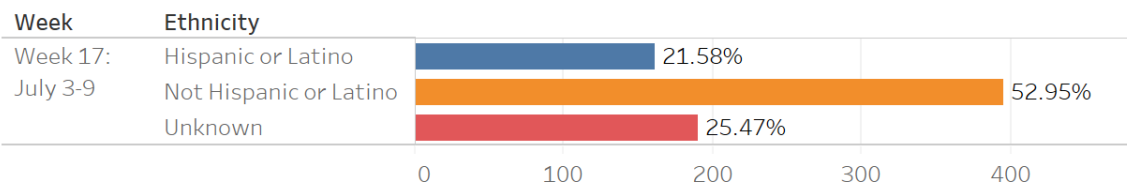
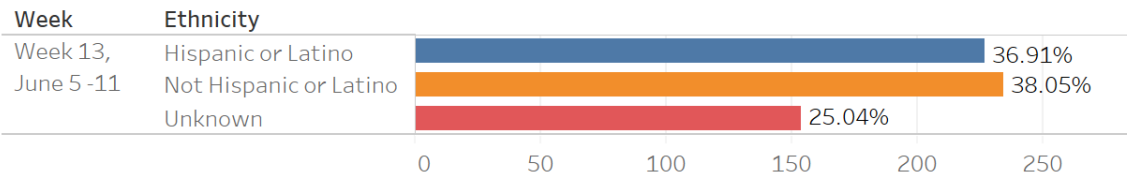
### COVID-19 Week 17 Update

The city of Milwaukee confirmed the first case of COVID-19 on Friday, March 13th. As of June 25th there have been 10,297 cases of COVID-19 and 243 deaths confirmed in the city.

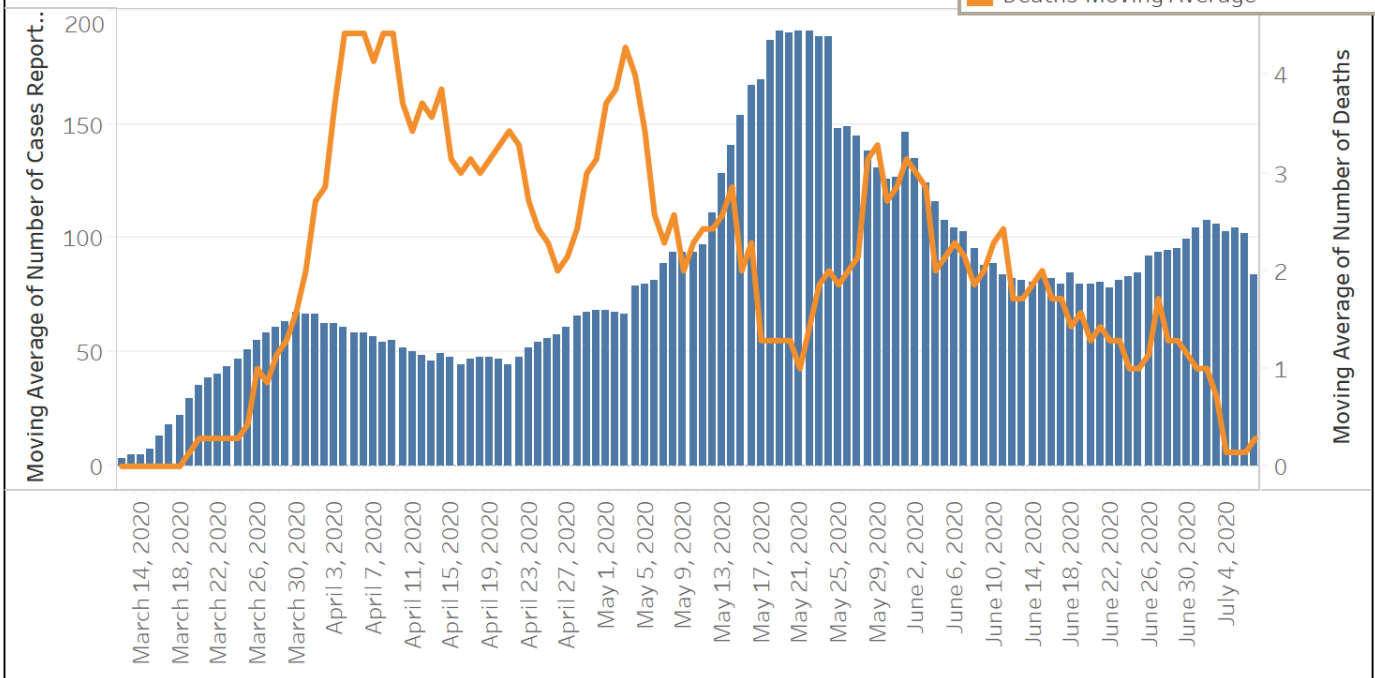
#### Weekly comparison of confirmed cases by age



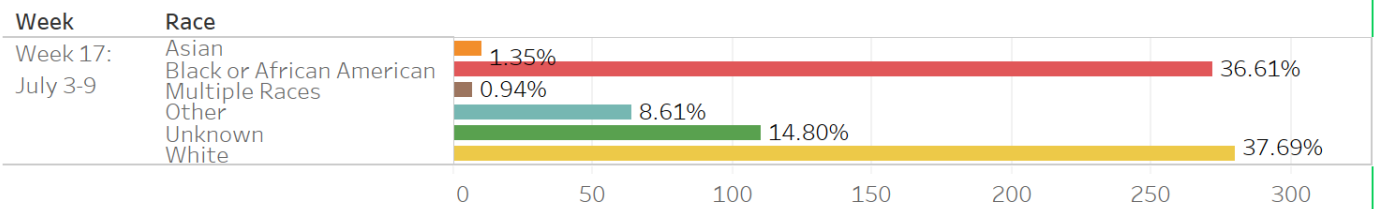
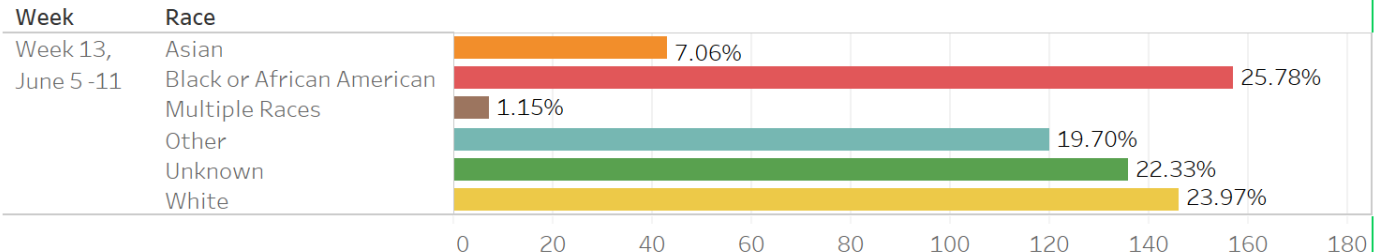
#### Confirmed cases by ethnicity



#### 7-day rolling average of cases and deaths by date



#### Weekly comparison of confirmed cases by race



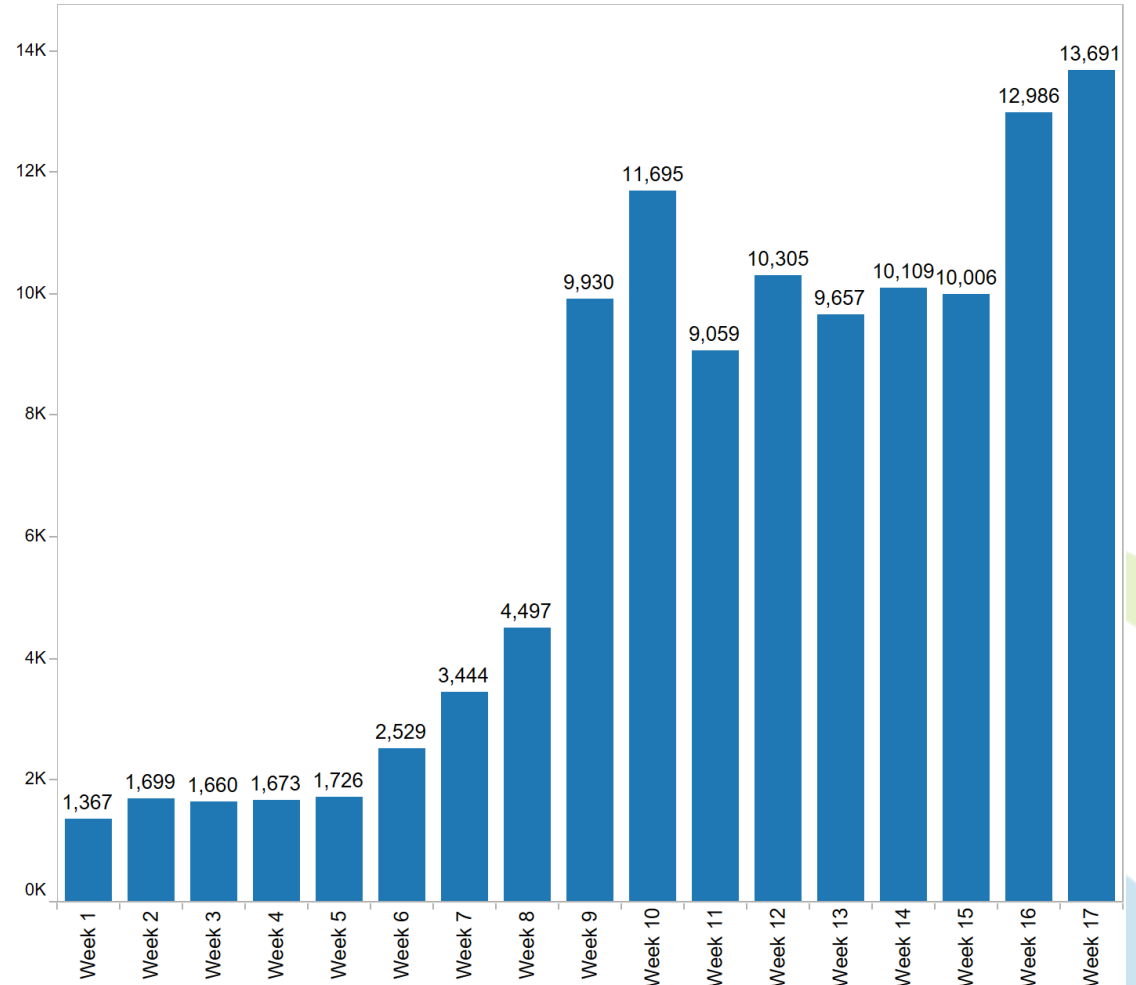
Data Source: Wisconsin Disease Surveillance System  
\*Values between 1-5 were excluded to protect individual confidentiality

# COVID-19

## TESTING

- 121,208 tests have been performed between March 13<sup>th</sup> and July 14<sup>th</sup>
- National Guard Test Sites opened on May 11<sup>th</sup>
  - 62,198 test have been performed at these sites as of July 14<sup>th</sup>

Total Number of Tests per Week

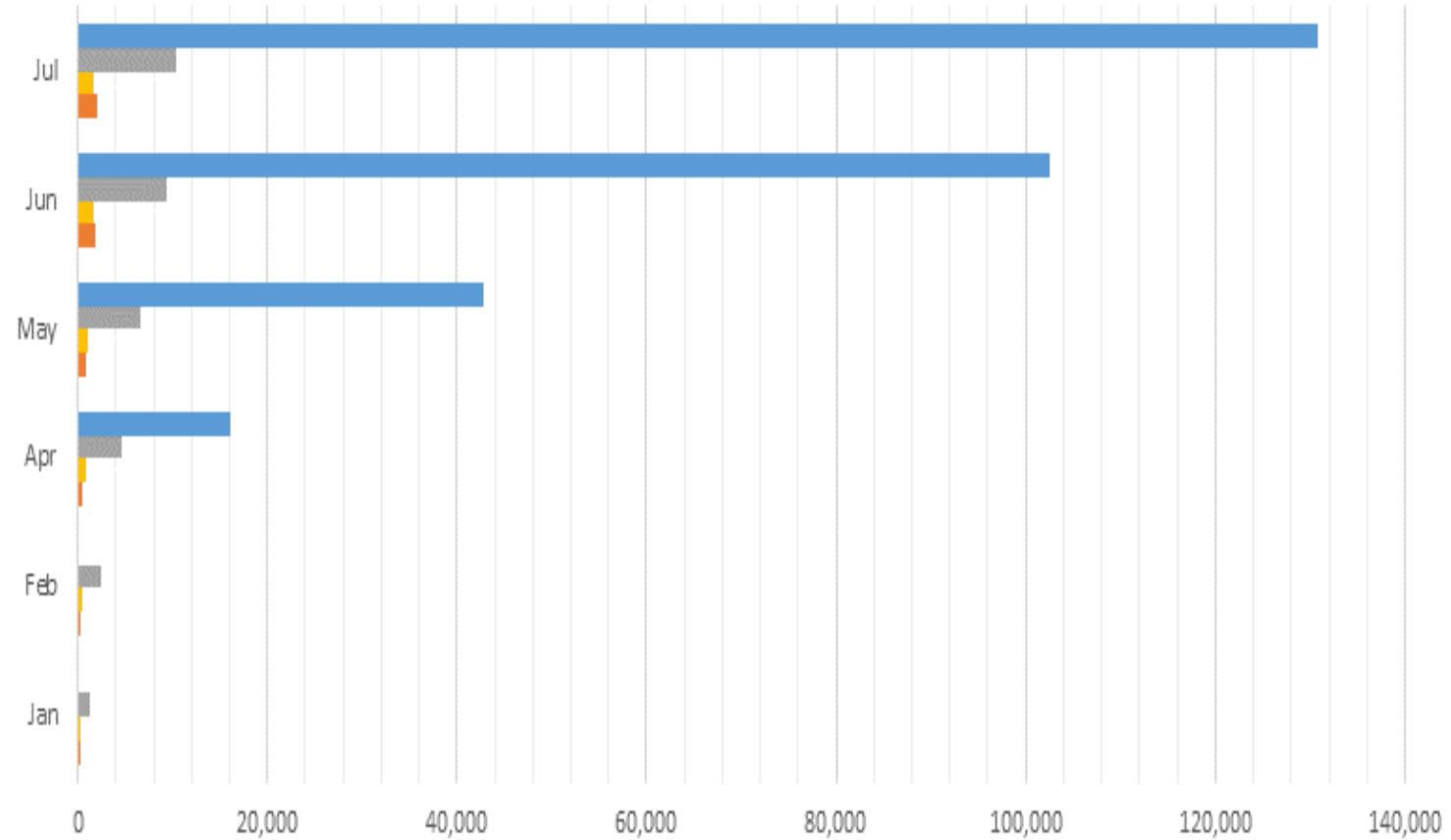


# COVID-19

## TESTING

- Surge of COVID-19 test results have resulted in dramatic increases to disease staging workloads
- COVID-19 tests represent over 90% of the year to date testing volume

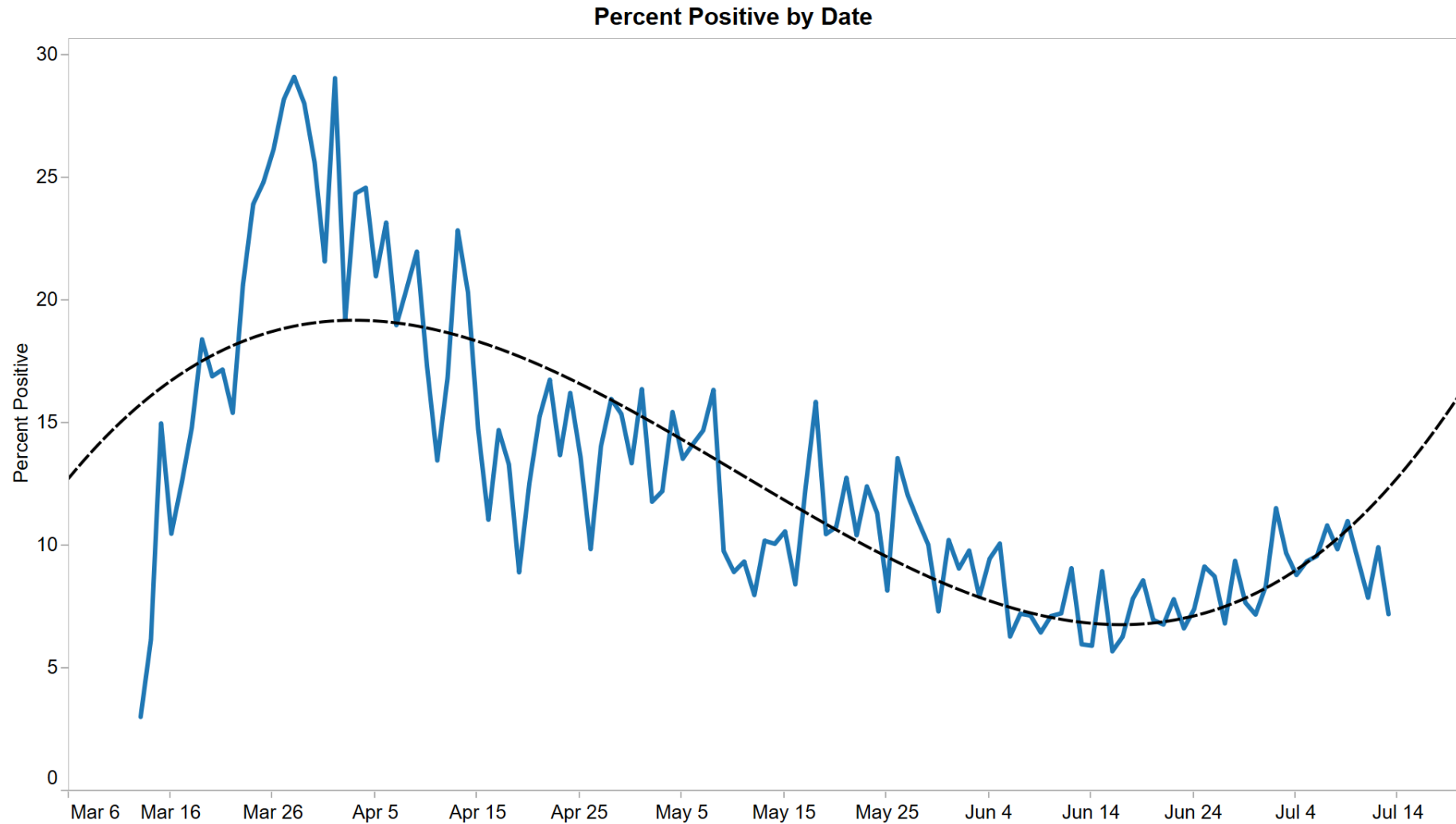
Cumulative number of infectious diseases staged in WEDSS, monthly, YTD\*



