



Racism is a public health crisis.
Five years after Milwaukee's declaration.

Letter from the Commissioner of Health

Dear Milwaukeeans,

In July 2019, the City of Milwaukee Common Council declared racism a public health crisis. Now, five years later, the City of Milwaukee Health Department is taking a moment to reflect on the actions we've taken to support this critical effort.

We are the largest health department in Wisconsin and serve a richly diverse population. It is essential for us to not only recognize the historical impact racism has had on the communities we serve, but also to confront the ongoing harm it continues to cause. The effects of systemic disenfranchisement through intentional policies like redlining still reverberate today, preventing many people of color from achieving good health and safety. Acknowledging this reality compels us to dismantle these structures and rebuild so that all Milwaukeeans have an equitable opportunity to thrive.

The City's declaration was an important first step in recognizing the social and structural forces that determine who has access to resources. These barriers impact not just communities of color, but also LGBTQIA+ individuals, people with disabilities, and those from lower socioeconomic backgrounds. As the City of Milwaukee Health Department, our mission is to ensure everyone, regardless of identity or circumstance, has equitable access to the services and resources they need.

Finally, I want to extend my gratitude to our dedicated staff. Many of you share the identities and lived experiences of the communities we serve. I am committed to listening, learning, and standing alongside you as we work together to reshape our community and break down the barriers that have long prevented it from thriving.



Michael F. Totoraitis, PhD
Commissioner of Health
City of Milwaukee Health Department



Acknowledgments

The City of Milwaukee Health Department would like to thank the following individuals for their contributions to this work and this report. It is only together that we can make a difference in the lives of our fellow Milwaukeeans, and together that we fight racism as a threat to public health.

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City of Milwaukee Office of Equity & Inclusion

City of Milwaukee Board of Health

City of Milwaukee Equal Rights Commission

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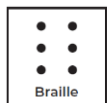
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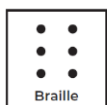
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“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strengths of the whole society through the waste of human resources.”

- APHA Past-President Camara Phyllis Jones, MD, MPH, PhD

Racism is a Public Health Crisis

In response to historical and worsening health inequities, the City of Milwaukee Health Department *(MHD) joined the City of Milwaukee Common Council in declaring racism as a public health crisis in 2019. The full resolution (File #190098) can be found [here](#). Former Commissioner of Health, Dr. Jeannette Kowalik, submitted a letter to the Common Council to endorse the declaration. The letter outlined MHD’s programming strategies to address health disparities among BIPOC (Black, Indigenous, and Persons of Color) residents in Milwaukee. The strategies outlined include, MKE Elevate, the Community Health Improvement Plan (CHIP). One of the priorities in the CHIP, included “Fair and Inclusive Society – End Racism.” Other strategies outlined in the letter include MHD’s creation of an internal Government Alliance on Racial Equity (GARE) workgroup. The letter also highlighted MHD’s creation of the BOMB (Birth Outcomes Made Better) Doula Program, which was created to reduce Black-White infant mortality disparities and improve maternal health outcomes.

An additional effort that marks MHD’s endorsement of the declaration, includes the establishment of MHD’s first Board of Health in 2019. The board includes membership from Milwaukee residents who represent the diverse make-up of the city. Additional activities that MHD has completed, include the creation of an Anti-Racism Plan in 2020. This plan was authored by former Commissioner, Dr. Kowalik. MHD was also one of the first local health departments to collect race and ethnicity data at the beginning of the COVID-19 pandemic in 2020. Collecting race and ethnicity data highlighted the disparate impact of COVID-19 in the Black community.

Why declare racism a public health crisis?

The Network for Public Health Law states, “Treating racism as a public health crisis means recognizing that it affects entire groups of people, not just individuals, and that proposed solutions must be focused on policy and systems change rather than individual behaviors.” We acknowledge that achieving health equity requires us to confront the effects of structural racism and actively pursue racial equity. By prioritizing race, we can better understand the health conditions affecting all communities in Milwaukee.

In Milwaukee, the resolution includes a list of actions the city is committed to enacting to address racism and advance racial equity. The City of Milwaukee Equal Rights Commission was named as the overseeing body to ensure the strategies outlined in the resolution are implemented. This ensures city departments, including the health department, are held accountable for their contributions to directly address racism and its impact on the workplace and the community.

How to use this report.

This report is meant to provide a broad overview of the efforts of the City of Milwaukee Health Department since declaring racism as a public health crisis in 2019 and to create opportunities for other local health departments and government organizations to get a sense of the time and resources required to facilitate the change required for anti-racism. The following report highlights many institutional efforts made by the health department to bring about change in how MHD staff are positioned to respond to our clients and serve them with equity, dignity, and respect. Many of the

activities outlined in the next several pages are meant to acknowledge, reduce, address, and counteract the harms and injustices experienced by communities of color that have contributed the health disparities we see today.

Being anti-racist means we are not only accountable to our community, but to our staff. We must make sure the activities we are engaged in also acknowledge their lived experiences and identities. For this reason, much of the work in this report reflects the work we have begun from within the department.

2020 Anti-Racism Plan Review

The City of Milwaukee Health Department (MHD) created a Racial Equity Initiative following the release of MHD's 2022-2027 Strategic Plan. The Racial Equity Initiative includes MHD's commitment to becoming an anti-racist organization through the implementation of comprehensive health and racial equity training and professional development opportunities to build staff competency in racial equity concepts and frameworks. The initiative also includes the establishment of an Equity Advisory Council (formerly GARE) to inform and carry out the anti-racism and equity-driven activities, as identified in [MHD's 2020 Anti-Racism Plan](#). This plan outlines anti-racism strategies under three categories: Equity and Inclusion, Diverse Workforce Demographics, and Accountability. Due to the COVID-19 pandemic and significant changes in department leadership and staffing, intentional efforts to address racial equity have been fragmented, but not abandoned. This report outlines a breakdown of the three strategies and activities we have achieved in alignment with the MHD 2020 Anti-Racism Plan.

Table 1: MHD's 2020 Anti-Racism Plan – Activities, Actions, and Status

Equity and Inclusion		
Activities	Action(s)	Status
<p>A statement documenting departmental commitment to advancing and achieving racial equity, including:</p> <ul style="list-style-type: none"> • Roles and responsibilities at all levels of the department • Processes used to collect data and measure success 	<p>Statement of Commitment to Anti-Racism</p> <p>MHD has drafted a statement of our commitment to racial equity. The draft statement will be reviewed by the Equity Advisory Committee to later be shared publicly.</p> <p><i>The City of Milwaukee Health Department (MHD) recognizes that racism is pervasive in our society and that no segment of our nation is exempt, including the health department. We acknowledge employees at MHD, especially those who are Black, Indigenous, and Persons of Color (BIPOC), have experienced and have been hurt by marginalization, silencing, tokenism, erasure, and other damaging practices. We recognize that we have not adequately confronted inequities stemming from racism and its intersection with other social identities. We unconditionally reject racism in all forms and embrace the institutional change necessary to dismantle systems that perpetuate injustice and inequity.</i></p>	Planning

	<p><i>Knowing that words are powerful when coupled with action, we will be open, transparent, and accountable in the health department's anti-racism initiatives. We will listen and learn from each other and work to hear and amplify the voices of those who have been marginalized, and we will use every opportunity to create lasting change in alignment with these objectives.</i></p> <p><i>MHD affirms its commitment to recognizing, addressing, and eradicating all forms of racism and oppression. We commit to engaging community members and partners both within and outside of the health department in an effort to advance collaborative service that combats oppression and bias. MHD seeks to empower employees, clients, and our community partners toward the goal of ending racial and ethnic discrimination.</i></p> <p>Adapted from the University of Redlands Anti-Racist Statement (Nov. 2020)</p>	
A commitment to engaging key community stakeholders and using their feedback to set departmental priorities and goals.	<p>Strategic Plan In 2022, MHD worked with Genesis Health Consulting, LLC. to plan, develop, and implement a 5-year strategic plan. The strategic plan uses an anti-racist lens and focuses on four pillars: Culture, Management, People, and Strategy. The plan outlines MHD's strategy to become an anti-racist organization. This process including hearing from MHD staff and multiple key informants and partners across Milwaukee.</p> <p>MKE Elevate MHD also updated MKE Elevate, the department's 5-year Community Health Improvement Plan. MKE Elevate was informed by survey data collected from community members across Milwaukee. The CHIP process includes ongoing engagement with community members to ensure equitable implementation of the plan, priorities, and strategies identified to improve health for all Milwaukeeans.</p>	<p>Implementation</p> <p>Implementation</p>

