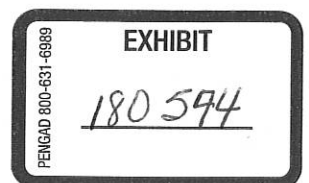


**Testimony
Jeanette Kowalik
City of Milwaukee
Commissioner of Health**

**Public Safety and Health Committee
Tuesday, September 4, 2018
Milwaukee, WI**

**Dr. Jeanette Kowalik
Nominee**



Testimony: Milwaukee Commissioner of Health Nominee:
Dr. Jeanette Kowalik, PhD, MPH, MCHES

September 4, 2018

Good morning Chairman Donovan and members of the Public Safety and Health Committee. My name is Dr. Jeanette Kowalik, and I am honored to be considered as Milwaukee's next Commissioner of Health. I want to first off thank you and the committee for holding today's hearing. I also want to thank Mayor Tom Barrett for nominating me to serve, as well as the multidisciplinary search committee, which included two Alderpersons on the panel, for its recommendation of my candidacy.

As a public health practitioner and academic, I possess 15 years of progressive, multidisciplinary experience in public health, academic, and non-profit settings. I am fully committed to fulfilling the Milwaukee Health Department (MHD)'s mission.

I believe my strongest qualifications are centered on who I am, what I've experienced and overcame, what I've learned, and how I have evolved into who I am today. I was born and raised in Milwaukee. I overcame poverty and challenges associated with being a woman of color in this city. I was a single parent that used MHD services such as WIC, the State's welfare works program and Section 8 housing. Education and progressive employment enabled me to achieve my life purpose-to serve as Milwaukee's next Commissioner of Health.

Education was my way out of poverty. I completed my PhD in Health Sciences from the University of Wisconsin (UW)-Milwaukee, my masters is in Public Health Promotion from Northern Illinois University, and my bachelors is in Healthcare Administration also from UWM. I am a nationally certified Masters Certified Health Education Specialist (MCHES) and have maintained this certification since 2012. The CHES represents expert-level competency in public health.

I completed all three degrees while working full-time. I have worked for 4 health public health departments: Milwaukee, Wauwatosa, Chicago, and Madison in a variety of settings, and disciplines such as *maternal and child health (MCH), environmental health including lead, emergency preparedness, immunizations, substance abuse prevention, STI/HIV and teen pregnancy prevention, and sexual assault prevention.*

In addition to experience at local health departments, I gained three years of non-profit administration experience as Director of Program Development- Health & Life Skills at the Boys & Girls Clubs of Greater Milwaukee. This experience allowed me to build capacity, inform policy, and develop programs according to the diverse needs of the community.

From 2014-2016, I had the pleasure of serving the UW-Madison as the Director of Prevention and Campus Health Initiatives. In this role, I performed as the UW's

Public Health Officer and spokesperson for prevention and outbreak related events. I was primarily responsible for policy, program, and staff development. UW, like many other institutions, has its share of challenges related to high-risk substance use, sexual assault and misconduct, racism, equity, and mental health issues. I facilitated positive change and increased programming at the individual and environmental levels. These changes required development of inclusive opportunities to engage all to promote a healthy campus environment.

I relocated to Washington DC in the spring of 2016 and currently serve as the Associate Director of Women's and Infant Health at the Association of Maternal and Child Health Programs (AMCHP). AMCHP is a non-profit, public health association that supports MCH Directors at the state and territory levels. Although this has been a wonderful opportunity, I am called to return home to fulfill a dream-- to serve in the position that I've long aspired as a career pinnacle since my early days at MHD. I am most appreciative of AMCHP's support and flexibility regarding this transition.

Since last December, I have been a Commissioner for the DC Office of Out of School Time and Youth Outcomes, an agency that grants millions of dollars to community-based agencies. This was my first public appointment so I was vetted by the DC Council and Mayor Muriel Bowser.

I am confident that the diversity of my experience is an asset as I have been able to see and lead public health efforts across disciplines. Through my career, I have been able to develop and maintain strong relationships across the State of Wisconsin, Southeastern region, county, and city of Milwaukee.

As a health administrator with a passion for public health, I am acutely aware of the current issues surrounding the MHD. Despite many challenges, I know MHD's Office of Violence Prevention is strong and is moving in the right direction, among many others that have not been in the news for doing what they're supposed to do (e.g., lab, consumer environmental health -food inspection, immunizations). When public health is doing its job of protecting the public- its not in the news. We should be in the news for accomplishments, not deficiencies.

I will briefly highlight what I see as the biggest challenges at MHD that I believe can be resolved in the first year. I have extensive direct experience and a record of success in all of these areas.

Lead- years ago, my first full time role at MHD was an Environmental Hygienist. I not only learned about primary and secondary lead poisoning prevention through my MPH program but I also practiced it alongside lead assessors as I inspected childcare facilities in the City of Milwaukee.

Communication (e.g., *management, policies and procedures, state and national standards*), infusion of quality improvement, and welcoming external evaluation/compliance checks will lead us forward. There must be accountability

and the desire to insert staff into the right roles because the stakes are high- lead poisoning prevention is one of the most critical issues for children and families. It is a “winnable battle”

STI/HIV-I have expert level experience in STI/HIV program management including surveillance and clinical services. I gained this experience as the Director of Health and Life Skills at the Boys & Girls Clubs of Greater Milwaukee and more intensively at the Chicago Department of Public Health. In Milwaukee, I partnered with agencies to develop marketing campaigns and provide STI/HIV testing events.

In Chicago, I managed STI Surveillance for the city. The caseloads were never ending but I was able to rally the team, coach, and collaborate with others to improve our case processing.