	Jan	Feb	Apr	May	Jun	Jul
COVID-19	0	0	16088	42755	102491	130799
STD	1280	2457	4586	6676	9341	10458
Arboviral/TB/Immunization	212	466	821	1124	1570	1591
Hepatitis (A, B & C)	30	43	517	882	1961	2043

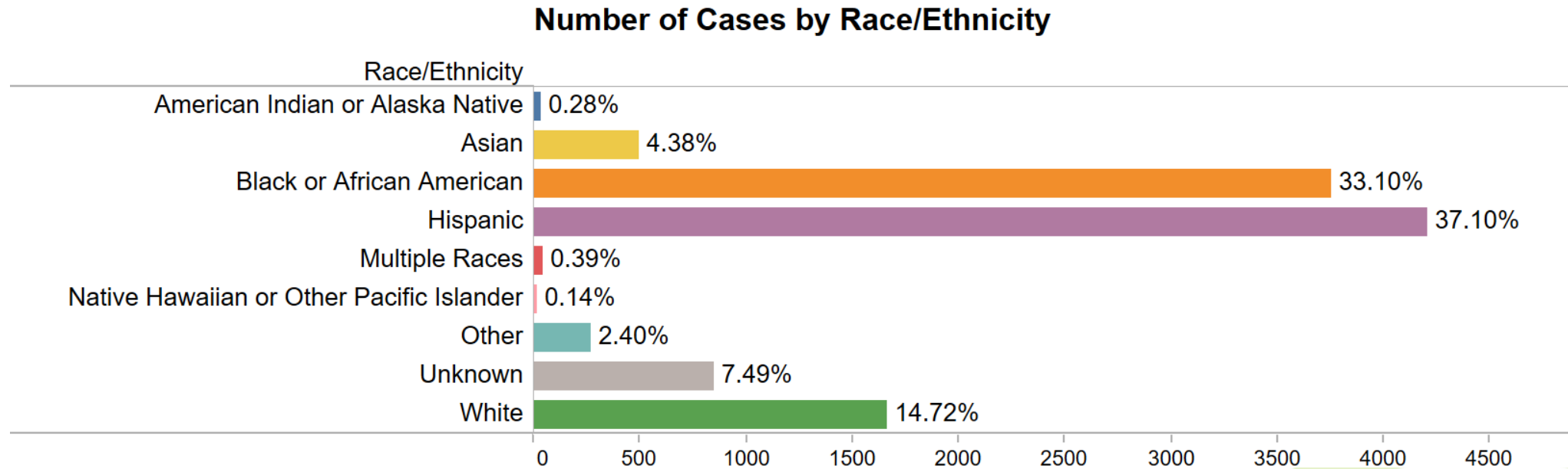
# COVID-19

## TESTING – PERCENT POSITIVE



# COVID-19

## RACIAL/ETHNIC INEQUITY AND MHD'S RESPONSE



- Testing was made available in areas on the North and South Side with high rates of COVID
- Resources and educational materials were made available in multiple languages

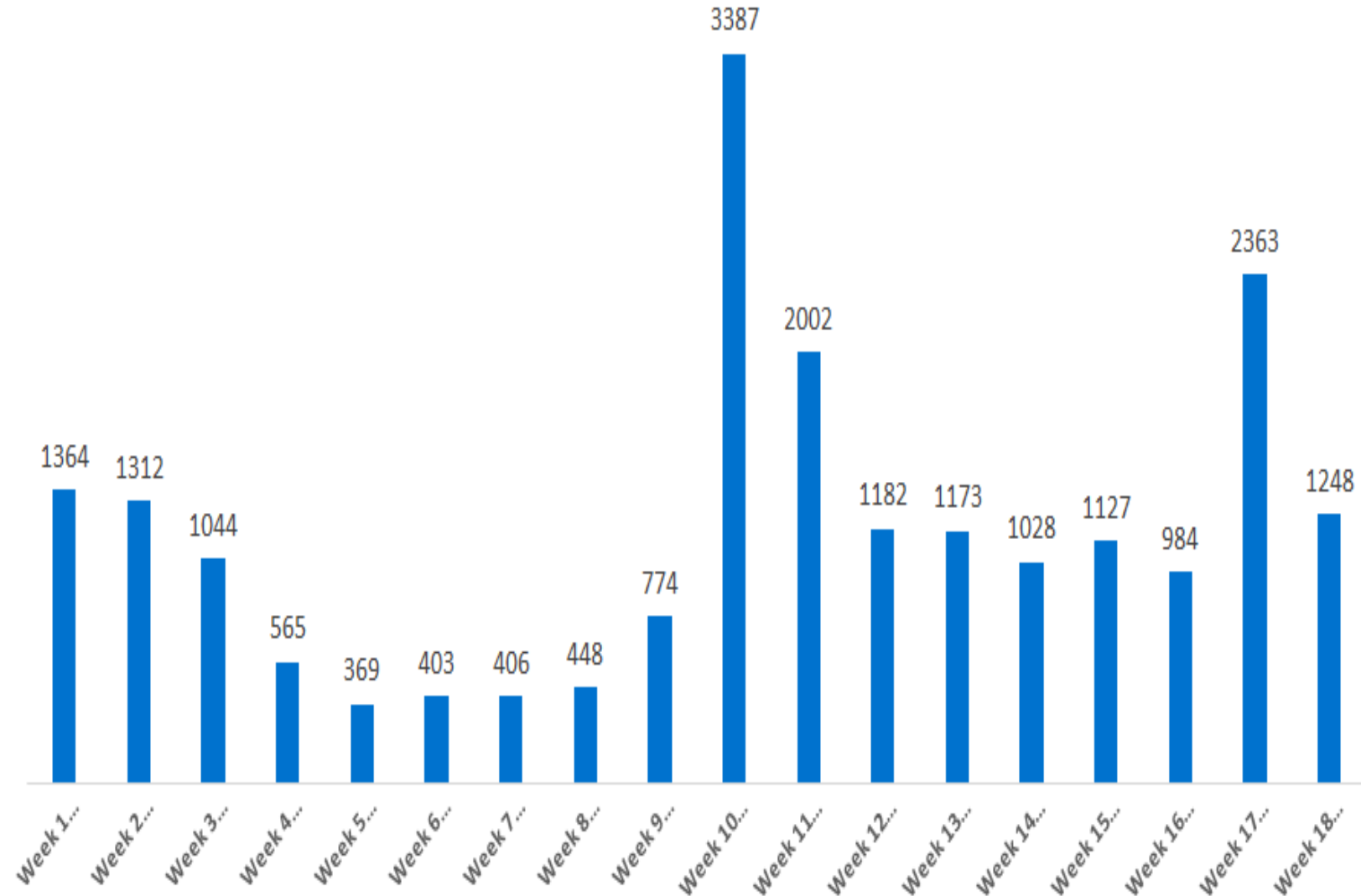


# COVID-19

## HOTLINE

- Call volume remains high, with over 500+ calls coming in each day this week
- Majority of calls have been from individuals in the Milwaukee metro area
  - However calls have been recorded from across the state and nation

City of Milwaukee Health Department  
Number of COVID-19 Hotline (211) Calls Received, by week



# VITAL STATISTICS

## BIRTH AND DEATH CERTIFICATES

	2019	2020 TO DATE (THROUGH MAY 2020)
Death certificates issued	47,706	21,680
Birth certificates issued	10,755	3,734
Revenue generated (net)	\$220,804.00	\$94,149.00
Revenue generated (gross)	\$404,584.00	\$170,027.00

# FETAL INFANT MORTALITY REVIEW

	2019	2020 to date
Total number of infant deaths	77	52
Total number of stillbirths	67	17
Estimated Infant Mortality Rate	8.4	14.4 (to date)
Estimated Black / White Ratio	9.5 to 1	5.5 to 1
Estimated Hispanic / White Ratio	6.25 to 1	2.75 to 1
Percentage of sleep related deaths	24.7%	21.1%

(unreconciled data and should be considered preliminary)

# PROGRAM UPDATES

WORKING TO ADDRESS RACIAL INEQUITIES THROUGH SERVICE – PERCENT OF CLIENTS SERVED THAT IDENTIFY AS MINORITY STATUS

Program	2019	2020 YTD
Home and Environmental Health – PHN Referrals	74%	70%
EFM Program - Enrollment	95.6%	100%
DAD Program - Enrollment	86.1%	100%
WIC Program - Served	80.9%	80.8%

# DATA SCHEMA PROJECT & GOALS

## STATUS UPDATE

- Internal Data Entry/Tracking: EHR
  - Initial assessment complete, more details on next slide
- Data Analytics: SAS
  - Looking to expand number of licenses to expand data analytic capacity within the department
- Data Visualization: Tableau
  - Tableau will be expanding to incorporate an internal server and expand number of users to make data more accessible
- Project Management: SharePoint/Intranet



# ELECTRONIC HEALTH RECORD PROJECT

## URGENT NEED

Database Inventory	At-Risk in Current State	Satisfactory	Total
Database - In House	14	4	18
Database - Online	2	16	18
None	3		3
Outdated Software	5		5
Paper*	4		4
Spreadsheet - In House	52		52
Word Document Tables - in house	2		2
Total	82	20	102

- Current systems are in non-compliance
  - Legacy and current data systems are unsupported and on the verge of crashing
  - Data quality compromised
  - Lack of data integration
  - No EMR/EHR
  - Lacking dynamic shared platform
  - Limited analytical applications
- 80% of our data systems are at risk**

# ELECTRONIC HEALTH RECORD PROJECT

## STATUS UPDATE

- **Data dictionaries completed and program needs assessed in order to guide EHR search**
- **ITMD involved/consulted to advise in technology capabilities, security, etc.**
- **Demos were complete with representatives from a variety of programs across the department**
- **Feedback from staff was collected and assessed after each demo**
- **Using a combination of staff feedback and identified system must-haves, top choices were identified (narrowed to 4 options)**

**Current status: determine funding source and availability, hold in-depth demos of top choice, make final decision**

**COVID-19 response has paused this project due to re-assignments and limited staffing**

# ELECTRONIC HEALTH RECORD PROJECT

## NARROWED COMPETITION

Vendor Name	Options	Epic/OCHIN	Athena	Patagonia	CHAMP	NetSmart
<b>Cost/Timeline</b>						
Monthly/Yearly cost (approximate)		Min \$70,000	10% of Billing Revenue	\$130,000/year	\$146,000/year	\$71,688/year
Implementation cost		\$3+ Million	\$5,000	\$181,480	\$64,000	\$168,720
Maintenace cost						
Upgrades included at no extra charge		Entire system at stated price - no add-ons				
Time to implement		2-3 Years	Within 3 months	4-6 Months	3-4 Months	Within 3 months
<b>Must Haves</b>						
HL7 Compatibility - Data Exchange	Yes / No / UK	Yes	Yes	Yes	Yes	Yes
Scheduling	Yes / No / UK	Yes	Yes	Yes	Yes	Yes
Billing	Yes / No / UK	Yes	Yes	Yes	Yes	Yes
Flexibility in forms	Yes / No / UK	Requires Epic Staff to Edit	UK	UK	Yes	Yes
Patient Portal	Yes / No / UK	Yes	Yes	Yes	Yes	Yes
Capability to communicate with EPIC bases systems	Yes / No / UK	Yes	Yes	UK	Unk	Yes
System can generate patient reminder letters or notifications	Yes / No / Unk	Yes	Yes	Yes	Yes	Yes
Able to communicate with MHD Lab	Yes / No / Unk	Yes	Yes	Yes	Yes	Yes
Field Access	Yes / No / Unk	Yes	Yes	Yes	Yes	Yes
Document and track medication administration record (MAR)	Yes / No / Unk	Yes	Yes	Yes	Yes	Yes
Medication inventory management	Yes / No / Unk	Unk	Unk	Unk	No - Has Ability to Build	Yes

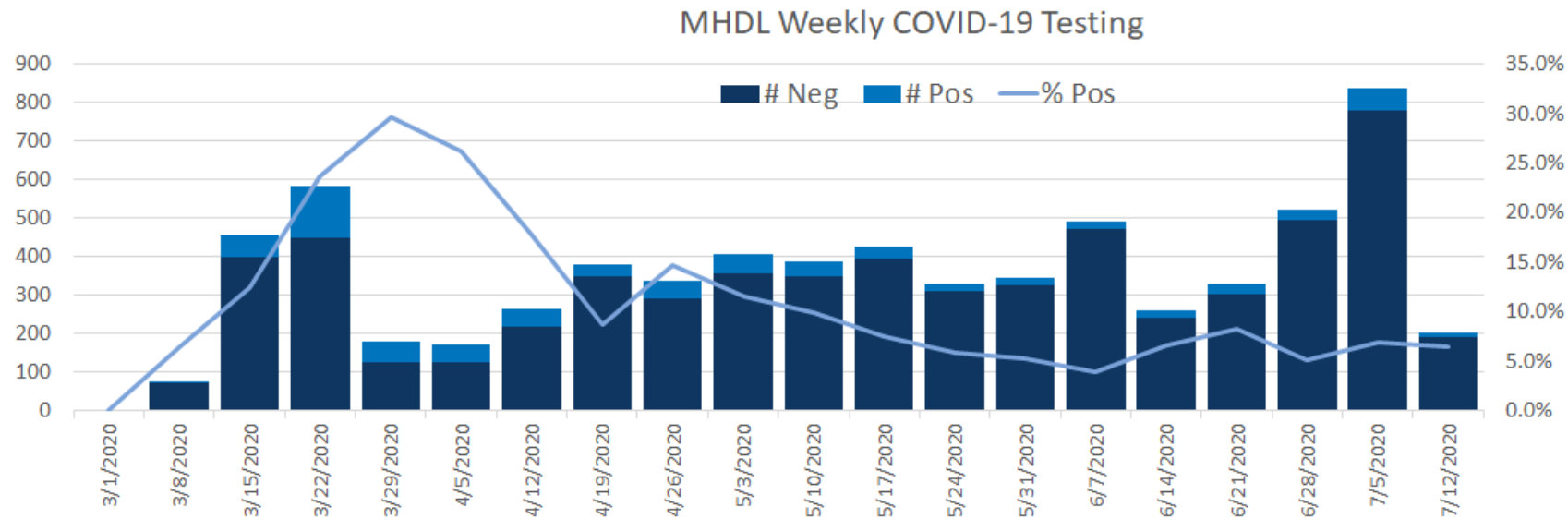


# MEDICAL SERVICES BRANCH

# COVID-19 OPERATIONS

# LABORATORY- CURRENT SITUATION

- MHDLD received >7,200 specimens, an average result report < 24 hrs.
  - 3 different testing systems- all under FDA's Emergency Use Authorization (EUA) allowing for quick test results and the ability to diversify sourcing of test supplies
  - Observing ~7% positivity for 7 day moving average
  - Highest # cases 25-44 yrs., followed by 45-65+



# LABORATORY

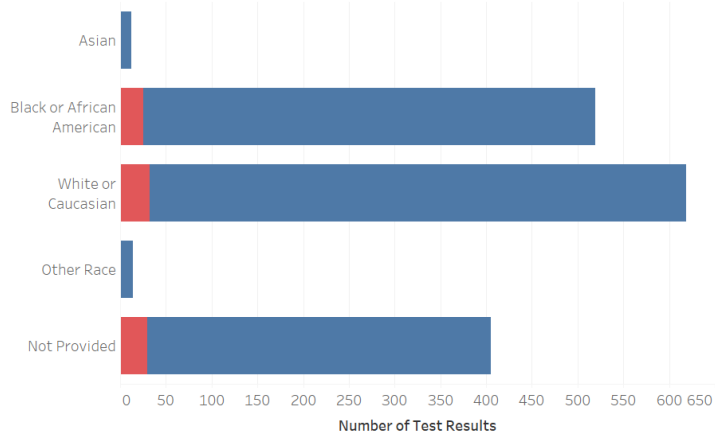
## SUPPORTING OUTBREAKS & VULNERABLE POPULATIONS

### All Reported Test Results

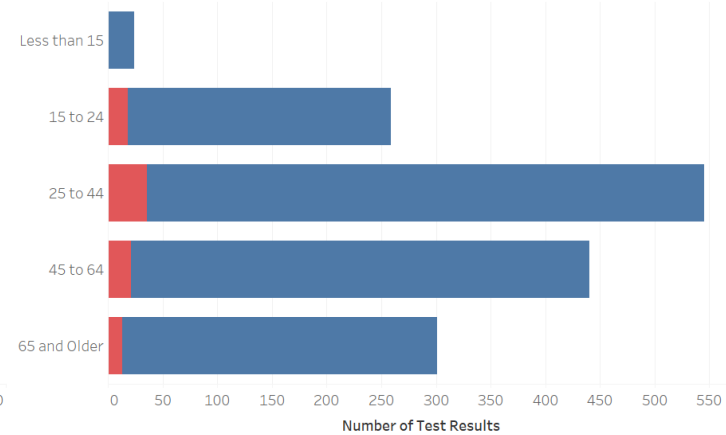
Positive Test Results: 89  
 Negative Test Results: 1,480