	Additionally, MKE Elevate's overarching priority: Racism and Health Equity works to dismantle systems of oppression and address the root causes behind structures and systems that have contributed to the disproportionate burden of disease and death in Milwaukee.	
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	Diversity, Equity, Inclusion, and Belonging Interview Questions MHD Human Resources includes interview questions in all candidate interviews that capture candidate feedback regarding their role in fighting against white supremacy in health and health care. Questions have also included how candidates see themselves contributing to an anti-racist organization in their respective MHD role.	Implementation
Diverse Workforce Demographics		
Current workforce and annual reports on new hires, promotions, and separations	Human Resources Quarterly Reporting MHD Human Resources provides quarterly reports to the MHD executive team on new hires, promotions, separations, and reinstatements. The HR team also conducts exit interviews to collect data and trends regarding why staff leave. MHD also participates in the PHWINS national survey to understand workforce trends better to create initiatives to advance recruitment, hiring, and retention.	Implementation
	City of Milwaukee Office of Equity and Inclusion – Workforce Demographics The City of Milwaukee's Office of Equity and Inclusion maintains an interactive Workforce Demographic ArcGIS dashboard which reports workforce demographics including race/ethnicity, gender, generation, and job category by department. <i>Additional data is reported in Appendix B.</i>	Planning/ Implementation
Departmental efforts to increase staff diversity and recruitment and retention efforts	Some steps Human Resources are taking to improve staff diversity and recruitment,	

	<p>and retention efforts include the following:</p> <p>Community Engagement: Active participation in job fairs.</p> <p>Involvement with internal Employee Resource Groups (ERGs), including the HIVE LGBTGIA+ ERG and Black African American ERG.</p> <p>Partnerships: Collaborating with Milwaukee Public Schools to launch a Community Health Worker Intern Program, fostering local talent and community support.</p> <p>Collaboration with Workforce Development to build an employee engagement committee.</p> <p>Strategic Planning: Developing a strategic recruitment plan aimed for implementation in 2025, focusing on enhancing workforce diversity and effectiveness.</p>	<p>Implementation</p> <p>Planning</p> <p>Planning</p>
Departmental efforts to advance diversity in managerial and leadership roles	<p>Promotional Opportunities MHD Human Resources has been working with executives and managers to identify internal promotional opportunities for MHD employees. For example, in the Policy, Innovation, and Equity Branch, two vacant positions were re-classified as senior-level roles with increased responsibility and mentorship/coaching duties to allow internal staff the opportunity to work toward greater leadership.</p>	Implementation
Department efforts related to orientation and onboarding with a focus on racial equity and inclusion	<p>Diversity, Equity, Inclusion, and Belonging Employee Onboarding MHD Human Resources implements a mandatory onboarding for all new staff. Onboarding includes an overview of key initiatives and priorities, including the</p>	Implementation

	Racial Equity Initiative. During onboarding, staff are required to review a copy of the department's Anti-Racism Policy.	
Managerial efforts and practices that support and expect work environments that are equitable, inclusive, and fair	<p>Anti-Racism Policy</p> <p>In September of 2023, MHD implemented an Anti-Racism Policy. This anti-racism policy is intended to create organizational accountability around racism, anti-racism, and DEIB (diversity, equity, inclusion, and belonging) in the workplace and in our work; to create guidelines around what the MHD will and won't tolerate; to clarify the reporting process for racist conduct; and to foster an anti-racist workplace that improves our workplace culture, makes it safer for BIPOC individuals, and ensures the dignity of each member of our staff.</p> <p>Instead of the policy being focused on whether a protected class is targeted, it is focused on racist behavior and structures of racism. It targets behavior against someone for their race or perceived racial background, behavior, language, and actions that are racist in nature. This policy reflects MHD's commitment to fostering an environment that prohibits and addresses racist structures, behavior and conduct. MHD will address and dismantle racism in a variety of ways, including those listed in the policy. <i>See policy in Appendix H.</i></p> <p>Caring Conversations</p> <p>In September of 2023, MHD began offering Caring Conversations, a curriculum- and discussion-based training series for MHD staff. In this series, staff learn to develop a deeper understanding of what equity work means, get to know MHD's Equity Champions, and acquire strategies for implementing equity in their work. Caring Conversations is a model created by Nurturing Diversity Partners.</p>	<p>Implementation</p> <p>Implementation</p>

Accountability		
Departmental framework for establishing policy and decision-making through an equity lens	<p>Equity in Planning Programs, Policies, and Processes Policy</p> <p>The health department developed an Equity in Planning Programs, Policies, and Processes Policy in September 2024. The purpose of the policy is to ensure that all organizational programs, policies, and processes are designed, implemented, and evaluated with a commitment to fairness, inclusivity, and equal opportunity. This policy aims to identify and address systemic inequities, promote diverse and inclusive environments, and provide equitable access to resources and opportunities for all individuals. By embedding equity into the planning and decision-making stages, this policy seeks to enhance outcomes, foster accountability, and build trust with the communities we serve, ultimately contributing to a more just and effective organization. <i>See policy in Appendix I.</i></p>	Planning
Initiatives and strategies to provide culturally responsive service delivery	<p>Language Line</p> <p>The health department often utilizes Language Line services to support clients in our 3 clinic settings, at community events like the annual Back to School Health Fair, and when they call our hotline during and after business hours for pertinent public health information. The Language Line is one way in which our department is able to effectively communicate with Milwaukee residents to meet their needs using linguistically appropriate services.</p>	Implementation
	<p>In-Person Translation Services</p> <p>The health department utilizes services like RAGIR Consulting, to provide in-person translation services when interfacing with non-English speakers. This is a high value need for our home visiting teams and health centers with high client volumes of</p>	Implementation

	<p>Spanish, Karen, Rohingya, and other clients who speak non-English languages.</p> <p>Translation Services – City of Milwaukee Clerk’s Office</p> <p>The Marketing and Communications team at the health department often utilizes the Clerk’s Office for language translation services of program materials, reports, and important documents. This service is more inclusive and allows us to reach a broader audience of Milwaukee residents across the city.</p>	Implementation
Departmental metrics to track disparate racial impact in resident service utilization and allocation of resources	<p>Community Health Assessment – Data from the department’s assessment are used not only by the team but also by external partners to focus their efforts on dismantling systemic barriers. The department relies on a variety of sources for continued tracking. Those include:</p> <p>Big Cities Health Coalition</p> <p>Health Compass Milwaukee</p>	Implementation
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	<p>Equity in Planning Programs, Policies, and Processes Policy</p> <p>The health department developed an Equity in Planning Programs, Policies, and Processes Policy in September 2024. The purpose of the policy is to ensure that all organizational programs, policies, and processes are designed, implemented, and evaluated with a commitment to fairness, inclusivity, and equal opportunity. This policy aims to identify and address systemic inequities, promote diverse and inclusive environments, and provide equitable access to resources and opportunities for all individuals. By embedding equity into the planning and decision-making stages, this policy seeks to enhance outcomes, foster accountability, and build trust with the communities we serve, ultimately</p>	Planning

	contributing to a more just and effective organization. <i>See policy in Appendix I.</i>	
Strategies and opportunities for engaging community stakeholders on a regular basis and for allowing on-going and continuous community feedback	Board of Health The City of Milwaukee established a Board of Health in 2019, which is comprised of diverse community members and leaders from across Milwaukee. The Board of Health provides advisory oversight of the health department and provides feedback on key initiatives.	Implementation
	MKE Elevate MHD also updated MKE Elevate, the department's 5-year Community Health Improvement Plan. MKE Elevate was informed by survey data collected from community members across Milwaukee. The CHIP process includes ongoing engagement with community members to ensure equitable implementation of the plan, priorities, and strategies identified to improve health for all Milwaukeeans.	Implementation
	Community Health Assessment The health department has engaged in community data collection in partnership with the Milwaukee Health Care Partnership for Milwaukee-based health systems' Community Health Needs Assessment process. This process includes the dissemination of a comprehensive health needs survey to community members from across Milwaukee County. The health department uses Milwaukee-specific data to update the Community Health Assessment (CHA), now every three years to meet DHS Chapter 140 mandates. This data is used to determine health needs and priorities in Milwaukee and also informs MKE Elevate, the health department and the community's Community Health Improvement Plan (CHIP).	Implementation