In my current role, at AMCHP, I recently collaborated with the National Coalition of STD Directors and CDC to discuss ways to improve coordination between MCH and STI/HIV programs.

My vision for MHD’s STI/HIV programming is simple: fill key vacancies such as Disease Intervention Specialists (DIS), invest in relationships with area healthcare and social service agencies, and educate the community and providers about STI/HIV prevention.

Infant mortality (IMR)- I began my public health career focused on IMR among Black and Latinx adolescents. In 2016, I returned to MCH only to learn that much hasn’t changed for these groups. According to the most recent year reported (2016), IMR of Black infants was remarkably higher than white infants and the aggregate at state and national levels (Wisconsin: 6.2 all races, 5.3 white, and 15.2 Black per 1000 live births and US: 5.9 all races per 1000 live births). City of Milwaukee rates have improved over the last decade but the Black-White disparity remains (13.6-5) therefore efforts are needed. Initiatives such as Best Babies Zone are promising. Currently, planning talks are underway with Black Health Coalition, Milwaukee Health Services, and African American Breastfeeding Network to apply for Healthy Start funding this fall. My experience at AMCHP will be an asset to MHD and the city.

Well women-I have been a member of the national Women’s Preventive Services Initiative Multidisciplinary Steering Committee on behalf of my current employer, AMCHP. This group is responsible for using research to determine what and when preventive clinical services such as cancer screenings need to be made available to women across the country. This project is federally-funded by HRSA and managed by the American College of Obs. and Gynecologists. Many of my peers will be a resource to us if I am confirmed as MHD’s next Commissioner of Health.

Employee morale- MHD cannot do the critical work we need to do without staff. Many staff are hurting and need support to reconnect with their passion and our

mission as a department--I am committed to healing. I am a bridge builder and seek to move MHD forward in a collaborative manner.

My PhD research was centered on Job Satisfaction of Milwaukee County's public health workforce; this included MHD. Job satisfaction is a predictor of turnover. I discovered many public health staff entered and remain in the profession because of their passion to serve. Strained relationships with supervisors, lack of trust, and low pay were noted for those that were less satisfied and more likely to resign. Assessing staff is a component of public health department accreditation (PHAB). This is long overdue for MHD as the process began the year I left MHD to focus on my PhD studies (2008). I am committed to finalizing this process, as I believe it will be a tool to mitigate future problems.

My strategic priorities are 1) governance and accountability, 2) public health workforce development, and 3) restoring confidence in programs and services.

All three priorities will begin the moment I am sworn into office.

Governance and accountability- To support short and long-term goals and ensure that oversight is maintained, I fully support the establishment of an oversight body commonly referred to as a Board of Health, for MHD. I will collaborate and work with the Council to make this much-needed level of risk mitigation, a reality. The Board of Health will be comprised of community and clinical representatives. I envision all Board of Health members will be required to not only complete initial health equity training but dismantling racism will be integrated into the Board's approach for overseeing the MHD to ensure services and opportunities are equitable, thus reducing health disparities.

Public health workforce development- MHD staff are some of the most resilient, resourceful, and courageous people I know. I am aware that there is a huge need for leadership to facilitate healing and reduce turnover. Without committed and skilled staff, there is no MHD; the public suffers. Restoring the MHD workforce will require assessment and training, promotion of professional development opportunities using free or low cost options, supporting certification for clinical, administrative, and public health staff. Recruiting and hiring diverse and qualified candidates, coaching and mentoring staff, establishing a culture of continuous feedback and improvement including regular supervision meetings, balancing workloads, and cross training are examples of concepts that will be employed in short order.

Restoring confidence in programs and services- The days of operating in the dark will be abolished. Under new leadership, we will embrace open data and reporting our program progress to the community, Council, and Mayor's office on a regular basis. As Commissioner of Health, it's my duty to educate the public about the science of public health; this includes translating research to practice, restoring and expanding surveillance, access to resources, and collaborating with community partners to eliminate gaps in care. Reporting and metrics will become the new norm through the establishment of a MHD Data Dashboard. The dashboard will

provide monthly updates on services rendered and serve as an accountability barometer. We will showcase the good and highlight areas of improvement.

These efforts will not only safeguard the Department from repeating past mistakes, but enable the department to finally obtain PHAB health department accreditation. Performance measures will increase our ability to compete for funding opportunities because we will have the data to demonstrate need to expand our health services. Last week, the State of Wisconsin Department of Health Services became PHAB accredited. It's time for MHD and this will happen during my tenure.

Aside from external efforts, MHD will bolster its internal compliance and quality improvement efforts. Compliance must be maintained for national, state, local regulations including program guidelines (e.g. HUD). Staff and management will be engaged in the process to increase shared responsibility for program performance. Innovation will be encouraged like other high-performing health departments.

Mark my word, I am pursuing this position to serve Milwaukee-- my home town-- first and foremost. Let there be no question that under my authority, the independence of the Commissioner's position will be maintained. I intend to bring the Department back to a dynamic level of accountability and health service delivery that it once had many years ago, and then move it forward to where it becomes a shining example across the nation. This work will be done with highest level of transparency and open communication that you on the Council and the public expect and deserve. I welcome feedback and will be accessible to the community, Council, and Mayor's office *equally*. Public Health is not a political issue or platform- it is for all of us.

My experience is broad and my education gives me the tools to optimize the health care system delivery. The residents of this city deserve nothing less. It's been a pleasure meeting and discussing all of these issues with you and the community since being nominated by the Mayor. I am happy to expound further on my background, experience and plans for the Department as you may see fit, or to answer any other questions which you may have.

In closing, I look forward to serving my hometown and bringing a fresh vision for health to our community. I humbly request your support in confirming my nomination.

Thank you.