



## Equity Impact Statement

1. Describe the proposed ordinance or resolution. File number:

This is the annual grant renewal for the Empowering Families of Milwaukee (EFM) and Direct Assistance for Dads (DAD) Project Home Visiting Programs under the Family and Community Health Branch of the Milwaukee Health Department. This grant is through the Wisconsin Department of Children and Families - Family Foundations Comprehensive Home Visitation Program (FFHV) and is a grant that started in 2016 plus nine (9) optional annual renewals. The grant cycle runs from October 1st through September 30th each year.

2. Identify the anticipated equity impacts, if any, of this proposal.

See #3; there would only be positive impacts to equity as highlighted below.

3. Identify which minority groups, if any, may be negatively or positively impacted by the proposal.

*EFM/DAD* positively impact minority groups by addressing those who face federal risk factors, disenfranchisement, and significant health disparities, including higher rates of infant mortality. These factors often disproportionately affect individuals and families of color. Our services are available to all ethnicities, races, genders, sexual identities, legal statuses, ages, languages, and disabilities. The only requirement is that individuals are pregnant or parenting in the City of Milwaukee. We are equipped to address needs related to language, socioeconomic status, housing, transportation, and literacy, ensuring support for those who are most in need.



4. Describe any engagement efforts with minority communities potentially impacted by the proposal.

*EFM/DAD* utilize a Central Intake process for referrals, which can come from self-referrals, providers, or community members, making access straightforward. We conduct outreach across various neighborhoods to offer health education, resources, and program referrals. Our services include parenting and support groups, and we collaborate with community-based organizations, clinics, and faith-based groups to connect with the community. We ensure our services are free, voluntary, culturally sensitive, and adaptable to literacy levels. We meet immediate needs while working on long-term goals, offering up to three years of service, and focus on partnering to achieve health, safety, and well-being goals.

5. Describe how any anticipated equity impacts of the proposal will be documented or evaluated.

We track demographic data of all enrolled families, monitor the services provided, compliance, outcomes, and trends through our Continuous Quality Improvement (CQI) processes, as required by our State funder. This information helps us identify areas for improvement, strengths, and opportunities to enhance service effectiveness. CQI projects are regularly documented and tracked in our databases. Additionally, we partner with University of Wisconsin- Milwaukee to conduct longitudinal surveys of enrolled families, using their feedback and statistics to inform improvement strategies. For example, recognizing an increase in immigrant, undocumented, and refugee cases, we have adapted by finding interpreters, sourcing culturally relevant health education materials, and establishing a Refugee Support Project to better address the needs of this population

6. Describe strategies that will be used, if any, to mitigate any anticipated equity impacts.

We use data and trends analyzed by Public Health Strategists and Epidemiologists to inform our practices on health equity, social determinants of health, disparities, and infant mortality. We survey clients to gauge their satisfaction and incorporate their feedback into our practices. Community impact assessments conducted by our Division and/or MHD help us understand community needs and refine our approaches. We also prioritize hiring a diverse workforce that reflects the community, which enhances engagement and ensures culturally competent service delivery.

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