Efforts to incorporate equity goals in budget preparation and allocation	Priority-Based Budgeting The health department developed a Priority-Based Budgeting process in 2022. This process includes collaboration among key leadership staff to review programs, service delivery, and statutory requirement for strategic alignment with many criteria including Public Health 3.0 and equity.	Implementation
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Our Commitment to Racial Equity – A timeline

The City of Milwaukee Health Department has engaged in several additional activities that go beyond the scope of those outlined in the MHD 2020 Anti-Racism Plan. The next several pages of this document include a timeline of significant equity-driven actions and activities the health department has implemented to uphold our commitment to becoming an anti-racist organization.

Throughout our equity journey, we came across the Government Alliance on Race and Ethnicity's (GARE) Framework, which is an organizational change model for achieving racial equity in government. While our process has not been linear, this is a framework we frequently revisit to guide our work, often finding many of our activities fall under one of the 4 key components described below. To learn more about the GARE Approach, visit <https://www.racialequityalliance.org/who-we-are/our-approach>.



1. Visualize
 - a. Create a shared vision of a racially equitable democracy
2. Normalize
 - a. Utilize a racial equity framework
 - b. Prioritize Racial Equity and Act with Urgency
3. Organize
 - a. Partner with Institutions and Communities
4. Operationalize
 - a. Implement Racial Equity Tools
 - b. Be data-driven

2019:

Declaration of Racism as a Public Health Crisis

Racism within institutions and society influences how opportunities for health and wellbeing are distributed (National Collaborating Centre for Determinants of Health).

In July 2019, the City of Milwaukee Common Council declared racism a public health crisis.

Health Commissioner Kowalik submitted a letter (*see Appendix A*) to the Common Council offering support for the resolution and outlining the work MHD is doing to dismantle racism and the impacts of racism on health.

- MKE Elevate (Community Health Improvement Plan (CHIP)) – Community informed CHIP created, which highlights the top public health issues facing Milwaukeeans. This iteration of the CHIP identified Inclusive & Fair Society – Eliminate Racism as one of its priorities.
- Government Alliance for Racial Equity – The Milwaukee Health Department Government Alliance on Race and Equity (GARE) group was established in the summer of 2019. The GARE group convenes a cohort of individuals in local government to make a commitment to achieving racial equity, focus on the power and influence of the institution, and work in partnership with others to move racial equity forward and advance opportunities for all.
 - The goals of MHD GARE are to:
 - Set specific targets and strategies to advance race equity
 - Introduce clear and consistent equity standards in work environments
 - Eliminate racial inequities in our communities and develop a “collective impact” approach firmly grounded in inclusion and equity
- MHD launch of Birth Outcomes Made Better (BOMB) Doula Program to reduce black-white infant mortality disparity and improve maternal health outcomes.

Health department staff serve on the Racial Equity & Inclusion (REI) Leadership Committee, a City-wide committee that focuses on racial equity and inclusion initiatives from across the city. The purpose of this group is to collaborate, provide updates regarding work being done to promote racial equity, share best practice, and provide support.

Established Board of Health

In 2019, the City of Milwaukee reestablished its Board of Health. The diverse 9-member board is responsible for advising the department on priorities, taking public stances on public health policy issues, and being champions for public health in Milwaukee.

2020:

2020 Anti-Racism Plan published

The 2020 Anti-Racism Plan identified steps MHD could/should take to become an anti-racist organization. We report our progress on page 6 of this report.

COVID-19 Race & Ethnicity Data

MHD was among the first to nationally collect and report COVID-19 race and ethnicity data and illustrate the glaring disparities impacting Black and Latinx communities in Milwaukee (American Medical Association, COVID-19 health equity initiatives: Milwaukee Health Department, <https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-initiatives-milwaukee-health-department>).

Health Equity Survey

The City of Milwaukee Health Department (MHD) Government Alliance on Racial Equity (GARE) group adapted the BARHII (Bay Area Regional Health Inequities Initiative) Staff Health Equity Survey in order to 1) learn from staff experience dealing with inequities; 2) hear what concepts interest staff so that MHD can develop trainings tailored to staff needs; and 3) use staff knowledge and experiences to better gauge how MHD can integrate the concept of health equity into daily work to deliver the best services to the residents of Milwaukee. By identifying strengths and areas for improvement in these areas, the MHD can better assess overall capacity for addressing the root causes of health inequities from the perspectives of staff.

2021:

CDC Disparities Grant

The City of Milwaukee Health Department (MHD) received a \$7.6 million grant: National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The purpose of this grant is to expand COVID-19 outreach in historically underserved communities of Milwaukee. Recognizing that communities themselves possess the best approaches, practices, and language to suit their communities, MHD invested funding to community-based organizations including the Milwaukee Consortium for Hmong Health and Unite WI. These organizations train and deploy Community Health Workers to meet the needs of historically underserved populations across Milwaukee. The grant has also allowed MHD to respond to emerging issues like indoor air quality. Funding has been provided to shelters serving the housing-insecure individuals in Milwaukee to make HVAC improvements to mitigate the risk of spread of COVID-19 and other respiratory illnesses.

COVID-19 Vaccination Social Security Number Requirement

Early in the pandemic, the City of Milwaukee Health Department (MHD) required individuals to provide social security numbers in order to receive vaccine at the Wisconsin Center (now the Baird Center). Recognizing the service inequity this practice created, MHD leadership halted the requirement for receiving the COVID-19 vaccination which disproportionately affected immigrant communities.

Brave Space Dialogue

The City of Milwaukee Health Department (MHD) introduced Brave Space dialogue sessions for encouraging an internal department-wide discussion on issues of race and racism (internal, local, regional, national, and global). These discussions were facilitated by Office of Violence Prevention (now the Office of Community Wellness and Safety) staff with training and skills in trauma informed care and counseling.

COVID-19 Door-to-Door Testing & Vaccination

In an effort to increase vaccine uptake, the City of Milwaukee Health Department's (MHD) Emergency Preparedness Division joined mobilizers from across the city in a door-to-door vaccination campaign to reach underserved communities disproportionately impacted by COVID-19.

Lead Program

The City of Milwaukee Health Department (MHD) has persisted in correcting problems within the City's Lead Program, which disproportionately impacted children who live in poor housing stock in predominately black and brown neighborhoods. MHD is now the highest rated lead program in the country by the Department of Housing and Urban Development (HUD). MHD has also divested 21 million dollars to community partner organizations through American Rescue Plan Act (ARPA) funding.

Racial Equity and Inclusion Committee – Unlearning Racism for Leadership

Leadership at the City of Milwaukee Health Department (MHD) serve on the City's Racial Equity and Inclusion Committee. Through this membership, multiple members of leadership were able to participate in Unlearning Racism facilitated by the YWCA.