Test Result  
■ Positive ■ Negative

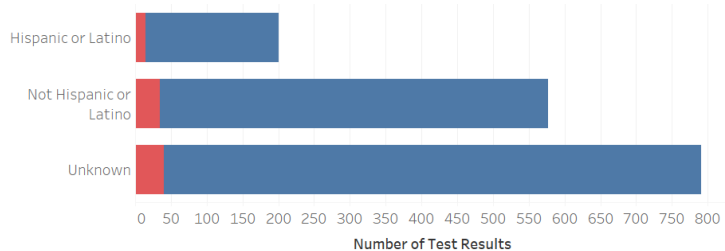
### All Reported Test Results by Reported Race



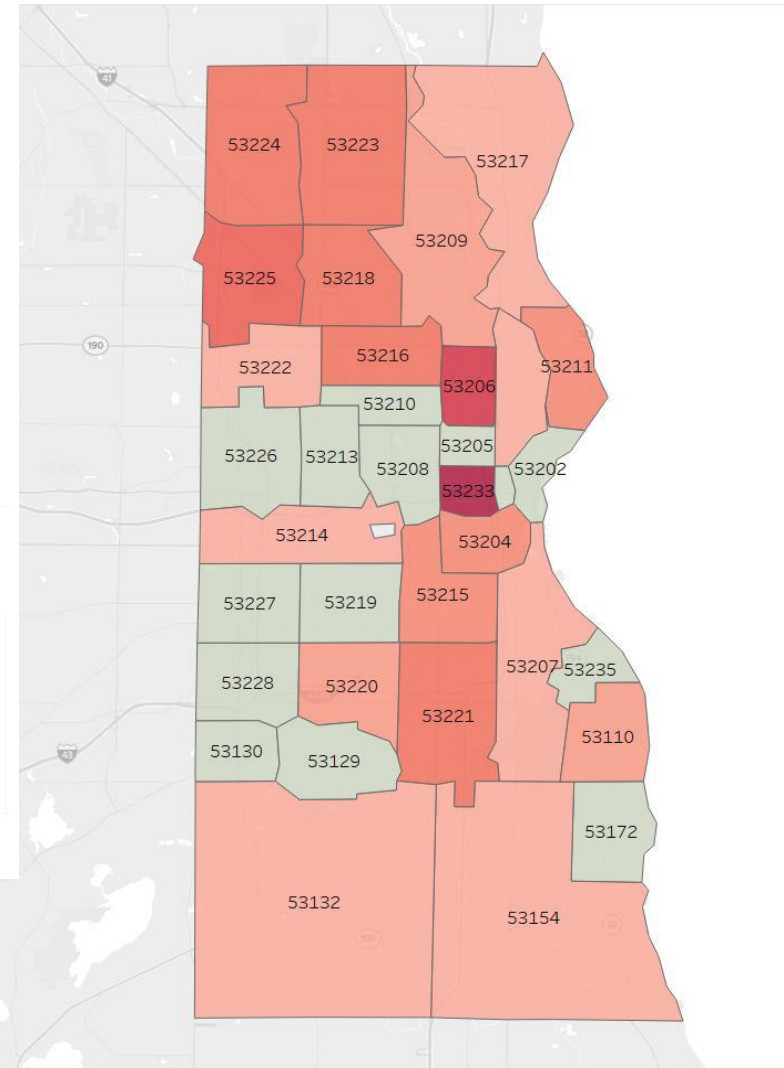
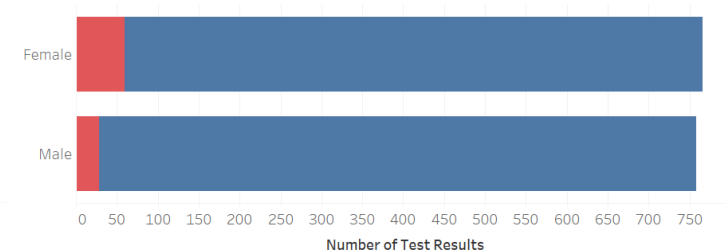
### All Reported Test Results by Age Group



### All Reported Test Results by Reported Ethnicity



### All Reported Test Results by Reported Gender



# TESTING

## FACILITIES AND COMMUNITY SITES

- >25 facilities sampled
  - Shelters, LTCFs, worksites
- NG Community Sites
  - Nearly 60,000 sampled since May
- State and Local Collaboration and Coordination
  - Testing standards
  - Timely notification
  - Mask distribution

# PARTNERSHIPS UPDATES

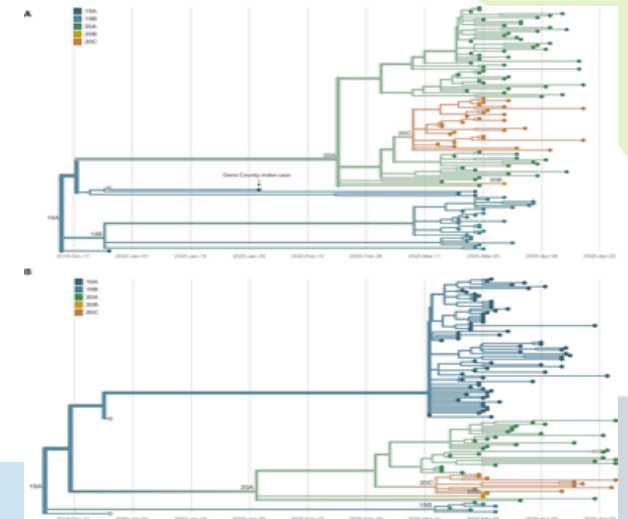


- Deployed 10 POC units to serve congregate, high risk & underserved populations including the City Employee Testing Site
  - Negatives are presumptive and confirmatory PCR swabs testing at MHDL
  - Ongoing MHDL support required to ensure compliance with regulatory/reporting
- Epidemiology & Lab Capacity (ELC) grant (COVID-19 suppl.) with DHS
  - Award expected beginning August 2020
- SARS-CoV-2 whole genome sequencing
  - Understanding transmission dynamics
  - How reopening impacts viral transmission and evolution?
  - CDC grant whitepaper approved- Sequence viruses from Madison/Ann Arbor and Milwaukee/Detroit
  - UW-Madison, UW-Milwaukee and U-Michigan partnering
- Genomic and Serology Study (MCW, Versiti, MHDL)
  - Understanding spread of SARS-CoV-2 in communities of color & community immunity
  - Herd immunity

**medRxiv**  
THE PREPRINT SERVER FOR HEALTH SCIENCES



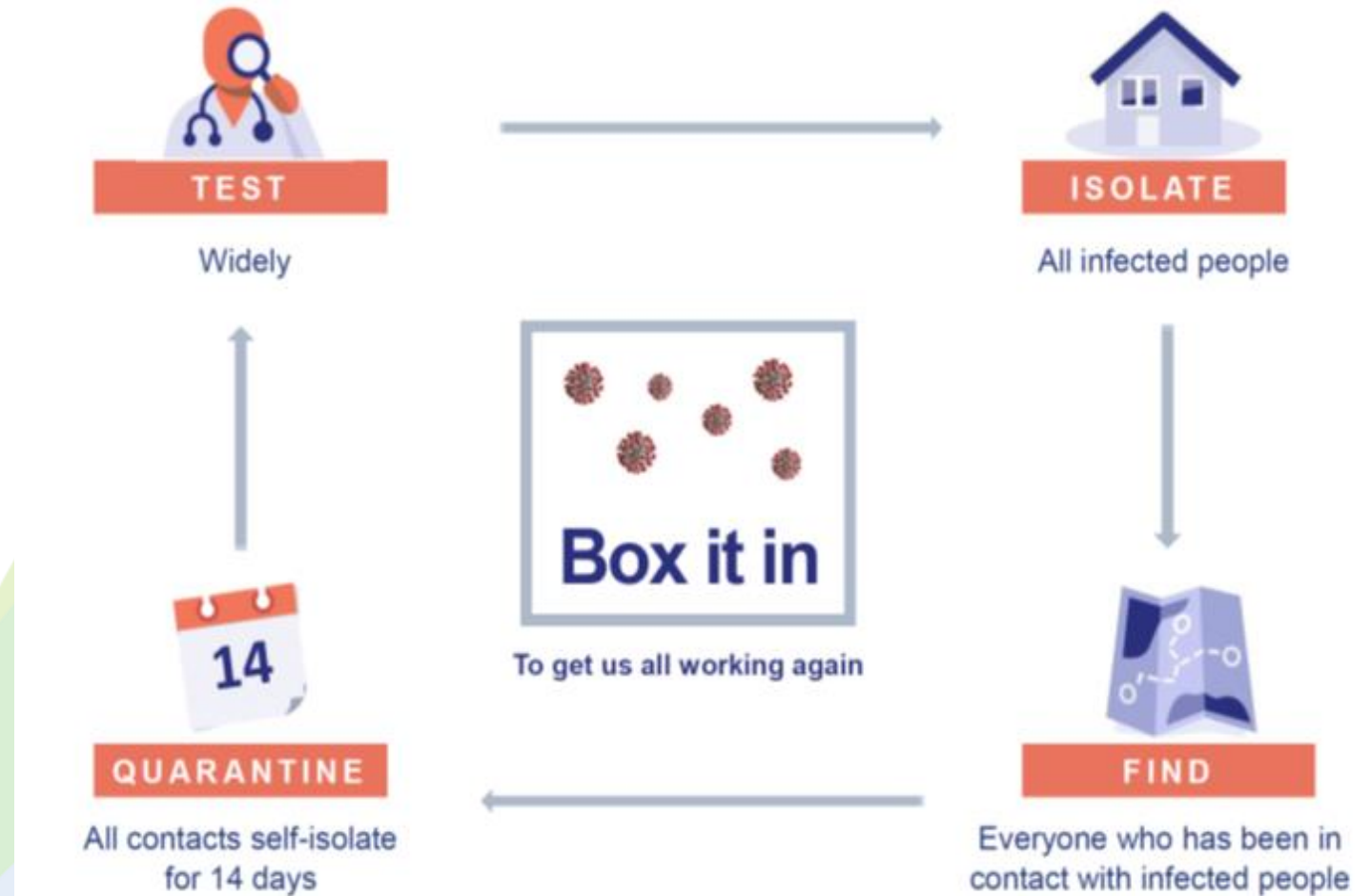
**BMJ** Yale



# CONTACT TRACING

## BOX IT IN STRATEGY

- Exponential increase in staffing
- Average time to contact decreasing, 1.4 days
- >8500 cases & >8200 contacts processed
- Additional supports provided
  - Food, medical





# CLINIC OPERATIONS



# YEAR TO DATE

JANUARY-MAY 2020

- STI
  - 2,118 total visits to the Sexual and Reproductive Health Clinic
  - 40 new HIV diagnoses
- Well woman
  - 172 screenings (paused due to COVID)
- TB clinic
  - 4 new cases with 499 home visits, 163 clinic visits
- Immunizations
  - 323 clients, 853 vaccines (paused due to COVID)

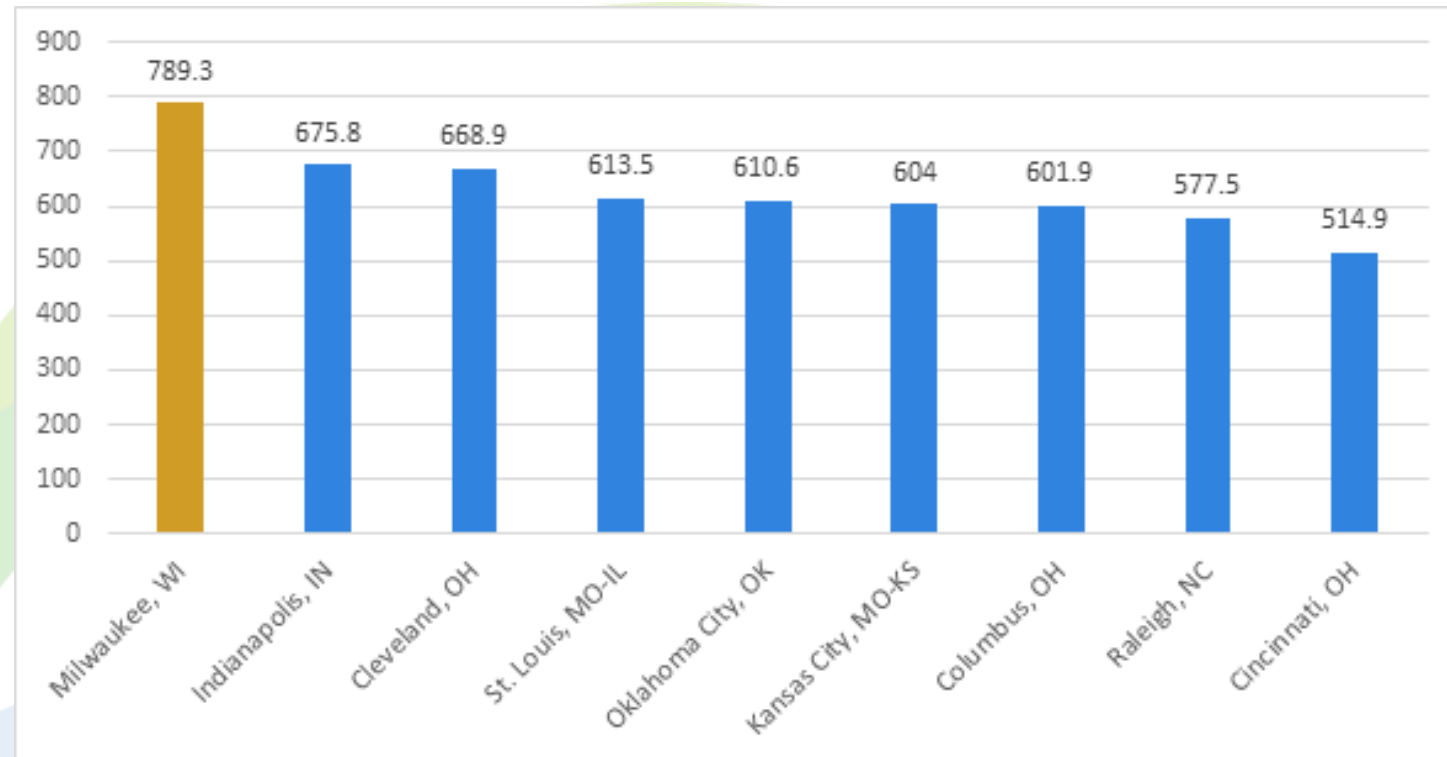
# HISTORICAL VOLUMES

## 2018-PRESENT

- STI
  - 9,443 total visits to the Sexual and Reproductive Health Clinic
  - 82% AA, 64% male, 76% Medicaid or uninsured
  - 9,322 diagnoses of STI, 73 new HIV cases
- TB clinic
  - 34 active cases managed
  - 3,794 home visits, 1,024 clinic visits
- Immunizations
  - 5,010 clients, 13,633 vaccines administered

# FAMILY PLANNING, WELL WOMAN

- Focus on access
  - Walk-in services, urgent
  - Screening and follow-up
- Community need
  - High STI rates
  - Preventive care
- Special focus groups
  - People of Color
  - LGBTQ+



# IMMUNIZATION PROGRAM

Measure	2018	2019	2020 (YTD)
Percent of children residing in City of Milwaukee who turn 24 months of age and completed 4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV)	62%	62%	60%
Number of vaccines administered	5,921	6,859	853
Number of clients immunized	2,208	2,479	323

# TUBERCULOSIS PREVENTION & CARE PROGRAM

Measure	2018	2019	2020 (YTD)
Number of TB cases, City of Milwaukee	16	14	4
Number of x-rays read	239	202	77
Number of x-rays performed	224	192	75
Number of DOT/home visits	1,287	2,008	499
Number of clinic visits	398	463	163

# OUR APPROACH



# COMMUNICATIONS

# WEBSITE + RESOURCES

## COVID-19 IN MILWAUKEE

[milwaukee.gov/Coronavirus](https://milwaukee.gov/Coronavirus)

[milwaukee.gov/MMFS](https://milwaukee.gov/MMFS)

- Symptoms & Testing Information
- Dashboard Statistics & FAQs
- Subscribe to Email & Text Updates
- Resource Material available for Download (ads, flyers, info sheets)
- Orders & Media Releases
- Phased Reopening Plan
- Gating Criteria
- Spanish & Hmong sites/files
- Webinars



MKE CARES

MKE Cares Mask Ordinance  
Effective Thursday, July 16, 2020

The Milwaukee Common Council adopted an ordinance requiring that all persons wear face coverings in public spaces, indoors and outdoors.

