



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

This grant is with the Wisconsin Department of Health Services (DHS), for funding to support the Sexual and Reproductive Health Care Program activities at the Keenan Health Center. This grant supports the salaries for Disease Intervention Specialists and a Medical Assistant, who prevent and control the spread of infectious diseases through contract training and case investigations.

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

The Keenan Health Center primarily services Black/African American clients, which is the racial demographic facing the highest burden of sexually transmitted infections in Milwaukee.

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

The work of the Disease Intervention Specialist is aimed at reducing the spread of infection, which are disproportionately higher in the Black/African American community.



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

Disease intervention Specialist participate in community events aimed at educating community members on the impact of sexually transmitted infections and provide education on prevention methods.

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

The Sexual and Reproductive Health Program at the Keenan Health Center documents client demographics for all clinical encounters as well as disease investigation follow up. Demographic information is reported to the public by the Milwaukee Health Department as part of their annual report. Additionally, MHD shares demographic information with the State (DHS) through a variety of mechanisms.

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

Clients receive services at the Keenan Health Department on a walk in basis, as an effort to eliminate barriers associated with appointment based services. Clients do not receive a bill or fee for services regardless of insurance, immigration or other legal status.

Name: **Naomi Jenkins**

Signature: **Naomi Jenkins**

Digitally signed by Naomi Jenkins
Date: 2025.06.23 09:48:15 -05'00'

Date: **6/23/2025**