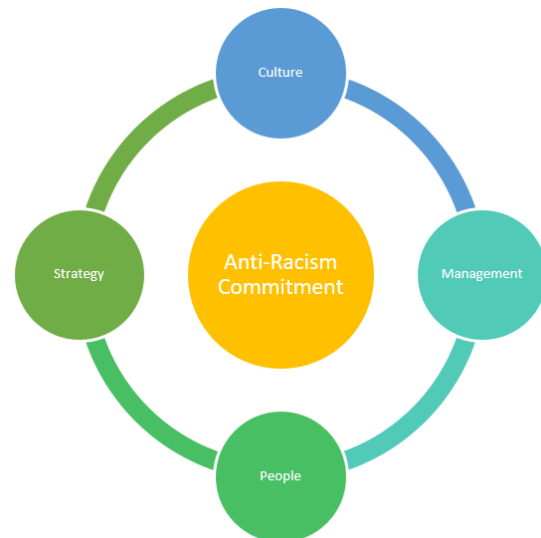
Unlearning Racism: Tools for Action®, our six-part, 24-hour education series, gives participants the opportunity to learn about the impact, history and manifestations of racism and whiteness, and addressing racism in one's own life. You are invited to make a personal commitment to the emotional and heart work needed to address racism. This course discusses racism personally, institutionally and structurally. You will be challenged and, at times, uncomfortable. If willing, you can begin building a

community of antiracist colleagues. Course design includes time to listen, reflect, journal, and connect with other participants in two-way listening pairs, small group breakouts and the full group. Come with an open mind to deepen your understanding, or to build a network for systems change, or to simply foster community based on antiracist principles ([YWCA](#), 2023).

2022:

2022-2027 Strategic Plan published

The City of Milwaukee Health Department's (MHD) 2022 Strategic Plan was released in August 2022. Under the leadership of former Commissioner of Health Kirsten Johnson, the strategic plan intentionally uses an anti-racist framework. The first goal of the plan is focused on anti-racism competency building for staff. This work starts with developing a shared language and offering a comprehensive and immersive diversity, equity, inclusion, and belonging training for all staff. Other activities included in the Strategic Plan include recruitment and retention of a diverse and inclusive workforce, development of a racial equity assessment tool to inform program, policy, and fiscal decisions, reviewing MHD's mission, vision, and values to foster development of an inclusive and anti-racist culture, and collecting and reporting data disaggregated by race, ethnicity, income, gender, neighborhood, etc.



MHD Strategic Initiatives, 2022-2025

- The health department has made intentional efforts to identify and contract with minority- and woman-owned businesses. Examples of this include working with [Genesis Health Consulting](#), a woman owned and operated consulting agency that created MHD's 5-year Strategic Plan. Other examples include MHD's work with [Unite WI](#), a woman- and minority-owned business, and the [Milwaukee Consortium for Hmong Health](#), another woman- and minority-owned business. These agencies received funding from MHD to recruit, train, and deploy Community Health Workers to expand COVID-19 outreach in underserved communities in Milwaukee, including providing education and resources on COVID-19, testing and vaccination.

Racial Equity Initiative

The City of Milwaukee Health Department (MHD) created a Racial Equity Initiative in response to the release of the 2022-2027 Strategic Plan. Using the 2020 Anti-Racism Plan, the Racial Equity Initiative includes MHD's commitment to becoming an anti-racist organization and outlines the steps MHD will take to do so, including building staff competency in racial equity concepts through comprehensive and robust training and professional development, establishing an Equity Champions group of staff to facilitate ongoing training. Finally, the initiative would establish an Equity Advisory Committee to inform and carry out activities and build anti-racism into MHD policies, practices, funding, and decision-making.

2022 Survey: Staff Racial Equity & Inclusion Competency

In September 2022, City of Milwaukee Health Department (MHD) staff were surveyed to gain a better understanding of MHD staff's knowledge and understanding of racial equity and how race and racism impact staff lives, their work, and the people MHD serves. The data captured serves as a baseline from

which to track organizational progress toward building MHD competencies and advancing racial equity at MHD moving forward. The questions from the survey are adapted from GARE's Employee Survey for Local Governments, D5 Initiative's Field Survey, as well as best practices from the field.

Priority-Based Budgeting Tool

The City of Milwaukee Health Department (MHD) Leadership team developed and used a Priority-Based Budget Tool to develop 2024 and 2025 Budget requests. Priority Based budgeting is an exercise that assesses the impact of programs and activities on meeting strategic goals. It also rates alignment with organizational priorities, which for MHD explicitly include "filling equity gaps" as a rating criterion. These ratings provide a guide for MHD leadership to design and plan programs in ways that advance MHD's strategic goals, including reducing health inequities and implementing Public Health 3.0.

Nurturing Diversity Partners

In September 2022, the City of Milwaukee Health Department (MHD) launched a series of diversity, equity, and inclusion lectures and trainings in partnership with [Nurturing Diversity Partners](#) (NDP), an organization that fosters diversity, equity and inclusion within institutions and communities. NDP educates groups about the history, sociocultural dynamics, personal, and interpersonal skills, and organizational practices that build an equitable society. This training series was also opened to Board of Health members and community partners.

- September 23 & 30: MHD staff, along with community partners and board of health members, participated in Lecture 1: Racism Makes US Sick, which was offered a total of three times. This session highlighted the history of slavery, racism, segregation in Milwaukee, and how these historical practices have contributed to health inequities being experienced in black communities even to this day.
- October 7 & November 11: MHD staff, along with community partners and board of health members participated in Lecture 2: Unconscious Bias, which was offered a total of three times.

2022 Community Health Assessment (CHA) published

In 2022, the City of Milwaukee Health Department (MHD) published its Community Health Assessment – a comprehensive evaluation of Milwaukee's health status, needs, and issues based on primary and secondary data sources. This iteration of the CHA draws a connection between racism and health, including Milwaukee's history of redlining and segregation. Collectively, these factors have led to health disparities, which were only exacerbated by the COVID-19 pandemic.

CDC Public Health Infrastructure Grant

The City of Milwaukee Health Department (MHD) received a \$8.1 million grant: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems. With an emphasis on building a diverse public health workforce and aligning with the Public Health Foundational Capabilities, funding from this grant will help ensure that every U.S. community has the people, services, and systems needed to promote and protect health. The grant creates a foundation for CDC's public health infrastructure work and provides maximum flexibility so jurisdictions can address their most pressing needs.

American Rescue Plan Act (ARPA) Investments

President Biden signed ARPA into law on March 11, 2021. The act provides a total of \$1.9 trillion in economic stimulus to aid the recovery from the COVID-19 pandemic. Of the \$350 billion earmarked for state, local, tribal, and territorial governments, Wisconsin is receiving \$2.5 billion (DHS, 2023).

The City of Milwaukee Health Department (MHD) received ARPA funding to invest in services that reach some of the most vulnerable and underserved Milwaukeeans, including children and families of color. These services include expanding the lead abatement program, Office of Violence Prevention staffing and services, and COVID-19 response.

2022-2025 Civil Rights Compliance Plan

As a recipient of federal funding, the City of Milwaukee Health Department (MHD) is required to submit a Civil Rights Compliance Plan to the WI Department of Health Services every three years.

The Department of Health Services (DHS) Civil Rights Compliance (CRC) Office works with DHS contractors, grantees, subgrantees and other providers that receive federal financial assistance through DHS to ensure compliance with federal and state laws, regulations, and departmental policies and procedures prohibiting discrimination in employment and service delivery (DHS, 2023).

2023:

Deep Dive Dialogue Series

From January – August 2023, the City of Milwaukee Health Department (MHD) and Nurturing Diversity Partners launched their 6-month Deep Dives Dialogue Series (DDD) and facilitator training with a group of 26 staff who expressed interest in becoming MHD Equity Champions and/or receiving in-depth racial equity training. The DDD Series provided opportunities for smaller cohorts of staff to learn together and have productive facilitated conversations. In this advanced professional development program, staff:

- Learned from interactive educational presentations on topics such as: health equity, culture and cross-cultural communications, identity, intersectionality, tips for fostering equity, and many more!
- Developed a deeper understanding of what equity means to the ongoing vision and mission of the MHD, get to know MHD's Equity Champions, and acquire tips for implementing equity in your sphere of influence.
- Built bonds of trust and community with co-workers.