[Learn More](#)

**New MKE  
Cares mask logo  
& FAQs online**

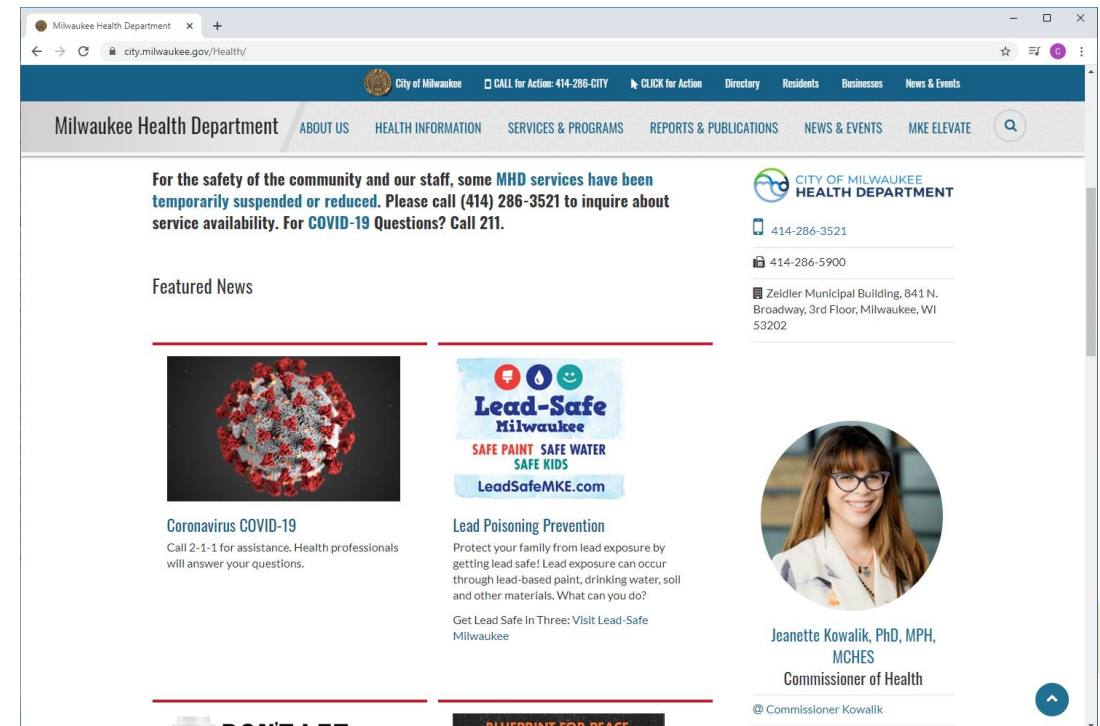
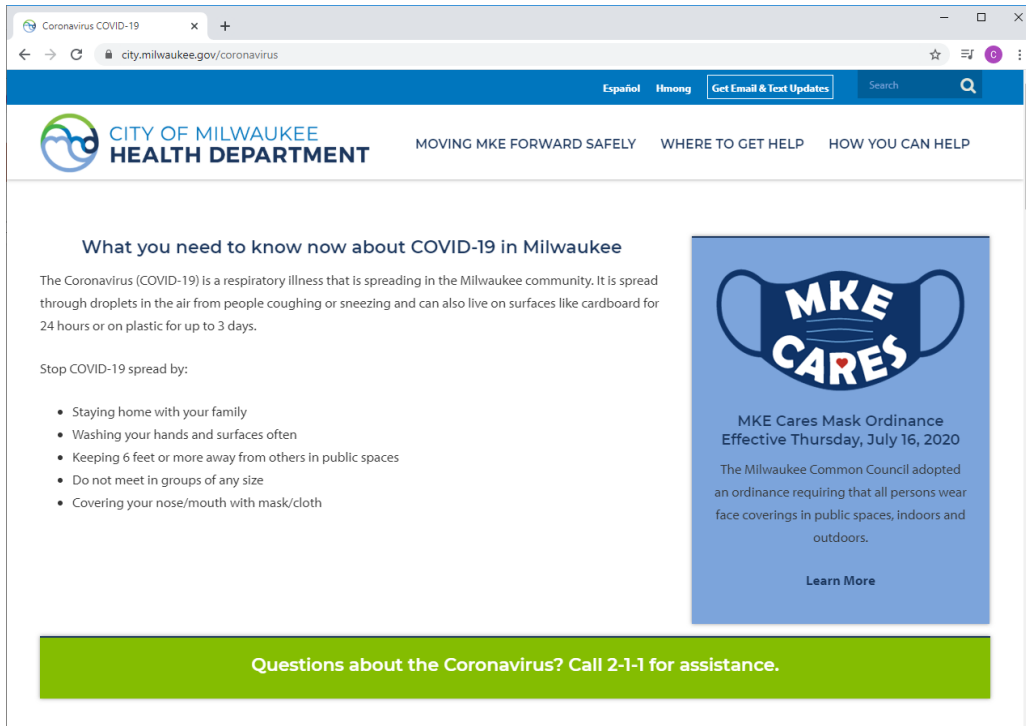
**\* 120+ graphics/flyers  
posted online/social  
(since 3/16/20)**

**\* 455+ design/dev hours  
spent on web/graphics**



# WEBSITES

## COVID-19 IN MILWAUKEE & MHD WEBSITE



Webpage	Pageviews YTD	Unique Pageviews YTD	Avg. Time on Page YTD
milwaukee.gov/Coronavirus	73,773	62,201	3 minutes
Health Dept. webpages in total milwaukee.gov/health/....	212,035	174,071	1.44 minutes

# SOCIAL MEDIA

## YEAR TO DATE

### Facebook – 5007 Likes

Jan - July

- 299 Posts
- 2343 Shares
- 498 Comments
- Post Reach 394,292

[facebook.com/MKEHealth](https://facebook.com/MKEHealth)

### Twitter – 2,815 Followers

Feb - July

- 251 Tweets
- 548,804 Tweet Impressions
- 9661 Engagements
- 864 Likes

[twitter.com/MKEhealth](https://twitter.com/MKEhealth)

**Update your profile photo on Facebook with the custom MKE CARES mask frame >**

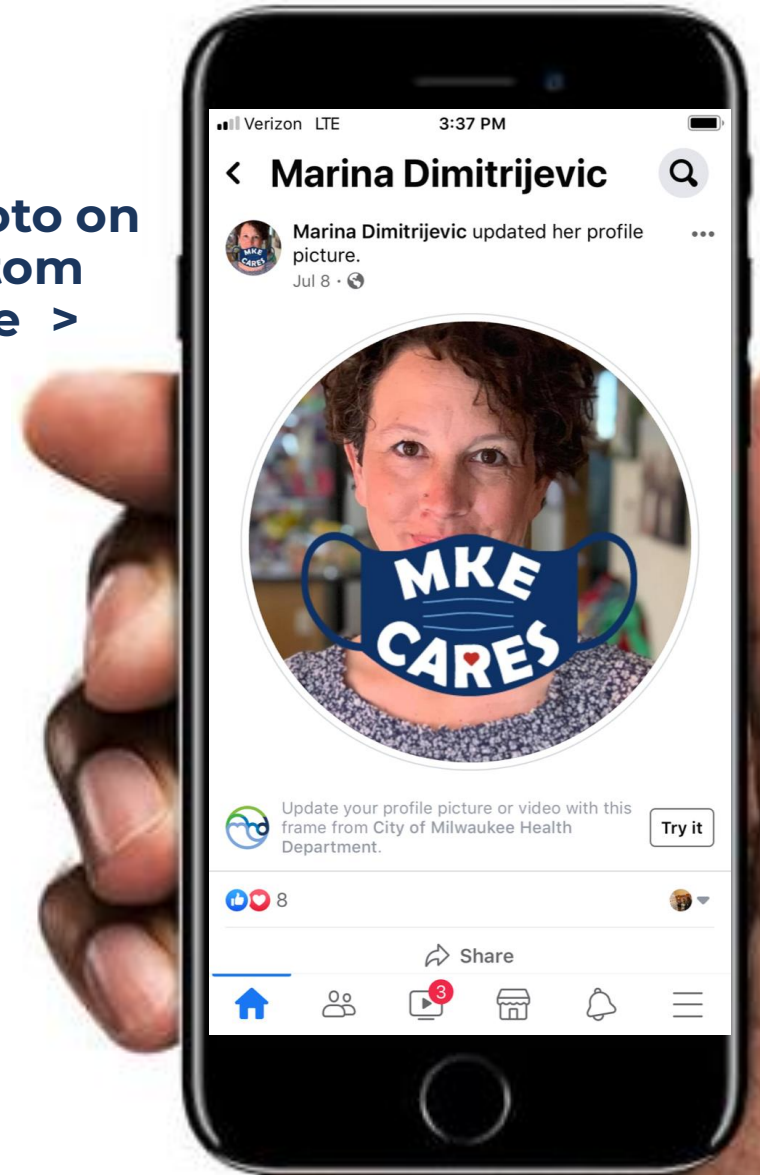
### Instagram –

- Inaugural post April 29
- 128 followers, 47 posts
- Creating more engaging “Stories” on Instagram and Facebook

*Past 7 day activity:*

- 19 profile visits
- 83 accounts reached
- 302 impressions
- 40 profile visits

[instagram.com/MKEhealth](https://instagram.com/MKEhealth)



# WEBINARS

REGISTER & VIEW PAST WEBINARS ONLINE

[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)

- Seven City-produced events in June and July = 782 total attendees (avg. 111 per session)
- Joint Barbicide/Salon event in May = 1,157 attendees

**Child Care Webinar**  
THURSDAY, JUNE 25, 6PM

Insights and updates provided, plus Q&A.  
Child care providers, operators and teachers invited.

**COVID-19 WEBINAR SERIES**

Mayor Tom Barrett  
City of Milwaukee

Marlina Jackson MPA  
Deputy Commissioner  
Community Health, City of  
Milwaukee Health Department

Laura Cassidy MS, PhD  
Professor and Director  
Division of Epidemiology  
Medical College of Wisconsin

Annette Wilburn  
Christian Love  
Child Care  
Association

Chanel Clark  
WI Early Childhood  
Association

Jeanne Labana  
WI Early Childhood  
Association

[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)  
#MovingMKEForward

City of Milwaukee  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
MEDICAL COLLEGE OF WISCONSIN

**Faith Leaders Webinar**  
FRIDAY, JUNE 26, 9AM

Insights and updates provided, plus Q&A.  
Clergy and clerics of all religions and faiths invited.

**COVID-19 WEBINAR SERIES**

Mayor Tom Barrett  
City of Milwaukee

Marlana Jackson MPA  
Deputy Commissioner  
Community Health, City of  
Milwaukee Health Department

Laura Cassidy MS, PhD  
Professor and Director  
Division of Epidemiology  
Medical College of Wisconsin

Pastor Walter Lanier  
Progressive Missions  
Baptist Church

[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)  
#MovingMKEForward

City of Milwaukee  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
MEDICAL COLLEGE OF WISCONSIN

**Summer Youth Programs Webinar**  
WEDNESDAY, JULY 1, NOON

Reduce Covid-19 risk in youth activities this summer.  
Insights and updates provided, plus Q&A.

**COVID-19 WEBINAR SERIES**

Mayor Tom Barrett  
City of Milwaukee

Marlana Jackson MPA  
Deputy Commissioner  
Community Health, City of  
Milwaukee Health Department

Kevin D. Walter MD, FAAP  
Associate Professor  
Department of Orthopaedic  
Surgery and Pediatrics  
Medical College of WI

Bridget Robinson  
Senior Director of  
Operations & Administration,  
Safe & Sound

Leighton Cooper  
Milwaukee  
Recreation

[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)  
#MovingMKEForward

City of Milwaukee  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
MEDICAL COLLEGE OF WISCONSIN

**Construction Webinar**  
THURSDAY, JULY 2, 4PM

Reduce Covid-19 risk in residential construction work.  
Insights and updates provided, plus Q&A.

**COVID-19 WEBINAR SERIES**

Mayor Tom Barrett  
City of Milwaukee

Claire Evers  
Deputy Commissioner  
Environmental Health, City of  
Milwaukee Health Department

Erica Lewandowski  
Commissioner of Building  
Inspection, City of Milwaukee  
Neighborhood Services

Willie L. Hines, Jr.  
Associate Director,  
Housing Authority of  
the City of Milwaukee

Diane Welhouse  
NAH  
Executive Director

Troy Reese  
TL Reese  
Corp.

[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)  
#MovingMKEForward

City of Milwaukee  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
MEDICAL COLLEGE OF WISCONSIN

**Restaurant & Bar Webinar**  
TUESDAY, JULY 14, 9AM

Reduce Covid-19 risk and operate safely with a plan.  
Insights and updates provided, plus Q&A.

**COVID-19 WEBINAR SERIES**

Mayor Tom Barrett  
City of Milwaukee

Claire Evers  
Deputy Commissioner  
Environmental Health, City of  
Milwaukee Health Department

Laura Cassidy MS, PhD  
Professor and Director  
Division of Epidemiology  
Medical College of Wisconsin

Kristine Hillmer  
President & CEO  
WI Restaurant  
Association

Paul Bartolotta  
Chef, Owner and Co-Founder  
The Bartolotta  
Restaurants

Jack Holt  
Pint Burger  
Bar

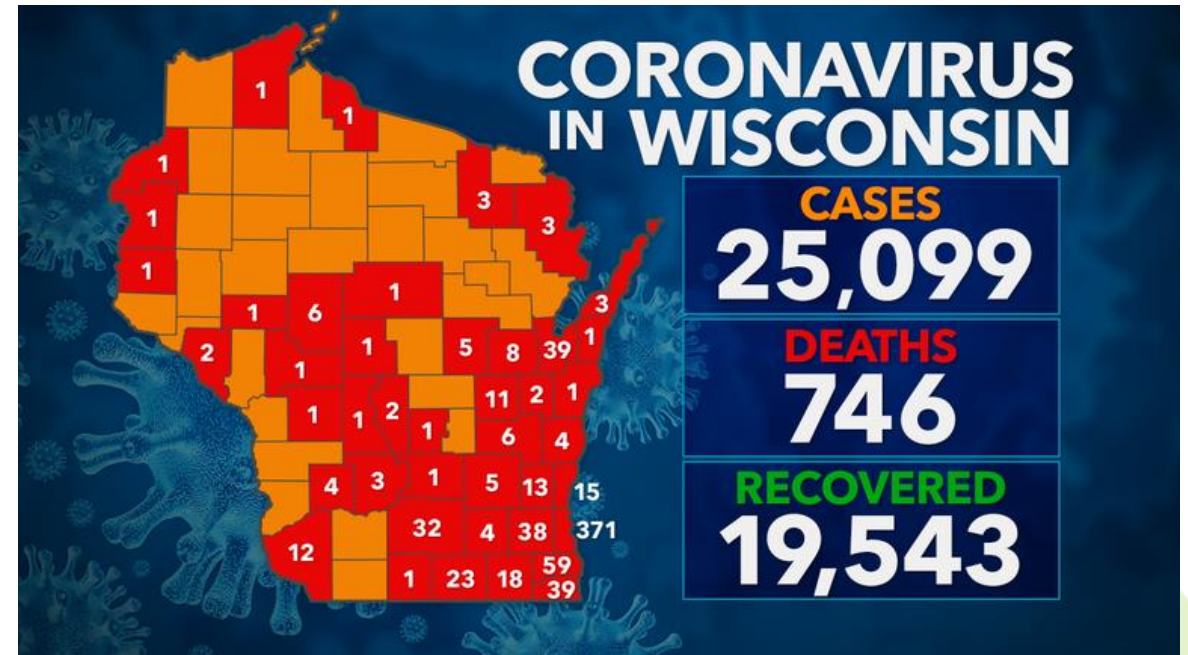
[milwaukee.gov/MMFS](http://milwaukee.gov/MMFS)  
#MovingMKEForward

City of Milwaukee  
CITY OF MILWAUKEE  
HEALTH DEPARTMENT  
MEDICAL COLLEGE OF WISCONSIN

# MEDIA

YEAR TO DATE – TOTAL MEDIA EXPOSURE 4.81k

- 3595 Media Stories
- 3.6 k Editorial Mentions
- Potential Reach 5.2 Billion
- "USA Today" led the highest potential reach of 150M on June 15
- "Urban Milwaukee" accounted for 41% of volume, followed by "Fox6now.com" with 13%



# GOALS

## EFFECTIVE COMMUNICATIONS

- Continue to provide translated and culturally relevant communications
- Work with our partners in the community to network and define needs
- Cultivate and maintain a positive relationship with the media



# HUMAN RESOURCES & FINANCE BRANCHES

# CURRENT MHD VACANCIES BY BRANCH (JULY 2020)

Policy, Innovation, &  
Engagement = 4

Environmental Health =  
9

Community Health= 31

Commissioner's Office  
(Finance/Administration)  
= 4

Medical Services =12

Total MHD Vacancies =  
60

# MHD WORKFORCE DEMOGRAPHICS

JULY 2020

Age	No.	%
21-25	5	2%
26-30	33	15%
31-35	35	16%
36-40	27	12%
41-45	38	17%
46-50	17	8%
51-55	31	14%
56-60	19	8%
61-65	15	7%
66-70	4	1%

Race/Ethnicity	No.	%
White	101	45%
Black/African-American	73	33%
Hispanic/LatinX	32	14%
Asian/PI	18	8%



# MHD COVID-19 EMERGENCY AUXILIARY WORKFORCE

## Redeployed Staff

- 82.85 FTE
- 49.85 FTE are in contact tracing/case investigation
- Other roles: hotline; policy analysis & data research

## Auxiliary Staff

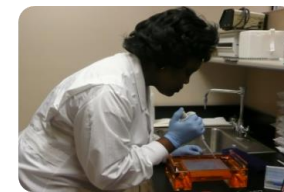
- 337 FTE
- Working on the recruitment with DER
- No hires have been made yet

# HEALTH EQUITY, WORKFORCE DIVERSITY AND RETENTION



- Increase diversity in PHL workforce
  - Promote PHL career for pre-professional K-12 STEM
  - Attract/retain underrepresented minority students
- Retention and Career Advancement
  - Promote diversity in PH workforce
  - Provide opportunity for higher education for career advancement
  - Distance education- online learning for improved access for those who face time-related barriers, competing life demands and continuing education
- Diversity within Healthcare Organizations
  - Plan and evaluate diversity initiatives
  - Engage systems partners and key stakeholders

- **50 percent** of MHD Laboratory staff are people of color (12/ 24)
  - About **21 percent** are Asian (5 of 24)
  - About **17 percent** are Hispanic (4 of 24)
  - About **12 percent** are African American (3 of 24)
- **50 percent** of laboratory staff are white (12 of 24)
- About **60 percent** of staff are women (14 of 24)



# GARE- RACIAL EQUITY SURVEY

## WINTER 2020- 117 MHD STAFF (A)

- The majority of survey respondents were Front Line Staff (55.6%) and the majority of survey respondents worked directly with the community (69.2%).
- 43.6% of staff have worked in Public Health for 0-3 years, 26.5% of staff have worked in Public Health for 4-10 years, and 29.1% of staff have worked in Public Health for over 10 years.
- The majority of MHD staff (51.3%) have worked at MHD for 3 years or less.
- The most important conditions that affect health according to staff are ranked:
  - 1. Education (83.8%)
  - 2. Income and social status (81.2%)
  - 3. Physical environment (73.5%)
  - 4. Health services (69.2%)
  - 5. Social support networks (67.5%)
  - 6. Genetics (31.6%)
  - 7. Gender (29.1%)

# GARE- RACIAL EQUITY SURVEY

## WINTER 2020-- B: 10 ESSENTIAL SERVICES OF PUBLIC HEALTH

- Areas of **strength** where MHD is providing significant services according to staff are monitoring the health status of the community (37.6%), informing, educating & empowering others (37.6%), and linking clients to care (35.0%).
  - The makeup of survey respondents may be driving this answer: because 55.6% of survey respondents are Front Line Staff, they would directly be linking clients to care.
- Areas of **improvement** where MHD is providing minimal services according to staff are assuring a competent workforce (29.1%) and researching for new insights (29.1%).
- Areas where more staff **education or enlightenment** may be necessary are enforcing laws and regulations and researching for new insights practices, because almost 20% of survey respondents didn't know how well the MHD provided this service (18.8% and 16.2%, respectively).
- Further collaboration and education within the department may help enlighten staff to what other members are doing in different departments.