Quotes from MHD Staff Participants:

"Racism has been linked to a number of health problems in our community including high infant and maternal mortality rates, low socioeconomic statuses and mental health issues; particularly for African Americans. In order to address such issues, we must have a firm understanding of racism and its role on individual, institutional and systemic levels. It is complexly interwoven into the social determinants of health. We also need to learn how to assess our own biases and how such constructs impact our values, perspectives and interactions with others. I believe it is important to level set all those that work in the Health Department to understand the significance of racial inequities – historical and current – as racism is one of the largest drivers of health disparities in our city. I am excited to be an Equity Champion because I believe this kind of work can foster increased understanding, empathy and learned experience that is so valuable in our personal and professional growth."

"I believe by us having these conversations, with our peers, and uplines, we will come to some root causes of our biases and be able to foster forgiveness, humility, and a collaborative spirit to create safe and equitable futures for all the next generations to come. My hope is that instead of the future generations looking at a vast sea of unaddressed need, they will see a trail of reconciliation and hope for togetherness. We are better together. We are better when we can honor, celebrate and value human beings for the unique persons they are."

Equity Champions

In partnership with Nurturing Diversity Partners, several City of Milwaukee Health Department (MHD) staff were trained as MHD Equity Champions. Equity Champions participated in intensive racial equity training to learn how to lead and facilitate discussions with their peers on important topics related to racial and health equity. Similar to the former GARE (Government Alliance for Race & Equity) Group, Equity Champions support MHD's Racial Equity Initiative, which includes activities such as facilitation of Caring Conversations. *Quotes from Equity Champions can be found in Appendix E.*

Caring Conversations

In September 2023, the City of Milwaukee Health Department (MHD) launched its first-ever series of Caring Conversations, which are 1.5-hour discussion- and curriculum-based facilitated conversations on all things related to health and racial equity. Caring Conversations are facilitated internally by MHD Equity Champions and occur twice a month. Each month the topic changes. MHD staff who participate in Caring Conversations receive Healthy Rewards Points through the city. Nurturing Diversity Partners created the curriculum for the Caring Conversations series. *See more about Caring Conversations in Appendix D.*

2023 Survey: Staff Racial Equity & Inclusion Competency

The City of Milwaukee Health Department (MHD) staff were surveyed to gain a better understanding of MHD staffs' knowledge and understanding of racial equity and how race and racism impacts staff lives, their work, and the people MHD serves. The data captured serves as a baseline from which to track organizational progress toward building MHDs competencies and advancing racial equity at MHD moving forward. The questions from the survey are adapted from GARE's Employee Survey for Local Governments, D5 Initiative's Field Survey, as well as best practices from the field. MHD Data & Evaluation Coordinators are analyzing the results of the 2022 and 2023 surveys. *See data in Appendix E.*

Racial Equity & Anti-Racism Tools & Resources

The City of Milwaukee Health Department (MHD) created a list of racial equity and anti-racism tools and resources including, scholarly articles, toolkits, media, and books for MHD staff available via an internal SharePoint page.

Here are some of the professional development resources included on that page:

- National Association of County and City Health Officials (NACCHO). (n.d.). *Health equity*. Retrieved October 4, 2024, from <https://www.naccho.org/programs/public-health-infrastructure/health-equity#our-work>
- Race: Power of an Illusion. (n.d.). *Race: Power of an Illusion*. Retrieved October 4, 2024, from <https://www.racepowerofanillusion.org/>
- University of Wisconsin Population Health Institute. (n.d.). *Health equity training modules*. Retrieved October 4, 2024, from <https://uwphi.pophealth.wisc.edu/match/health-equity-training-modules/>
- Unnatural Causes. (n.d.). *Unnatural causes: Is inequality making us sick?* Retrieved October 4, 2024, from <https://unnaturalcauses.org/>

2023-2028 MKE Elevate (Community Health Improvement Plan (CHIP))

MKE Elevate, the City of Milwaukee Health Department's (MHD) Community Health Improvement Plan (CHIP) ensures broad community outreach and data collection from a diverse group of community members and leaders who are representative of the demographics of the City of Milwaukee. Data has

collected, analyzed, and shared with the community to set priorities for the 2023-2028 period. The priorities that have been identified for the 2023-2028 MKE Elevate include: Safe and Supportive Communities, Healthy Built Environment, and Maternal and Child Health. Racism and Health Equity is the overarching priority. The CHIP was published in November 2023.

Presentations

The Milwaukee Health Department has been asked to present in different spaces across the city to report out on its approach to anti-racism. MHD staff presented to:

- City of Milwaukee's Office of Equity and Inclusion
- City of Milwaukee's Equal Rights Commission
- Mayor Johnson's Cabinet
- On November 13, 2023, Deputy Commissioner Bailey Murph presented "Healing Community: An Anti-Racist Approach to Strategic Planning" at the 2023 American Public Health Association's Annual Meeting.

Equity Advisory Committee

The City of Milwaukee Health Department (MHD) created its first Equity Advisory Committee (EAC), which is charged with identifying and caring out goals and objectives related to MHD's Racial Equity Initiative. The Equity Advisory Committee includes diverse MHD staff from all levels of the department. Activities of this committee include identifying ongoing professional development for staff, reviewing internal policies and protocols using a Racial Equity and Inclusion lens, and providing advisement to the MHD leadership team. The EAC was kicked off on November 17, 2023, with special guests including MHD Commissioner of Health, Dr. Michael Totoraitis, Equal Rights Commission Commissioner, Tony Snell, Chief Equity Officer, Bernadette Karanja, and Nurturing Diversity Partners Principal Consultant, Dr. Fran Kaplan.

Anti-Racism Policy

The City of Milwaukee Health Department (MHD) drafted and implemented a department-wide anti-racism policy. This policy is intended to create organizational accountability around racism, anti-racism and DEIB (diversity, equity, inclusion, and belonging) in the workplace and in our work; to create guidelines around what the organization will and won't tolerate; to clarify the reporting process for racist conduct; and to foster an anti-racist workplace that improves our workplace culture, makes it safer BIPOC staff, and ensures the dignity of each member of our staff. The policy was implemented in September 2023. New hires are asked to review and sign the policy at orientation to ensure they are aware of the purpose of the policy and mechanism to report racist conduct. *See our policy in Appendix H.*

MHD's Anti-Racism Policy is based on the [New Hampshire Public Radio's Anti-Racism Policy](#) to address racist conduct.

Targeted Universalism Community of Practice (CoP)

In 2023, Alex Kohn, Public Health Strategist – Health Equity, joined the Seed Collaborative's first ever Targeted Universalism Community of Practice. This opportunity is designed to train people from institutions who want to take a deep dive into understanding and implementing targeted universalism (TU). TU is a systemic approach that supports the needs of the particular, while also attending to universal thriving and reminding us that we are all part of the same social fabric. The CoP is offered over 9 months, with individual coaching and access to tools and information.

Racial Justice Competencies of Public Health Professionals

Ahead of writing the City of Milwaukee Health Department's (MHD) Workforce Development Plan, staff worked with the Public Health Foundation to do an assessment of the Public Health Core Competencies as well as the Racial Justice Competencies of Public Health Professionals. Recognizing the profound importance of these competencies, it was determined that they should transcend individual roles and be integrated as organizational-wide standards. Identifying Racial Justice Competencies as core organizational competencies underscores the MHD's belief in the collective responsibility to combat racism, asserting that the commitment to racial equity is not confined to specific positions but is a fundamental duty of the entire organization. Every health department job description will include 3 organizational-wide racial justice competencies. MHD is one of the first local health departments in the nation intentionally and formally using the racial justice competencies.

REaL (Race, Ethnicity and Language) Data Policy

The City of Milwaukee Health Department (MHD) is currently in the first stages of solidifying a REaL Data Policy in collaboration with Ubuntu, a local research and evaluation organization in Milwaukee. The REaL Data Policy aims to standardize the collection, dissemination, and communication of Race, Ethnicity & Language (REaL) data within MHD. This policy seeks to enhance equitable practices and advance the organization's commitment to anti-racism. Further, this policy is designed to ensure data integrity, improve service quality, and promote staff confidence and proficiency in discussing and requesting accurate data.