# GARE- RACIAL EQUITY SURVEY

## WINTER 2020—C. INTEGRATION OF HEALTH EQUITY INTO PUBLIC HEALTH PRACTICE

- Areas of **strength** where MHD is significantly integrating health equity according to staff are conducting a health assessment (24.8%) and providing linkage to care for populations that may experience barriers based on the groups they belong to (26.5%).
- Areas of **improvement** where MHD is minimally integrating health equity according to staff are regularly providing information on the current health status and current needs of the community in the context of health equity and social justice (30.1%) and conducting health equity impact assessments to analyze the impact of local policies on historically marginalized communities (26.5%)
- An area where more staff **education or enlightenment** may be necessary is in MHD conducting a health equity impact assessment, because over 30% of survey respondents didn't know how well the MHD integrated health equity through this service (30.8%).

# GARE- RACIAL EQUITY SURVEY

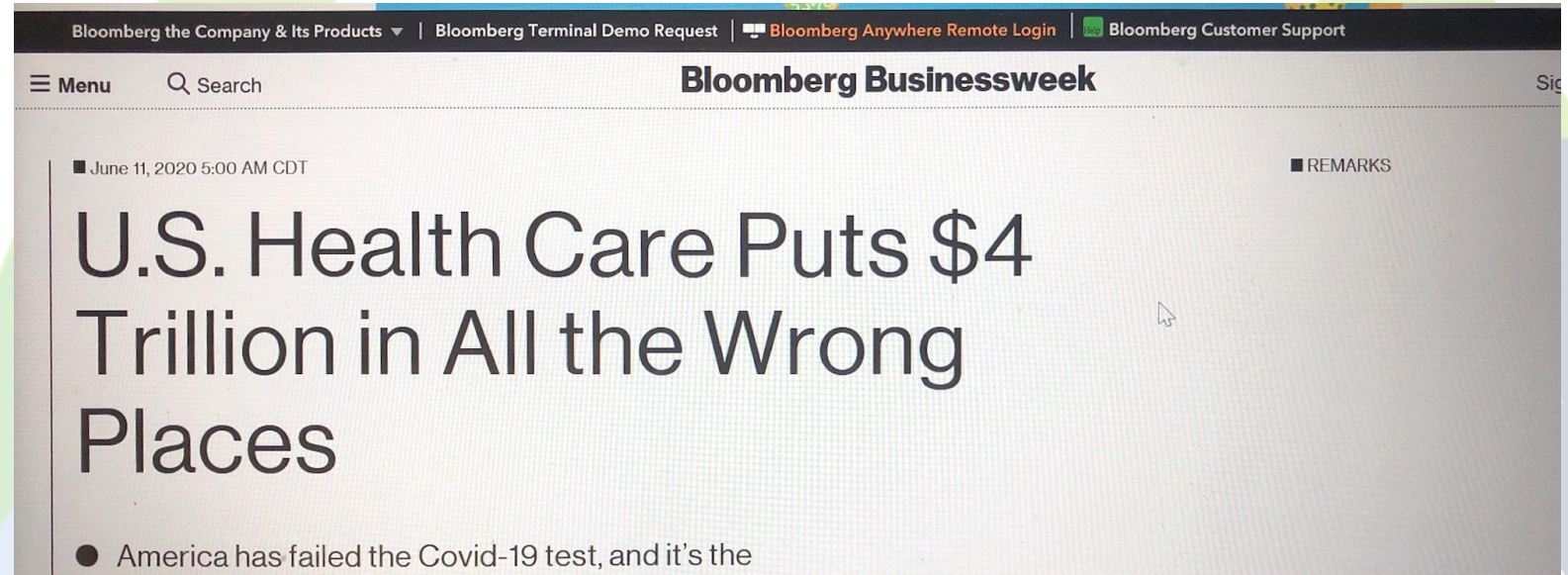
## WINTER 2020--D: MEASURING CAPACITY TO PROMOTE HEALTH EQUITY

- At least one third of survey respondents reported receiving no training on all concepts except for one (Diversity & Inclusion in the Workplace) while they have been working at MHD.
- Some barriers to receiving training on these concepts include communication about trainings, not having time (scheduling, covering clinic, covering vacancies, heavy workload), and having to take trainings outside of MHD internal capacity.
- MHD staff are fairly or completely confident having a conversation with or informing others about the social determinants of health (40.2%) and health inequities (38.5%).
- MHD staff don't know or are not confident at all having a conversation with or informing others about Public Health 3.0 (40.2%).
- 58.97% of MHD staff are interested in receiving training on health inequities and leadership & management skills and 56.41% of MHD staff are interested in receiving training on Public Health 3.0 and use of data in public health.

# MHD FINANCES

COVID LEADS TO INFLUX OF MUCH NEEDED FUNDING

- **MHD Annual Budget**
- ~\$20 mil annual budget for MHD
- \$14 mil tax levy
- \$6 mil grants



# MHD FINANCES

## COVID LEADS TO INFLUX OF MUCH NEEDED FUNDING

- **Total MHD COVID grant funding**
- \$72,956,379
- ~March backdate to 12/31/2020
  
- **MHD Annual Budget**
- ~\$20 mil annual budget for MHD
- \$14 mil tax levy
- \$6 mil grants

### Bloomberg Businessweek

Jeanette Kowalik knows America's neglect of public health well. As commissioner of the Milwaukee Health Department, she's charged with protecting and improving the health of the city of 600,000. The department's portfolio is broad, including such tasks as reducing exposure to lead-tainted paint, screening Milwaukeeans for diabetes, and trying to reduce shootings through a "violence interrupter" program.

Kowalik's budget for this work, before Covid, was about \$20 million this year, or \$33 for every city resident. Persistent underfunding has left the department with outdated technology and a staff stretched thin. "I'm pretty much trying to manage a pandemic with duct tape and DOS," she says, referring





# COMMUNITY HEALTH BRANCH



CITY OF MILWAUKEE  
HEALTH DEPARTMENT

# MAJOR PRIORITIES

Homicides and Non-Fatal Shootings

Domestic Violence

Mental Health and Trauma Recovery

Social Justice Activities

Maternal Child Health

# HOMICIDES AND NON-FATAL SHOOTING

Challenges	Response
<ul style="list-style-type: none"><li>❖ Homicide rates on track to surpass the 1991 record of 165 homicides in one year (most recent high of 148 in 2015)</li><li>❖ Significant increase in domestic violence shootings and homicides.</li><li>❖ 80% increase in females killed this year in comparison to last year</li><li>❖ There appears to be an increase in shootings involving victims in vehicles (23%)</li></ul>	<ul style="list-style-type: none"><li>❖ Strengthening targeted violence prevention outreach and interruption in priority neighborhoods including Old North Milwaukee, Harambee, and North Division</li><li>❖ Strengthen access to data from first responders, healthcare, and community organizations to inform targeted outreach and community engagement</li><li>❖ Resourcing youth and community programs in priority neighborhoods</li></ul>

# HOMICIDE and NON-FATAL SHOOTING

## January 1 - July 12, 2018 - 2020

### HOMICIDE

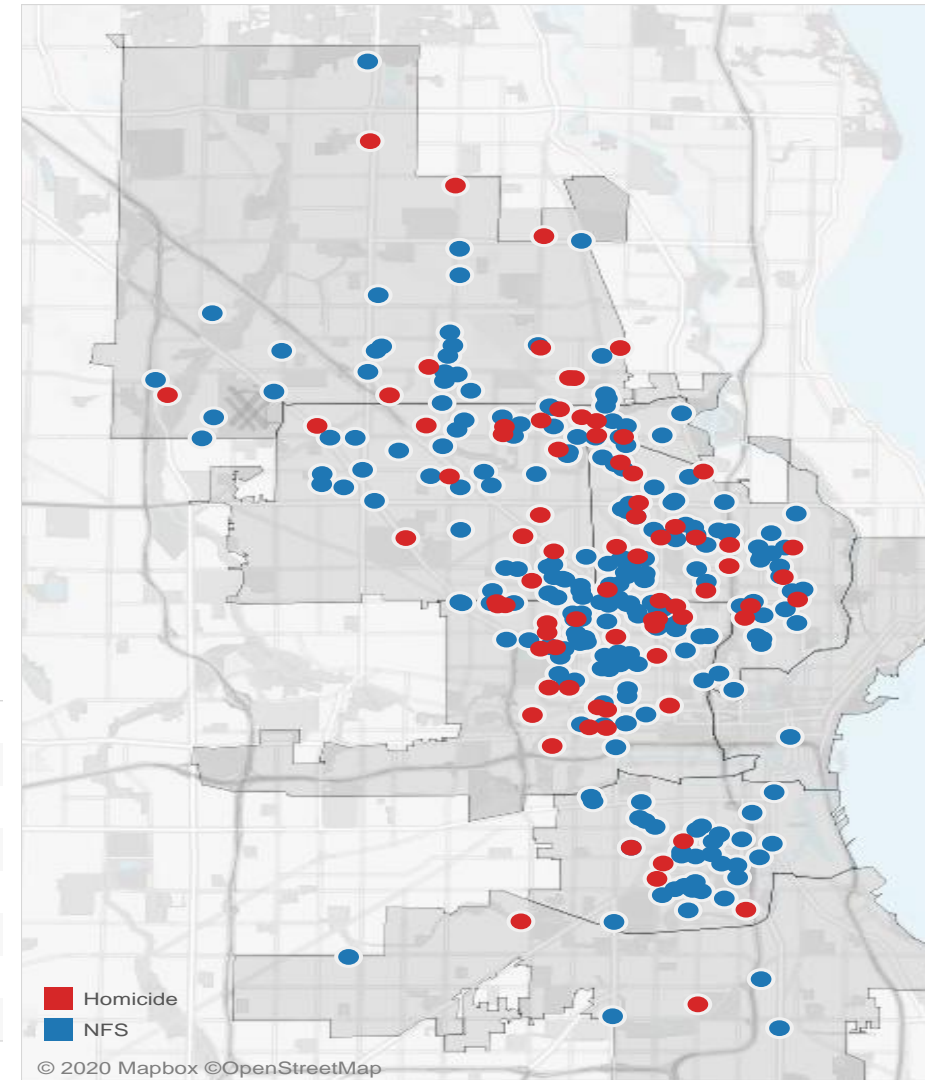
Police District	2018 (Full Year)	2019 (Full Year)	2018 (YTD)	2019 (YTD)	2020 (YTD)	YTD 18-20 % Change	YTD 19-20 % Change
1	1	2	0	1	0		-100%
2	13	18	11	10	6	-45%	-40%
3	16	21	6	9	28	367%	211%
4	11	10	7	5	12	71%	140%
5	39	25	23	12	25	9%	108%
6	2	2	0	1	2		100%
7	17	19	9	7	17	89%	143%
<b>Total</b>	<b>99</b>	<b>97</b>	<b>56</b>	<b>45</b>	<b>90</b>	<b>61%</b>	<b>100%</b>

### NON-FATAL SHOOTING

Police District	2018 (Full Year)	2019 (Full Year)	2018 (YTD)	2019 (YTD)	2020 (YTD)	YTD 18-20 % Change	YTD 19-20 % Change
1	4	6	1	5	1	0%	-80%
2	75	35	39	18	35	-10%	94%
3	101	101	55	40	78	42%	95%
4	50	59	22	26	34	55%	31%
5	111	122	53	53	84	58%	58%
6	5	10	2	3	4	100%	33%
7	121	114	69	49	60	-13%	22%
Unknown	9	5	6	1	9	50%	800%
<b>Total</b>	<b>476</b>	<b>452</b>	<b>247</b>	<b>195</b>	<b>305</b>	<b>23%</b>	<b>56%</b>

Homicide and Non-Fatal Shooting data retrieved from respective OMAP databases and count victims for the time period: January 1 - July 12, 2018-2020

### 2020 HOMICIDE / NON-FATAL SHOOTING MAP



Homicide Data Refreshed: 7/13/2020 7:43:45 AM  
 Non-Fatal Shooting Data Refreshed: 7/13/2020 7:43:45 AM

# FAMILY AND INTIMATE PARTNER VIOLENCE

Challenges	Response
<ul style="list-style-type: none"><li>❖ DV/IPV-related homicides and non-fatal shootings</li><li>❖ Increase in number of first-time callers to DV hotlines and shelter visits</li><li>❖ Stay-at-Home orders impact of DV</li><li>❖ Lack of prevention work for Batterers that doesn't involve the criminal justice system</li></ul>	<ul style="list-style-type: none"><li>❖ Increased efforts to promote public education and awareness regarding warning signs and resources</li><li>❖ Increasing engagement among men to speak out against disproportionate levels of violence impacting women, girls, and LGBT community</li><li>❖ City-wide public education campaigns promoting safe and healthy homes and relationships</li><li>❖ Analyzing data from MPD, hospitals, and DV agencies</li></ul>





# SOCIAL JUSTICE


Challenges	Response
<ul style="list-style-type: none"><li>❖ Daily Social Justice demonstrations, by community organizations, faith based groups and individual families</li><li>❖ Multi-faceted approaches to solutions and resolutions – Law Enforcement, community social services solutions, and government interventions</li></ul>	<ul style="list-style-type: none"><li>❖ Active Participation and de-escalation in Vigils, crime scenes, and demonstrations</li><li>❖ Working Group – Race Equity and Procedural Justice – planning stages meeting every day</li><li>❖ Just Recovery MKE from Governor’s office</li></ul>



# HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

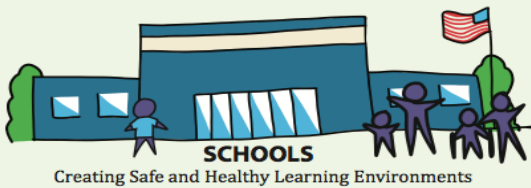
Violence is among the most significant health problems in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

 = Outreach workers, violence interrupters, hospital responders, and community health workers

## ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities

**SCHOOLS**  
Creating Safe and Healthy Learning Environments



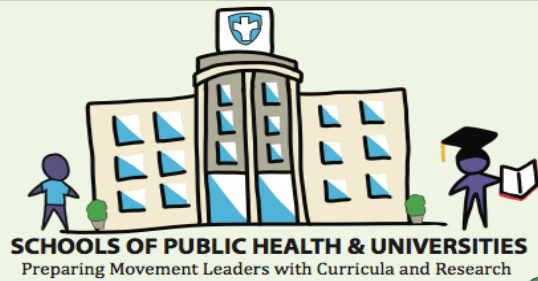
**MENTAL HEALTH**  
Promote Accessibility for Greater Well-Being



**ACADEMIC MEDICAL CENTERS**  
Advancing Research on Violence Prevention



**FAITH-BASED INSTITUTIONS**  
Educating and Healing Communities



**SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES**  
Preparing Movement Leaders with Curricula and Research



**PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS**  
Coordinating and Developing Interventions



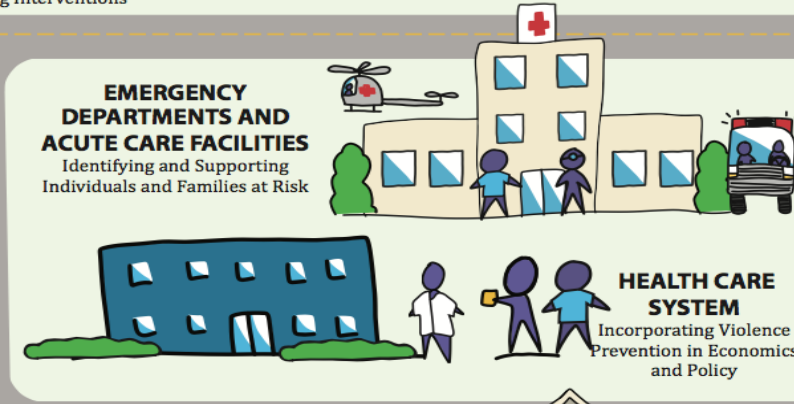
**HOSPITALS AS ANCHOR INSTITUTIONS**  
Ensuring Quality Care, Outreach and Follow Up



**COMMUNITY ORGANIZATIONS**  
Holding Systems Accountable and Providing Comprehensive Interventions

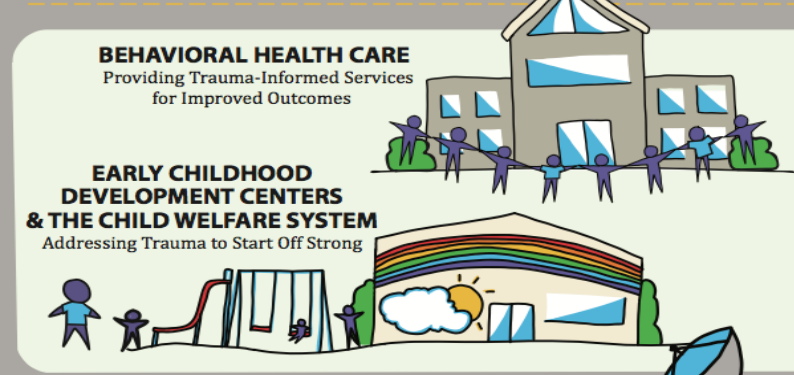
**COMMUNITY RESIDENTS**  
Leading the Local Movement

**SOCIAL SERVICE PROVIDERS**  
Utilizing Community-Centered Practices to Address Violence



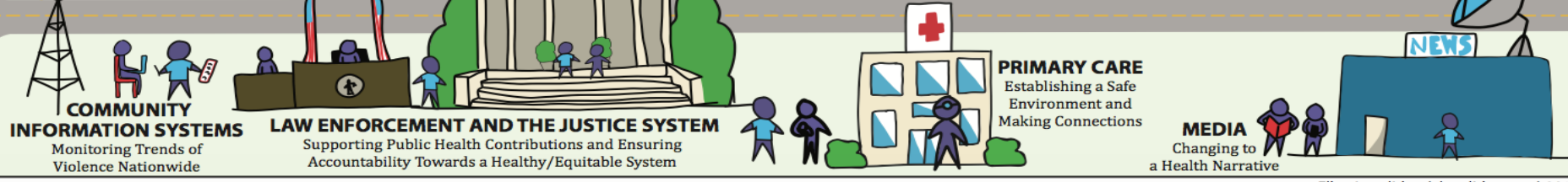
**EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES**  
Identifying and Supporting Individuals and Families at Risk

**HEALTH CARE SYSTEM**  
Incorporating Violence Prevention in Economics and Policy



**BEHAVIORAL HEALTH CARE**  
Providing Trauma-Informed Services for Improved Outcomes

**EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM**  
Addressing Trauma to Start Off Strong



**COMMUNITY INFORMATION SYSTEMS**  
Monitoring Trends of Violence Nationwide


**LAW ENFORCEMENT AND THE JUSTICE SYSTEM**  
Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

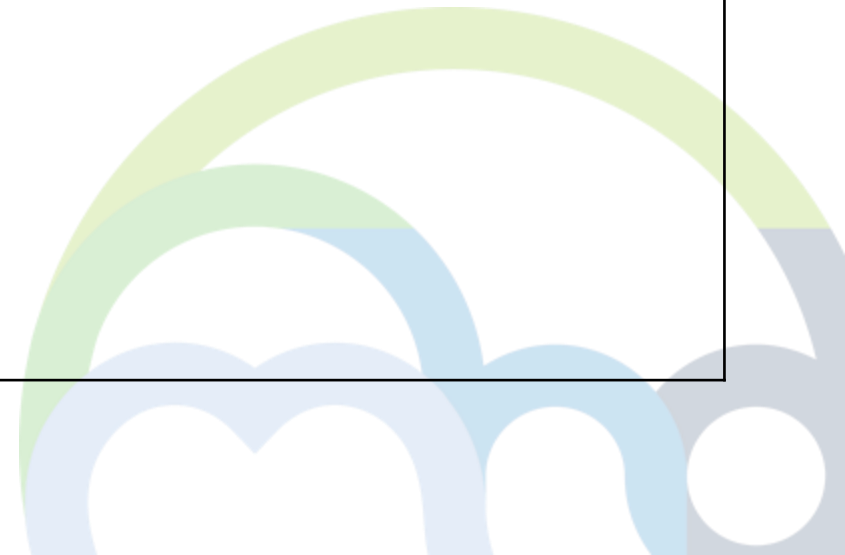
**PRIMARY CARE**  
Establishing a Safe Environment and Making Connections

**MEDIA**  
Changing to a Health Narrative



# MATERNAL & CHILD HEALTH

Challenges	Response
<ul style="list-style-type: none"><li>❖ New Enrollment for home visiting programs</li><li>❖ Continued High Rates of infant mortality</li><li>❖ Disruption of Services at Clinic sites</li></ul> 	<ul style="list-style-type: none"><li>❖ Continued WIC and New born Screening</li><li>❖ BOMB Doula Program – Services provided to City of Milwaukee resident with community doula focus on 53206 – Service Launch early August</li><li>❖ Health kits – safety bags created with COVID materials for families which include PPE and educational materials</li></ul>



# Milwaukee Health Department Health Equity: A Year in Review

## Goal

Increase promotion and use of health equity concepts in MCH program development and evaluation.

## Successes

- Multifaceted GARE (Government Alliance on Race & Equity) team completed a 9-month training program on racial equity.
- BARHII assessment was implemented to a cohort of MCH staff (n=54).

## Barriers

- Based on the initial BARHII: only 52% of MCH staff believed MHD had enough focus on health equity.
- Building organizational trust in order to integrate new practices around health equity, all while going through a re-organization.



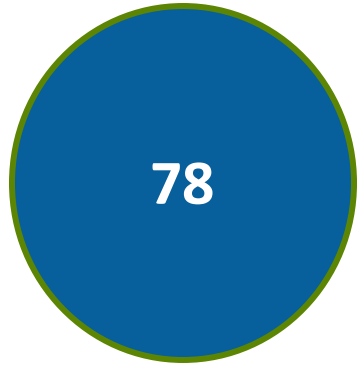
# INFANT MORTALITY RATE

PER 100,000

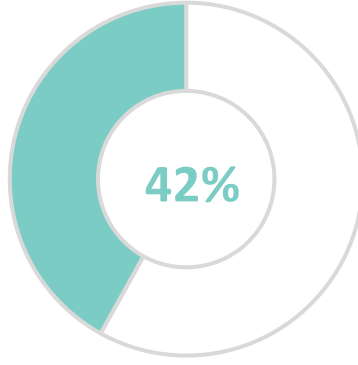
	<b>2018</b>	<b>2019</b>
African American/ Black	15.18	12.31
Hispanic/ Latinx	6.89	6.96
White	6.18	2.66



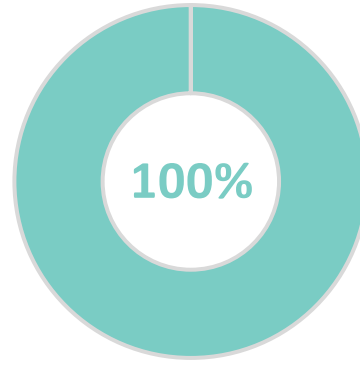
# EMPOWERING FAMILIES OF MILWAUKEE (EFM)



African American Children

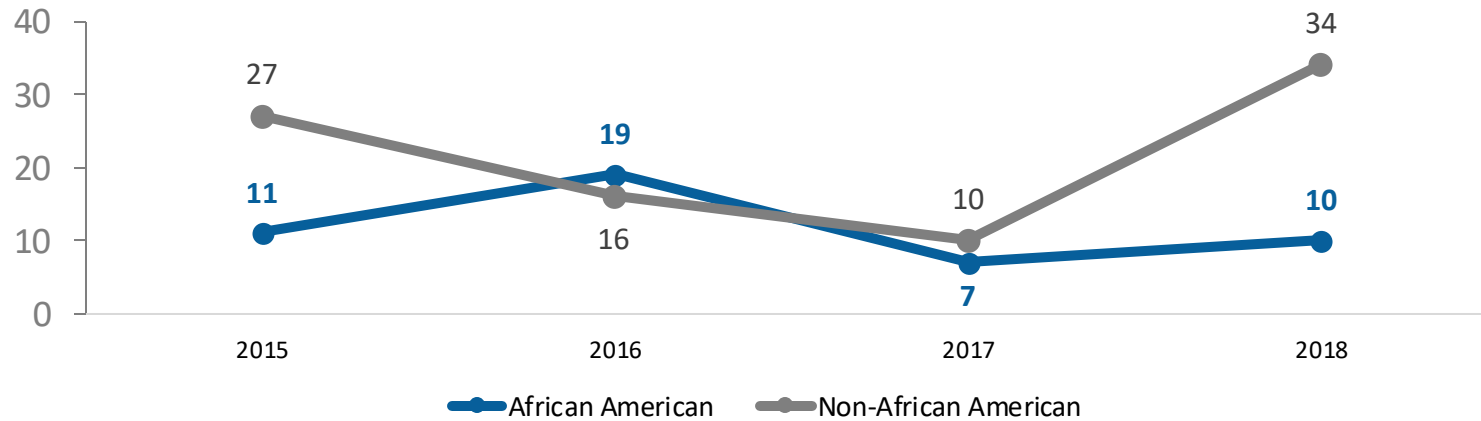


Percentage of Total Enrollment

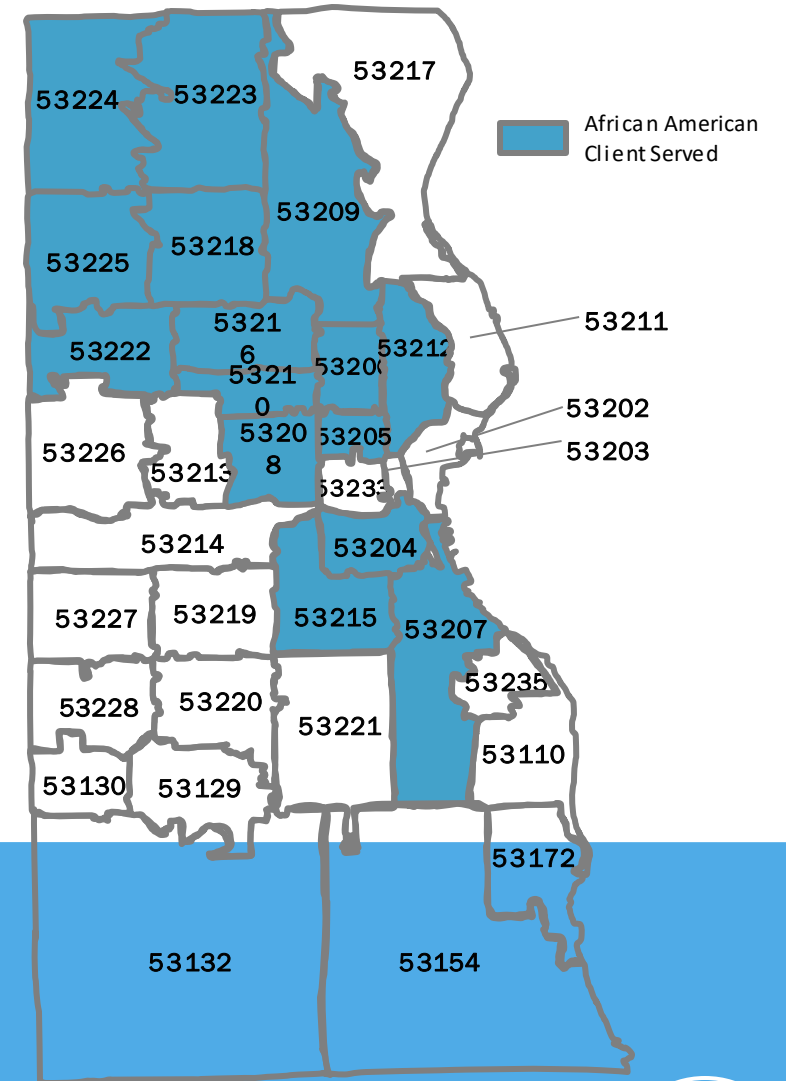


African American Clients (Children) Insured

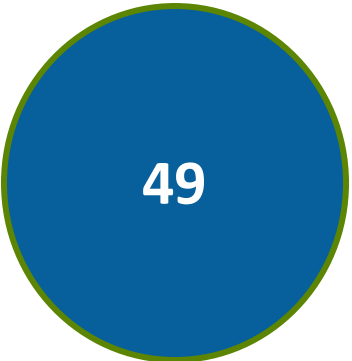
New Household Enrollments in EFM by Year



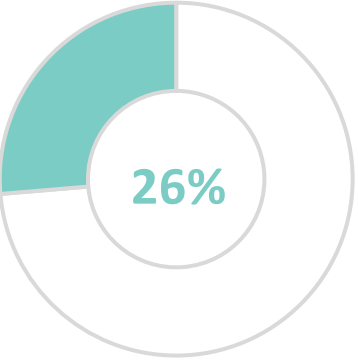
Distribution of African American Clients (Served by MHD) in Milwaukee County



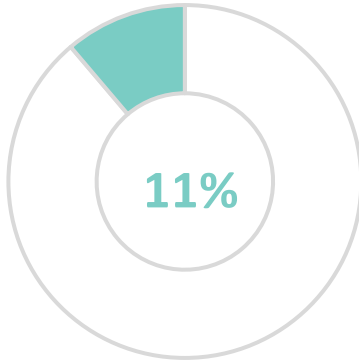
# EMPOWERING FAMILIES OF MILWAUKEE (EFM)



Latinx Children

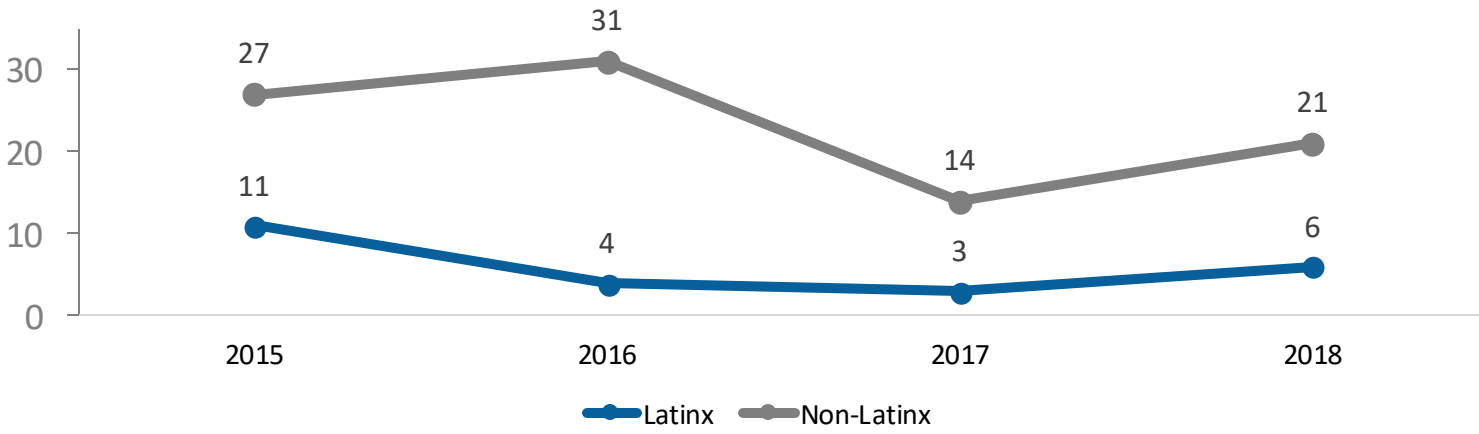


Percentage of Total Enrollment

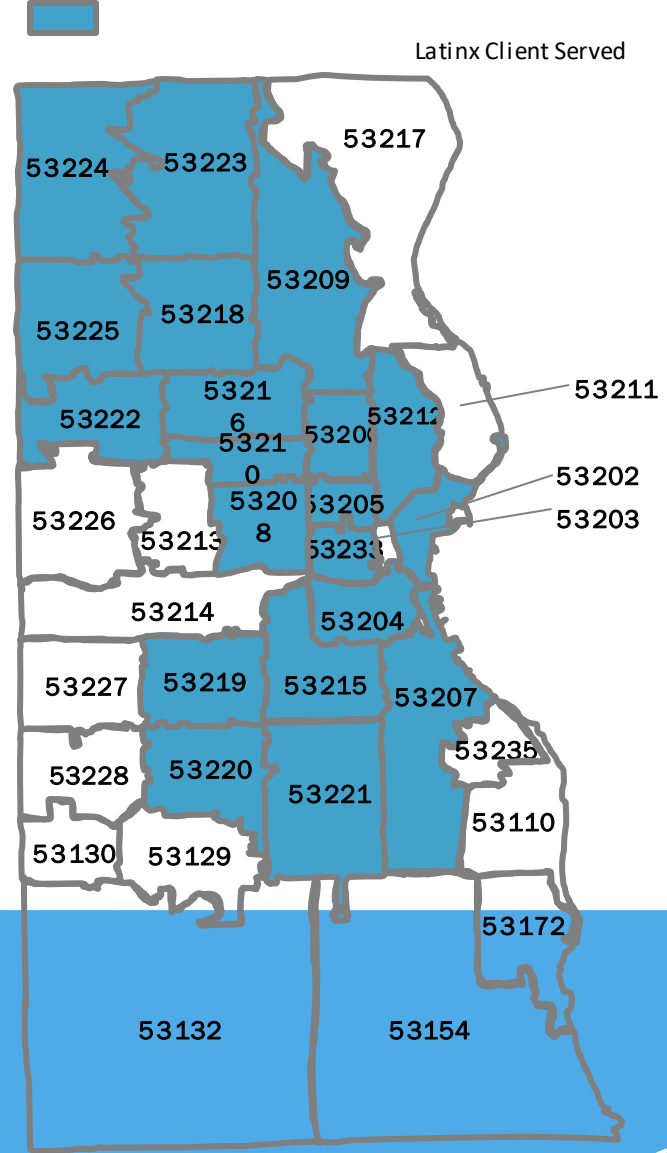


Latinx Uninsured

New Household Enrollments in EFM by Year



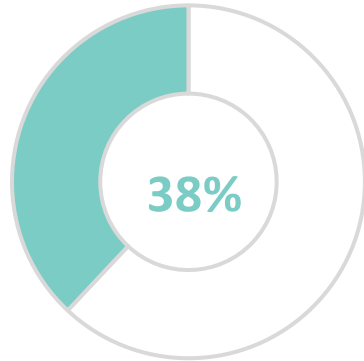
Distribution of Latinx Clients (Served by MHD) in Milwaukee County