Lived Experience Compensation Policy

The City of Milwaukee Health Department (MHD) is writing a Lived Experience Compensation Policy. This policy is intended for community members with lived or living experience on any given subject that an MHD staff needs input for creating a program, quality improvement, committees, MKE Elevate, etc. Individuals with lived experience, particularly those who have been directly impacted by public health issues the department addresses (such as substance use, mental health, maternal and child health, food insecurity, etc.) bring invaluable insights that can shape more effective, compassionate, community-led policies and programs. Compensating them for their time and expertise ensures their contributions are recognized and valued, promoting equity and inclusion in public health decision-making. Engaging individuals with lived experience without compensation can be seen as exploitative, particularly if their insights are being used to inform policies or programs that impact the community. A compensation policy helps to address this ethical concern by acknowledging the value of their contributions. This policy also helps MHD work toward our goal of becoming a more equitable anti-racist organization.

The Beat – The City of Milwaukee Health Department's Public Health Blog

[*The Beat*](#) is the official blog of the City of Milwaukee Health Department (MHD), dedicated to sharing stories and insights on public health efforts in the community. *The Beat* highlights key MHD initiatives, programs, and events that impact the well-being of Milwaukee residents, with a special focus on health equity. From addressing disparities in healthcare access to promoting initiatives like lead remediation and overdose prevention, *The Beat* amplifies voices, resources, and solutions that ensure every community member, regardless of background, can thrive. Its stories focus on collaborative efforts, innovative health strategies, and the policies driving change for a healthier Milwaukee.

Presentations

- Region V Training Center. Bailey Murph, Deputy Commissioner of Policy, Innovation, and Equity, Alex Kohn, Public Health Strategist – Health Equity, and Anneke Mohr, Public Health Strategist – QI, MKE Elevate, and Accreditation, presented “Health in All Policies – Examples from Practice.” This presentation included an overview of guaranteed income and MHD’s Anti-Racism Policy.
- 2024 Association of Public Health Nurses (APHN) Annual Conference. Jefflyn Brown, former Director of Nursing, now Deputy Commissioner of Clinical Services, and Kiki Lezama, Public Health Workforce Infrastructure Director, presented “It’s About Damn Time: Building the PHN Workforce Through Anti-Racism Strategies.”
- 2024 Wisconsin Public Health Association (WPHA) Annual Meeting. Bailey Murph, Deputy Commissioner of Policy, Innovation, and Equity, and Alex Kohn, Public Health Strategist – Health Equity, presented “Anti-Racism & The Socio-Ecological Model.”
- 2024 Wisconsin Public Health Association (WPHA) Health Promotions Section Guest Presentation. Bailey Murph, Deputy Commissioner of Policy, Innovation, and Equity, presented – “Public Health 3.0: An Overview with Lessons from Milwaukee.”
- Build Health Equity Collaborative (2024) Building Health Equity Webinar Series. Kirsten Lezama, Director of Public Health Workforce Infrastructure presented via a panel presentation, “Changing the Narrative around Health Equity Presentation.”
- Public Health Foundation (2024) PHF Webinar Series. Kirsten Lezama Director of Public Health Workforce Infrastructure and Lindsey O’Conner, Human Resources Director presented “Using the Core Competencies for Public Health Professionals to Support Workforce Development”

Birth Outcomes Made Better (BOMB) Doula Program (An Update)

As a compliment to the BOMB Doula Program, the Family and Community Health (FCH) Branch was awarded a 4-year grant to fund our “*Paternal Child Health: Enhancing Fatherhood Servicing to Improve Birth Outcomes*” project through the Wisconsin Department of Public Health. Fatherhood involvement in pregnancy is shown to significantly improve the health, safety and well-being of pregnant partners and their infants, but it is underwhelmingly embedded into maternal child health servicing. Data shows us that father involvement during pregnancy and maternal health have found that male/partner involvement is associated with reduced odds of maternal depression, higher likelihood of maternal access to health services, more preparedness around birth and birth complications, and better maternal nutrition (nih.gov). Research also shows that an array of child and family service providers encounter barriers in practice with fathers, including micro (biases, colorblindness), societal (devaluation of fathers’ role), and systemic (racism, mother-centrism).

This project aims to invest in innovative fatherhood doula services (“Dad Doula”) to bolster fathers/partners’ roles throughout the birthing spectrum, as well as enhance our own workforce’s capacity to work with fathers competently. Dad Doula cohorts will be implemented in 2025 and offered to any eligible father/partner in Milwaukee. Our MHD professional development training sessions will begin with our home visiting and doula program staff on the first wave, and subsequently opened up to other targeted MHD programs that interface with children and families!

The goals are for fathers/partners to have increased confidence in understanding pregnancy and parenting, co-parenting and advocacy while staff gain practical strategies to support fathers, promote healthy relationships, and build strong, connected families, navigating their own preconceived notions

and biases in the working with fathers/partners with aim to improve birth outcomes and maternal health.

Fetal Infant Mortality Review (FIMR)

The Fetal Infant Mortality Review (FIMR) is a community-based program that reviews infant and fetal deaths to identify factors that contribute to them. The goal of FIMR is to improve health services and resources for families by identifying actions that can prevent these deaths. The City of Milwaukee Health Department serves as the convener for the Milwaukee FIMR. Over the last year, MHD staff have taken steps to revamp our FIMR program. Using an anti-racist lens, the team is modernizing multiple planes of infant mortality work including using inclusive language in interviewing and screening tools and health education. MHD is building staffing capacity to support this work, including hiring Community Outreach Specialist to conduct next of kin interviews and to provides Safe Sleep education. The FIMR program will now also include a Community Action Team to develop recommendations and initiatives to prevent infant deaths.

Anti-Racist Preceptor Training

The City of Milwaukee Health Department (MHD) has created a preceptor training specially designed to equip public health professionals with the tools to support future leaders through an anti-racist lens. Participants learn how to examine their power and privilege and how it interacts with creating a safe, inclusive learning environment and engaging learning experiences. This training aims to dismantle systemic barriers and promote equity in supporting the growth of public health professionals of the future. The preceptor training will be required of staff who act as preceptors to student interns, fellows, etc.

2024 Survey: Staff Racial Equity & Inclusion Competency

The City Milwaukee Health Department (MHD) staff will be surveyed in 2024 to gain a better understanding of MHD staffs' knowledge and understanding of racial equity and how race and racism impacts staff lives, their work, and the people MHD serves. Using the version from previous years, which were adaptations of the GARE Employee Survey for Local Governments, D5 Initiative's Field Survey, and best practices, the 2024 survey will also include a section on culture and belonging to better align with the department's strategic plan goals.

Workforce Development Plan

The City of Milwaukee Health Department (MHD) will create and implement a comprehensive values-based workforce development plan in accordance with Public Health Advisory Board (PHAB) and State of Wisconsin requirements for a Level III public health agency, with prioritization on training and recruiting a diverse public health workforce. Kicking off the workforce development planning process, MHD is working with the Public Health Foundation to assess the core public health competencies, in addition to the Racial Justice Competencies for Public Health Professionals. Organizational-wide and job category specific strategies have been developed in order to support the public health workforce in their growth and development.

Scales Neighborhood Nursing

This new City of Milwaukee Health Department (MHD) program is named after Jessie Sleet Scales, the first African American public health nurse in the U.S. in 1900. Scales made lasting contributions to improving health in the Black community through her altruism, passion, and intelligence. As a trailblazer, she set a standard for culturally competent care and serving underserved populations. Her legacy of equity, compassion, and excellence in healthcare continues to inspire this program.



The Scales Neighborhood Nursing program (SNN) is centered on addressing systemic racism and reducing health disparities by providing culturally sensitive, community-focused advocacy, education, and outreach services. The program recognizes that racism is a public health crisis and aims to dismantle barriers to equitable healthcare by delivering services that are responsive to the unique needs of marginalized communities, particularly those affected by racial and socio-economic disparities.

Research tells us that it is not individual choices that drive these and other inequities, but rather, systemic barriers and social factors such as lack of access to employment, safe housing, or food. Medical and public health experts have long known that where you live, learn, work, play, and worship are critical to determining your ability to be healthy.

SNN is a community-based initiative that engages community health workers and nurses who collaborate directly with local partners, organizations, and residents in Milwaukee's neighborhoods. This team provides essential resources, education, outreach, and advocacy aimed at reducing health disparities affecting communities of color and other vulnerable populations. The SNN program offers a vital neighborhood resident-driven approach, emphasizing community engagement, preventive care, and person-centered services. By addressing the specific needs of the community, neighborhood nursing plays a pivotal role in improving health outcomes, enhancing access to care, and fostering stronger, healthier communities.

Equity in Program, Policy, and Process Planning Policy

The City of Milwaukee Health Department (MHD) developed and implemented a policy to ensure principles of equity are embedded in all that we do when planning and assessing programs, policies, and processes. The purpose of the Equity in Program, Policy, and Process Planning Policy is to ensure that all organizational programs, policies, and processes are designed, implemented, and evaluated with a commitment to fairness, inclusivity, and equal opportunity. This policy aims to identify and address systemic inequities, promote diverse and inclusive environments, and provide equitable access to resources and opportunities for all individuals. By embedding equity into the planning and decision-making stages, this policy seeks to enhance outcomes, foster accountability, and build trust with the communities we serve, ultimately contributing to a more just and effective organization. *See our policy in Appendix A.*

Statement: MHD's Commitment to Anti-Racism

The City of Milwaukee Health Department (MHD) has a draft commitment to anti-racism that will be reviewed and endorsed by the inaugural Equity Advisory Committee, which was launched on November 17, 2023. will create a written statement that reinforces the department's commitment to advancing and achieving racial equity. The statement is currently under review by the Equity Advisory Committee.

MHD Anti-Racism Statement - Draft 9/13/23

The City of Milwaukee Health Department (MHD) recognizes that racism is pervasive in our society and that no segment of our nation is exempt, including the health department. We acknowledge employees at MHD, especially those who are Black, Indigenous, and Persons of Color (BIPOC), have experienced and have been hurt by marginalization, silencing, tokenism, erasure, and other damaging practices. We recognize that we have not adequately confronted inequities stemming from racism and its intersection with other social identities. We unconditionally reject racism in all forms and embrace the institutional change necessary to dismantle systems that perpetuate injustice and inequity.

Knowing that words are powerful when coupled with action, we will be open, transparent, and accountable in the health department's anti-racism initiatives. We will listen and learn from each other and work to hear and amplify the voices of those who have been marginalized, and we will use every opportunity to create lasting change in alignment with these objectives.

MHD affirms its commitment to recognizing, addressing, and eradicating all forms of racism and oppression. We commit to engaging community members and partners both within and outside of the health department in an effort to advance collaborative service that combats oppression and bias. MHD seeks to empower employees, clients, and our community partners toward the goal of ending racial and ethnic discrimination.

Adapted from the University of Redlands [Anti-Racist Statement](#) (Nov. 2020)

Being Anti-Racist

It is essential to recognize that the fight against racism is ongoing. As the City of Milwaukee Health Department strives to become an anti-racist organization, we must value and honor the diverse cultural knowledge and wisdom that influence health. Listening to people's stories is crucial for understanding the root causes of inequities. Furthermore, embracing anti-racism opens the door to advancing equity for other marginalized populations, including people with disabilities, the LGBTQIA+ community, and those facing lower socioeconomic status.

Racial equity is not only a moral imperative but also a matter of justice in Milwaukee, where the voices of people of color must be elevated and heard. It is our responsibility to build trust with the community through transparency, open communication, and by creating inclusive environments where everyone feels welcome and valued. Health and racial equity are fundamental human rights, and we cannot allow systemic inequities to dictate how individuals access opportunities for leading healthy lives.

"To be antiracist is a radical choice in the face of history, requiring a radical reorientation of our consciousness."

- Ibram Kendi, *"How to be an Antiracist"*

Appendix A

Reports, Media, and Documents:

American Medical Association. (n.d.). *COVID-19 health equity initiatives: Milwaukee Health Department*. <https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-initiatives-milwaukee-health-department>

Associated Press. (2021, April 8). *Racism as a public health crisis: Declarations continue to grow in wake of George Floyd's death*. AP News. <https://apnews.com/article/racism-public-health-declarations-george-floyd-ferguson-michael-brown-1f98838d51117b210f89d48964ec811d>

City of Milwaukee. (2024). *Racial equity plan* (Updated Feb 2, 2024). https://city.milwaukee.gov/ImageLibrary/Groups/cityDOAdmin/OEI/Racial-Equity-Plan---City-of-Milwaukee---Updated-Feb-2-2024_8.5x11.pdf

City of Milwaukee. (n.d.). [*Letter from the Commissioner of Health_re_1900998.pdf*]. Retrieved October 1, 2024, from <https://milwaukee.legistar.com/View.ashx?M=F&ID=7228601&GUID=29A3B86A-3B89-4E84-8791-1546393322D7>

City of Milwaukee. (n.d.). [*Proposed Substitute A*]. Retrieved October 1, 2024, from <https://milwaukee.legistar.com/View.ashx?M=F&ID=7320435&GUID=5428141D-A8EA-43DF-9774-1BB9472C13ED>

City of Milwaukee Health Department. (September 18, 2023). *Anti-Racism Policy*. [Internal document]. City of Milwaukee Health Department Human Resources.

City of Milwaukee Health Department. (October 11, 2024). *Equity in Program, Policy, and Process Planning Policy*. [Internal document]. City of Milwaukee Health Department Human Resources.

Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000 Aug;90(8):1212-5. doi: 10.2105/ajph.90.8.1212. PMID: 10936998; PMCID: PMC1446334.

Kaiser Family Foundation. (n.d.). *How history has shaped racial and ethnic health disparities: A timeline of policies and events*. Retrieved October 4, 2024, from https://www.kff.org/how-history-has-shaped-racial-and-ethnic-health-disparities-a-timeline-of-policies-and-events/?utm_source=Big+Cities+Health+Coalition&utm_campaign=3e6e765225-EMAIL_CAMPAIGN_2024_01_12_02_26&utm_medium=email&utm_term=0_3e6e765225-%5BLIST_EMAIL_ID%5D&entry=1808-to-1890-medical-exploitation-of-enslaved-black-women

Milwaukee City Clerk. (2019). *Legislation detail: File number 190098*. <https://milwaukee.legistar.com/LegislationDetail.aspx?ID=3926601&GUID=5309EB39-5CC1-4E82-AB5E-C47BD94B6B69&Options=ID|Text|&Search=190098>

Milwaukee Health Department. (2020). *Anti-racism plan 2020*. City of Milwaukee. https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/Reports/MHD_AntiRacismPlan2020.pdf