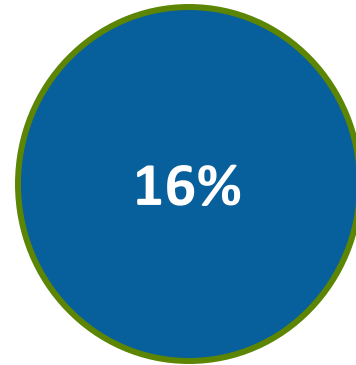
# WIC



Average Number of African American Women, Infants, & Children Participated in Services in a Year

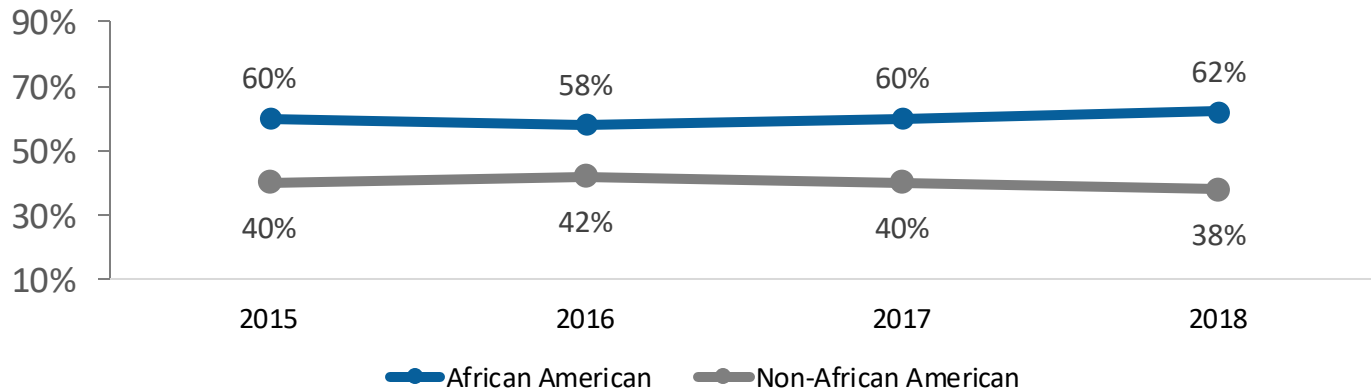


Infants Breastfed at Three Months

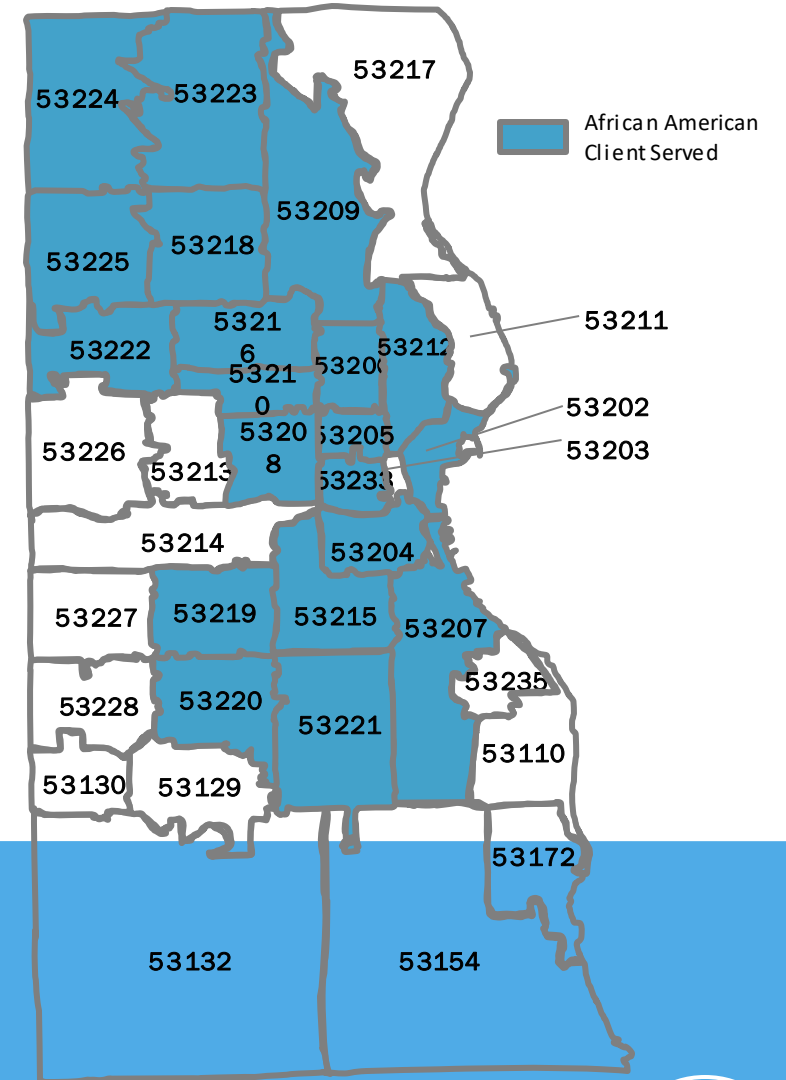


African Americans Breastfed less than Whites at 3 Months from 2015 to 2018

Percent of African American Clients in WIC by Year



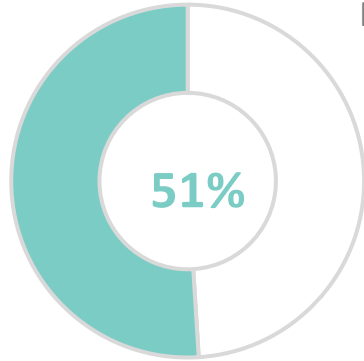
Distribution of African American Clients (Served by MHD) in Milwaukee County



# WIC



Latinx Women, Infants, & Children

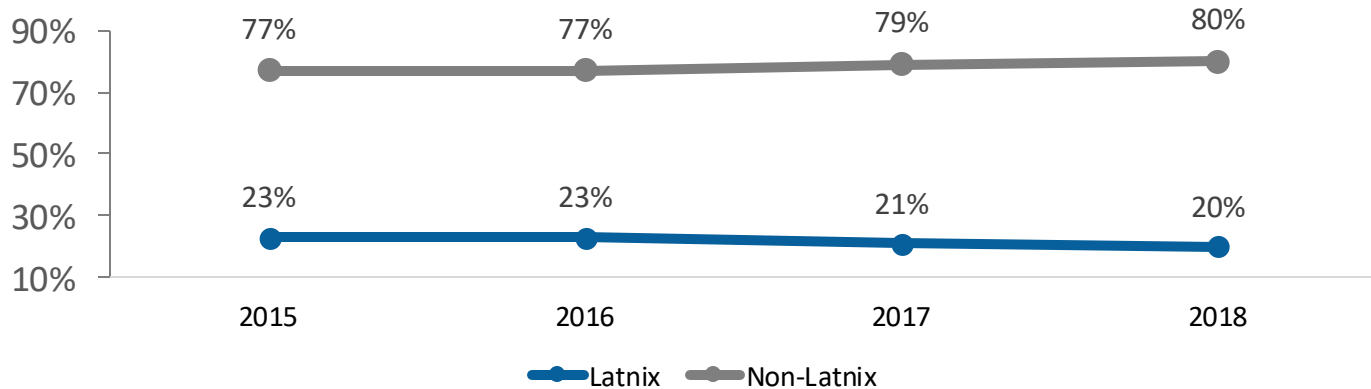


Infants Breastfed at Three Months

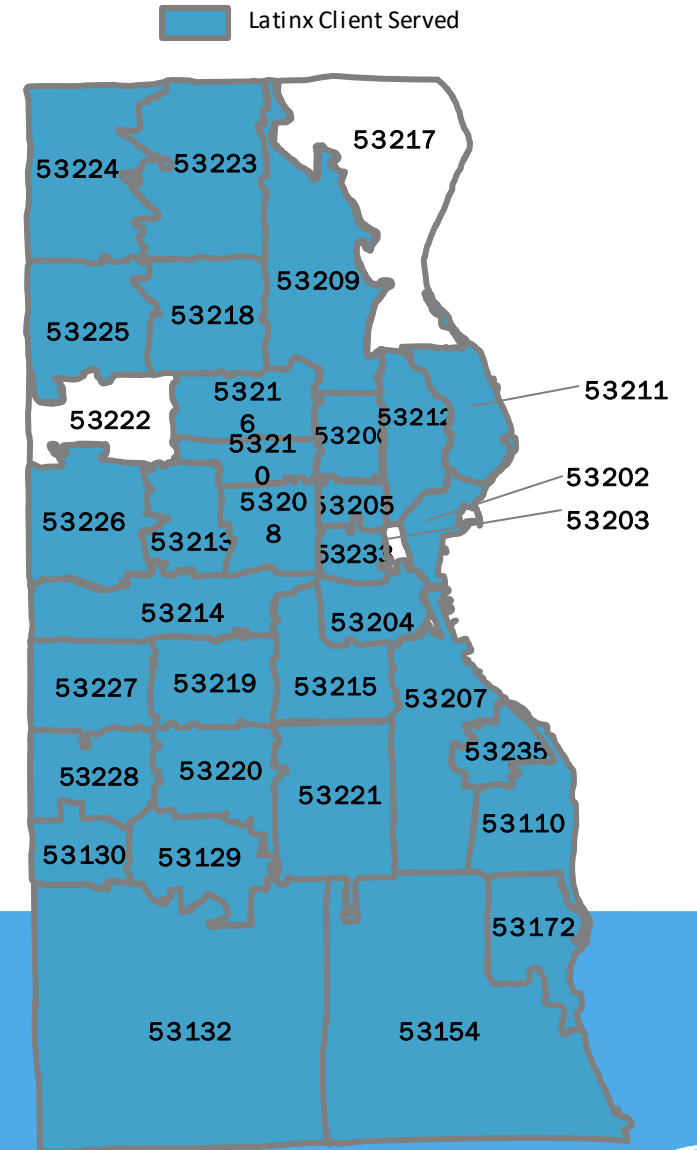
Decrease in Breastfeeding Prevalence at 3 Months from 2015 to 2018



Percent of Latinx Clients in WIC by Year

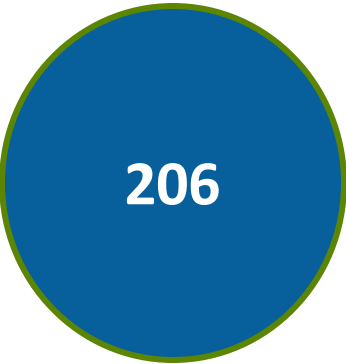


Distribution of Latinx Clients (Served by MHD) in Milwaukee County

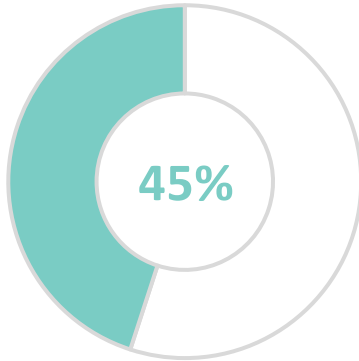


# PARENTS NURTURING AND CARING FOR CHILDREN (PNCC)

\* Data presented is for 2016-2018

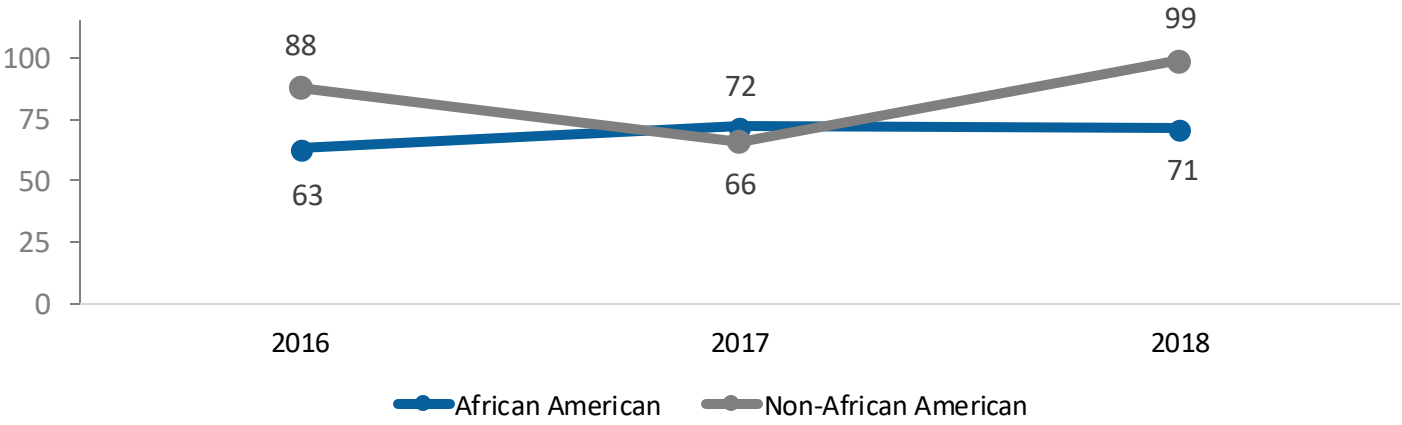


African American Children

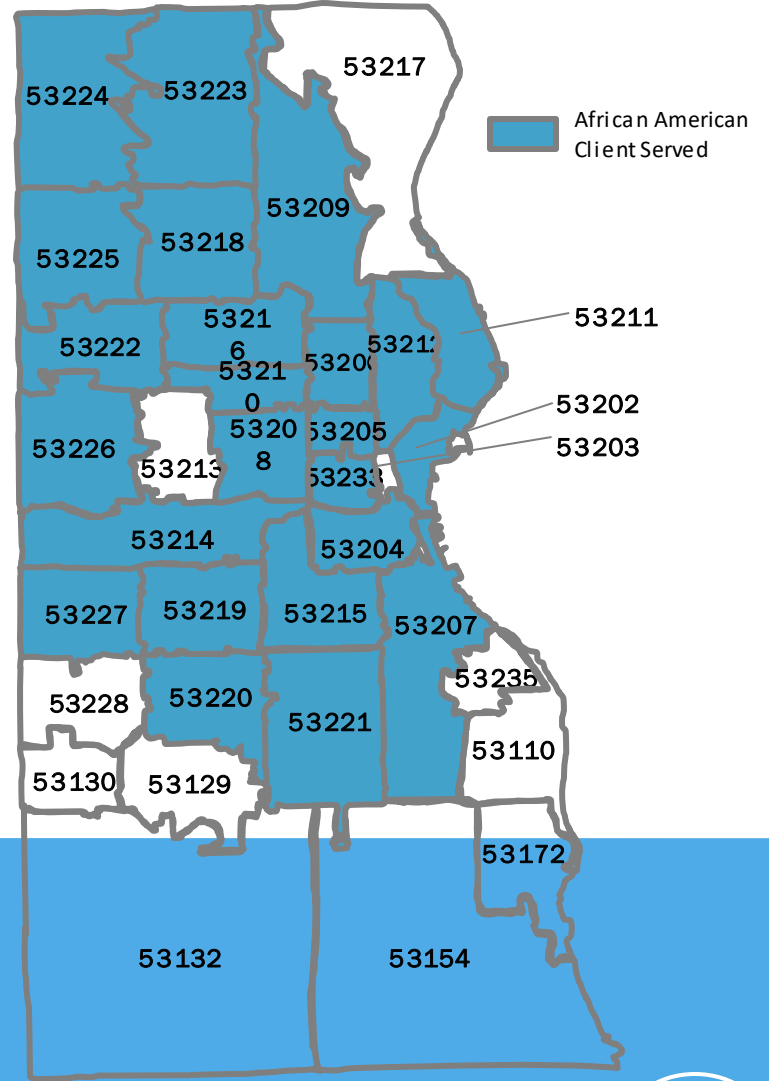


Percentage of Total Enrollment

Count of Clients Enrolled by Year

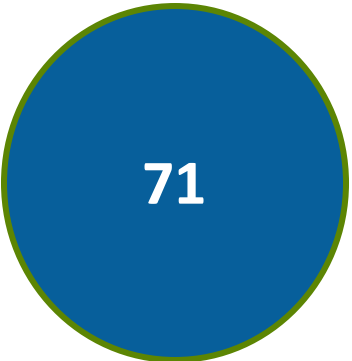


Distribution of African American Clients (Served by MHD) in Milwaukee County

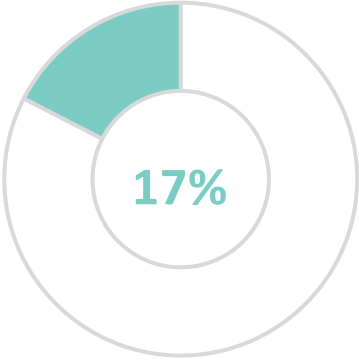




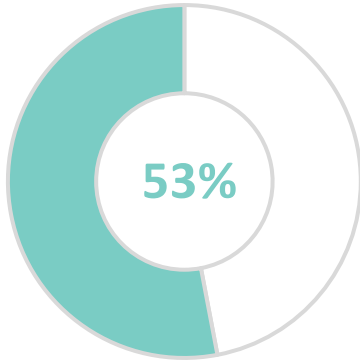
# PARENTS NURTURING AND CARING FOR CHILDREN (PNCC)



Latinx Children

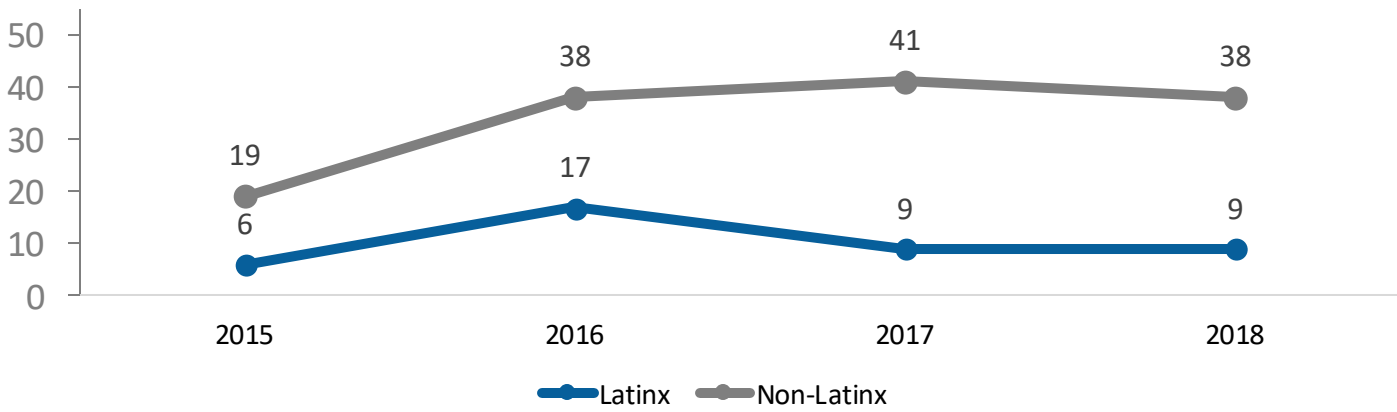


Percentage of Total Enrollment

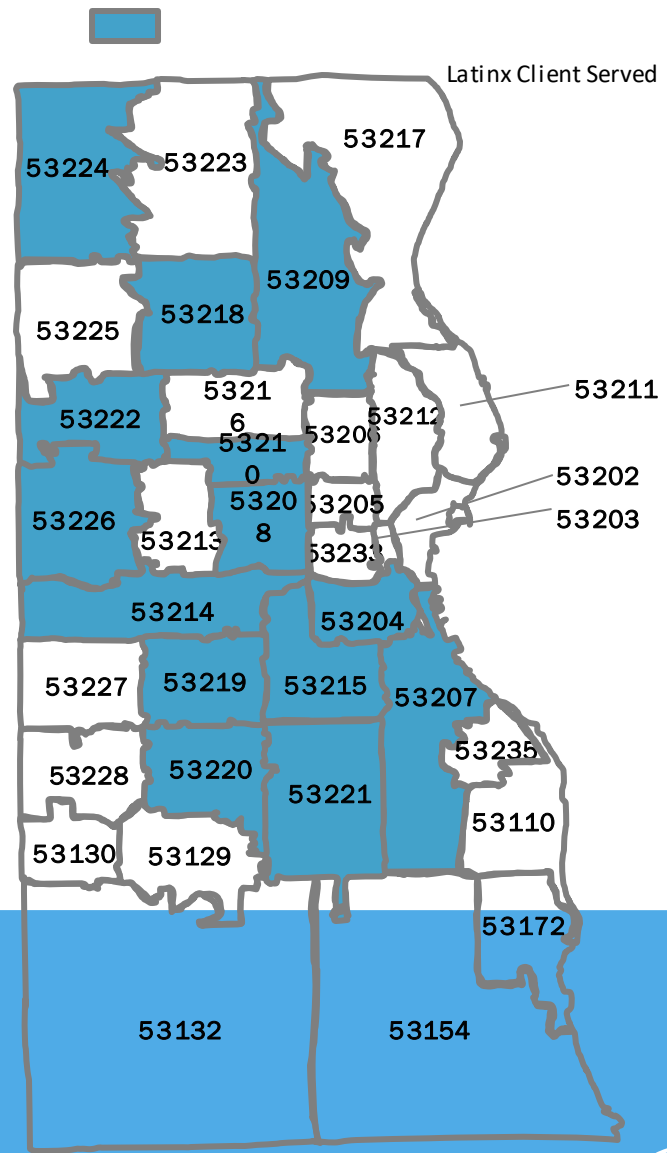


Latinx Pregnancies Case- Managed before Third Trimester

Count of Clients Enrolled by Year



Distribution of Latinx Clients (Served by MHD) in Milwaukee County



# ENVIRONMENTAL HEALTH BRANCH

**EMERGENCY PREPAREDNESS  
AND GENERAL ENVIRONMENTAL  
HEALTH DIVISION (EPEH)**

# Public Health Preparedness

- **Guiding Principals:**

1. Community Resilience
2. Incident Management
3. Information Management
4. Countermeasures and Mitigation
5. Surge Management
6. Bio surveillance

- **Successes:** Effectively run the City of Milwaukee Emergency Operation Center for the COVID-19 Response.

- **Next Steps:**

- Continuous planning and execution of the City of Milwaukee's first National Secret Service Event – the DNC as the lead Health and Safety agency
- Continued leadership in the COVID-19 response



# Climate change and extreme weather events

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## 'Safe shelter:' As temps rise, Milwaukee cooling center opens at North Division High School

POSTED 5:30 PM, JULY 7, 2020, BY EVAN PETERSON, UPDATED AT 07:30AM, JULY 8, 2020

MILWAUKEE -- The City of Milwaukee opened its first [cooling center](#) of the year on Tuesday, July 7 at North Division High School. *It will be open from 1 p.m. through 6 p.m. through Friday, July 10.*

"We want to provide safe shelter for people that may not have places to be in a cool environment," said Nick Tomaro with the Milwaukee Health Department.

During the summer, staying cool in Milwaukee isn't easy. And at a time when the coronavirus is rampant, things aren't any easier.

- **Responsibilities:** Ensure there are community plans in place to respond to extreme weather events including:
  - Heat
  - Cold
  - High Winds
  - Flooding
  - Tornadoes
  - Drought

**Successes:** Handling of the 2019 Polar Vortex and annual heat advisories

**Next Steps:** Leverage partnerships to implement activities to being to address the effects of climate change



# Recreational waters

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- Water Quality Program staff conduct sampling of drinking water on the Summerfest grounds. The Water Quality Program conduct monitoring of recreational water at Milwaukee's Bradford, McKinley, and South Shore Beaches as well as monitoring at the lagoons at the lakefront.
- **Successes:** Public notification of beach water quality hazards
- **Next Steps:** Implement a data dashboard for beach water data

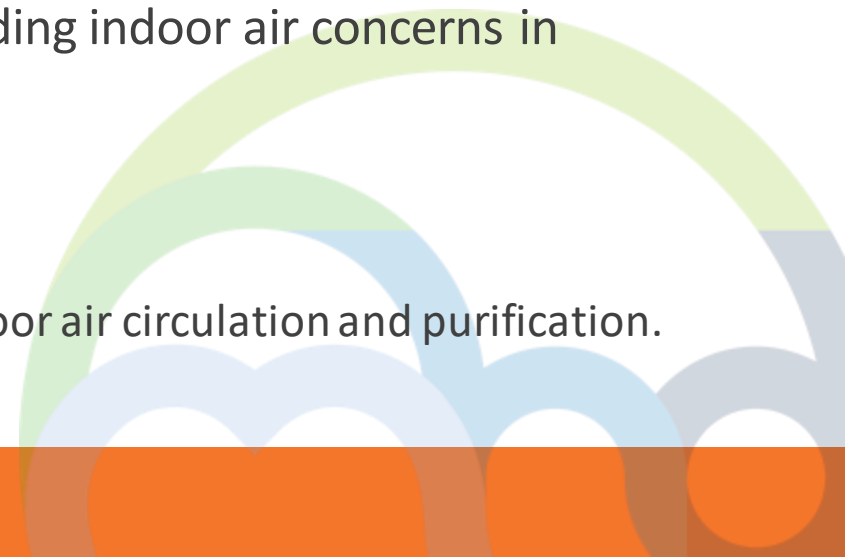


# Air quality

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The goal of the Air Quality Program is to reduce and control asthma by reducing exposure to indoor air contaminants. Indoor air quality concerns includes:

- Mold
  - Radon
  - Carbon Monoxide
  - Allergens
  - Secondhand smoke
- **Successes:** Provided advice and expertise within the community regarding indoor air concerns in homes, schools, offices and public facilities.
  - **Next Steps:**
    - As we learn more about COVID-19, will play a larger role in evaluating indoor air circulation and purification.



# HOME ENVIRONMENTAL HEALTH DIVISION (HEH)



# Lead hazard reduction

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## Successes:

- In 2018 there were 112 historical properties that needed a hazard assessment and abatement.
- Current historic property case load is 33 which need reinspection and HUD enrollment to finalize.
- HUD Stop Work Order lifted in December 2018
- HUD High Risk Designation listed in October 2019
- HUD \$5.6 million dollar grant awarded in December 2019

## Next Steps:

- Continued partnership with Community Advocates to relocate families from inhabitable properties.
- Pursuing Lead Free Certification for rental properties before rental.



# Lead poisoning surveillance and response

## • **Successes:**

- In 2018 there were 491 historical Elevated Blood Level cases that were outstanding (146 actionable). Case load is now only 25 who are under current case management.
- Case conferencing between nursing and property, increased success of home visiting and developmental screenings
- Current Case Management:
  - 116 active cases
  - 100% attempted contact within 24 hours (exceeds DHS deliverables)
  - 94% accepting education services
  - 95% home visits completed with water filters included and developmental screening at highest rate in years.



## • **Next Steps:**

- Continued community collaboration with Sixteenth Street Community Health Center and Social Development Commission for:
  - Outreach, Education, Water Filter Distribution and Capillary Testing
- Birthing MOMs initiative = \$240,000 to provide lead safe kits new mothers in the City of Milwaukee

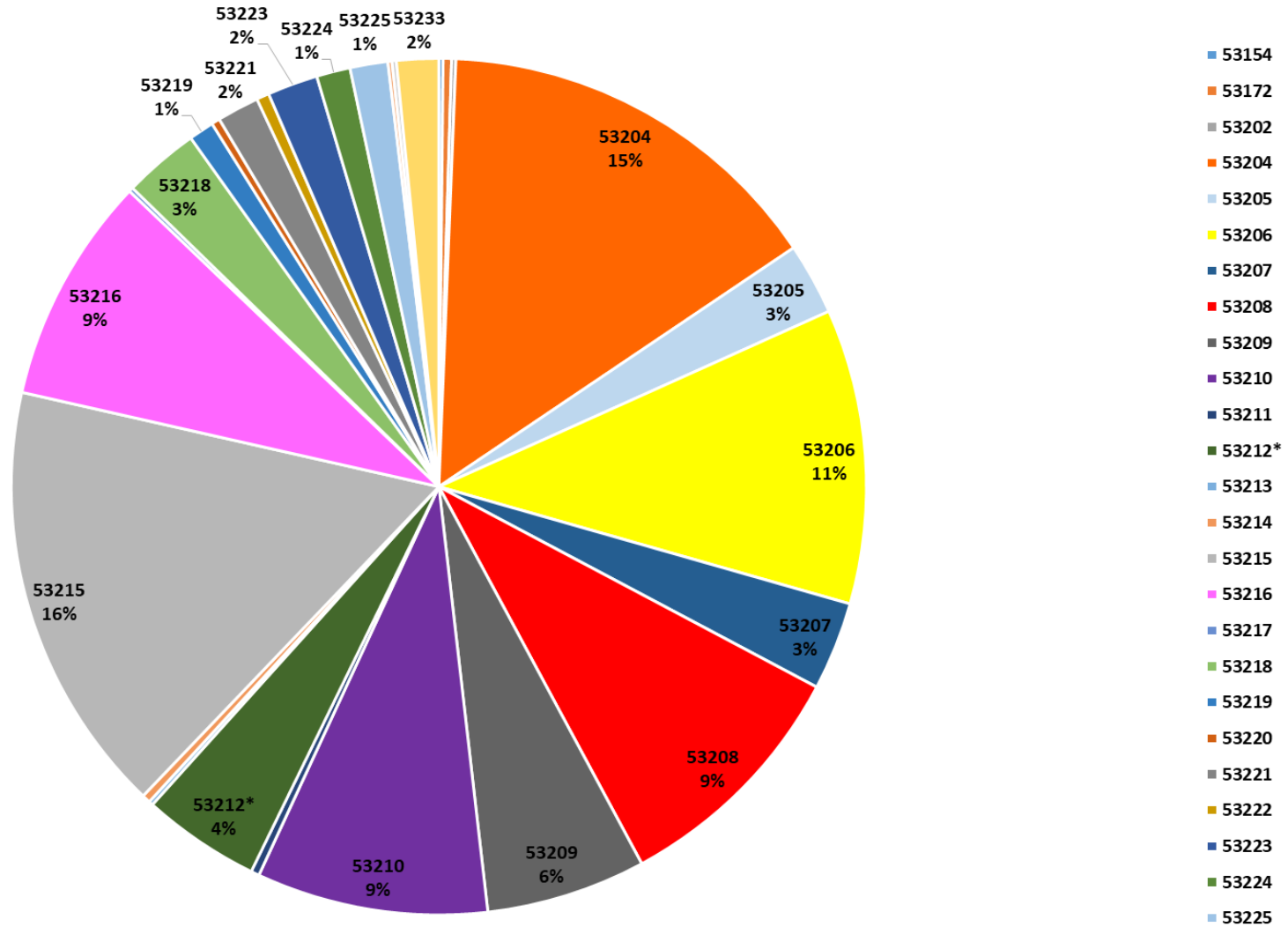
# Home Environmental Health – EBLL

- **Currently provide full case management at a level of elevated blood lead level of 20 or higher (or 2 venous 15 or greater 90 days apart) per Wisconsin State Statute.** All EBL's receive nursing case management and environmental investigation.
- To investigate all the blood test that are 5 microgram per deciliter of blood and above. Average workload **316 investigations per month** (7.1x workload) (2019 data).
- **To provide full case management of a level of 5 or above an additional \$1,508,262 is needed:**
  - HEH, cost 738,668
  - Lab 769,594
  - Total \$1,508,262



# Drinking water quality

2019 Filter Distribution by Zip Code



# CONSUMER ENVIRONMENTAL HEALTH DIVISION (CEH)

# Tattoo & Body Art

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- **Successes:**

- Annually inspect over 350 artists over a 3 day period during a convention protecting consumers from blood borne pathogens

- **Next Steps:**

- Collaborate with the Wisconsin Department of Safety and Professional Services to modify temporary licensing into a tiered system to adequately fund the efforts of regulating



# Weights and Measures

FOLLOW US FOR UPDATES


- **Successes:**
  - Reorganized program to a team approach under one supervisor
- **Next Steps:**
  - Advance staff completion of the National Conference of Weights and Measures Certifications



# Retail food program

- **Guiding Principles:** Food and Drug Administration (FDA) Retail Program Standards

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    - Standard 1: Regulatory Foundation
    - Standard 2: Trained Regulatory Staff
    - Standard 3: Inspection Program Based on HACCP Principals
    - Standard 4: Uniform Inspection Program
    - Standard 5: Foodborne Illness and Food Defense Preparedness and Response
    - Standard 6: Compliance and Enforcement
    - Standard 7: Industry and Community Relations
    - Standard 8: Program Support and Resources
  - **Successes:**
    - Advanced Conformance with the FDA Standards: The only jurisdiction in Wisconsin To meet Standard 2
    - Implemented Compliance Conferences to support operators with greater compliance needs
    - Implemented Food Truck Summits to proactively support operator compliance
    - Require staff to utilize translator services to assure adequate communication for all our community
    - Innovative intervention strategy: Food Grading Sanitation system has reduced CDC Risk Factor Violations by 5% since 2017
  - **Next Steps:**
    - Continue Advancement of the FDA Retail Program Standards
    - Execution of the Food Safety and Defense mission of the DNC
    - Develop intervention strategies based on the FDA Risk Assessment completed in 2019
- 



# PUBLIC HEALTH UNDER FIRE

## COVID-19 RESPONSE NATIONWIDE



Coronavirus Latest news U.S. map World map

### Health

## Amid threats and political pushback, public health officials are leaving their posts



# NACCHO

National Association of County & City Health Officials



[PRESS RELEASE](#)

## Statement: Compromising Data Collection Will Further Complicate the U.S. Response to COVID-19

Jul 15, 2020 | Andrea Grenadier



# COH GOALS FOR NEXT TERM

## ADVOCATE FOR INCREASED FUNDING AND RESOURCES

- Function as a Chief Health Strategist
- Lead a fully functional and high quality Level III health department
- Update and maintain backups for all MHD programs and services
- Attain PHAB Accreditation
- Increase the lead poisoning program (coverage down to 5)