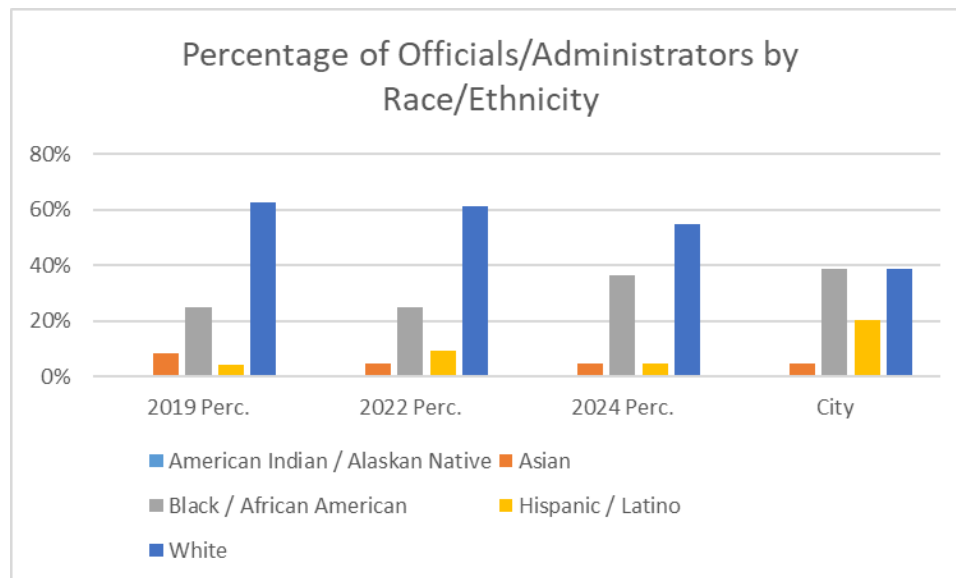
- Milwaukee Health Department. (2022). *Community health assessment*. City of Milwaukee.
https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/Reports/MHD_CHA_FINAL.pdf
- Milwaukee Health Department. (2023). *Community health improvement plan: 2023-2028*. City of Milwaukee. https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/MKE-Elevate/CHIP-Timeline-PDF/chip_report_2023-2028_English_WEB_FINAL2.pdf
- Milwaukee Health Department. (n.d.). *MKE Elevate*. City of Milwaukee. Retrieved October 2, 2024, from <https://city.milwaukee.gov/Health/MKE-Elevate>
- Milwaukee Health Department. (2022). *Strategic report*. City of Milwaukee.
https://city.milwaukee.gov/ImageLibrary/Groups/healthAuthors/ADMIN/PDFs/Reports/2.MHD_StrategicReport_2022.pdf
- National Museum of African American History and Culture. (n.d.). *Being antiracist*. Retrieved October 4, 2024, from <https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist>
- Network for Public Health Law. (n.d.). *Racism as a public health crisis*. Retrieved October 2, 2024, from <https://www.networkforphl.org/resources/topics/racism-as-a-public-health-crisis/#learn-more>
- Peters, K. (2021, October 1). *Milwaukee health department plan targets racism as a public health crisis*. Wisconsin Public Radio. <https://www.wpr.org/health/milwaukee-health-department-plan-targets-racism-public-health-crisis>
- Race: Power of an Illusion. (n.d.). *Race: Power of an Illusion*. Retrieved October 4, 2024, from <https://www.racepowerofanillusion.org/>
- Racial and Ethnic Health Disparities. (n.d.). *Racial and justice-centered medicine and public health*. Retrieved October 4, 2024, from <https://rjcmph.org/>
- Racial Equity Alliance. (n.d.). *Our approach*. Racial Equity Alliance. Retrieved October 2, 2024, from <https://www.raciaequityalliance.org/who-we-are/our-approach>
- University of Wisconsin Population Health Institute. (n.d.). *Health equity training modules*. Retrieved October 4, 2024, from <https://uwphi.pophealth.wisc.edu/match/health-equity-training-modules/>
- Unnatural Causes. (n.d.). *Unnatural causes: Is inequality making us sick?* Retrieved October 4, 2024, from <https://unnaturalcauses.org/>

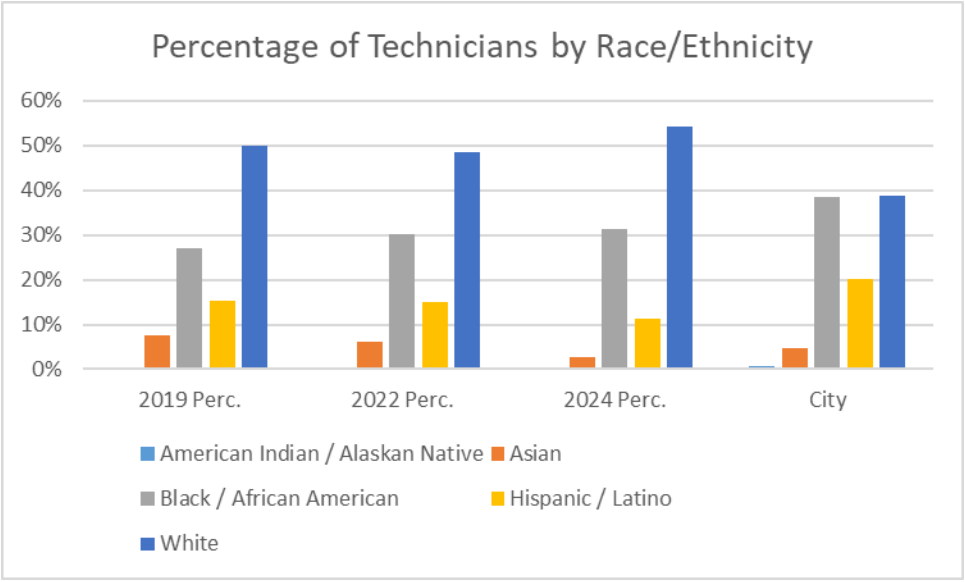
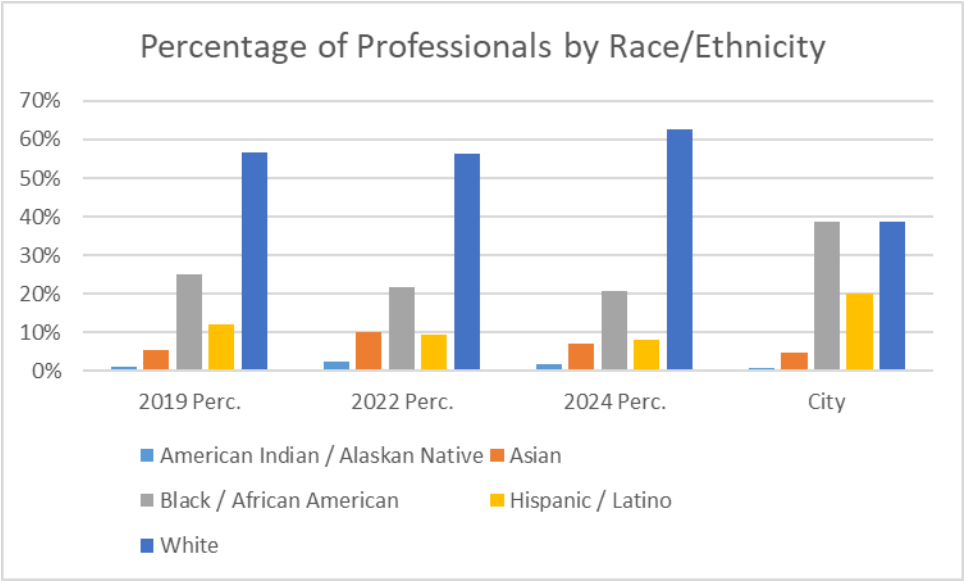
Appendix B

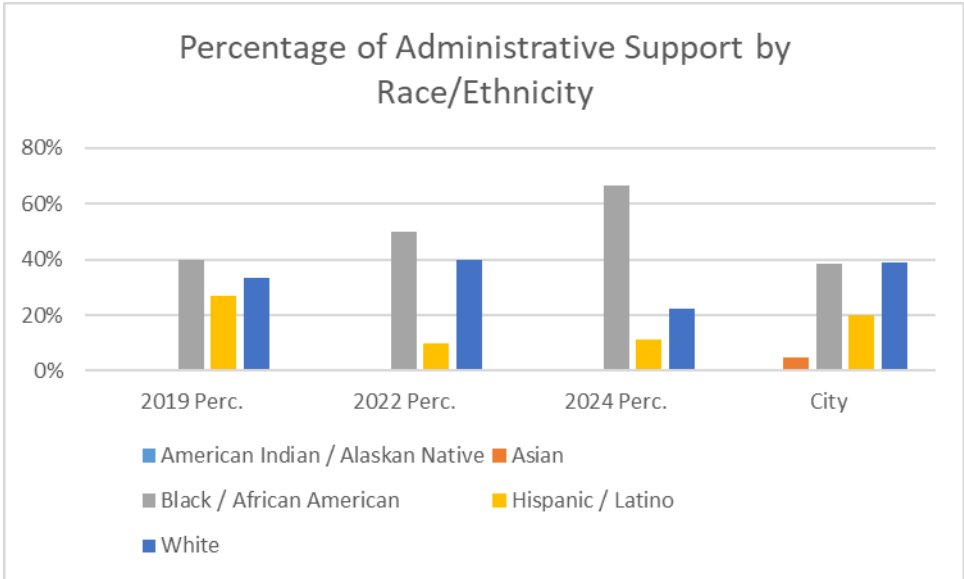
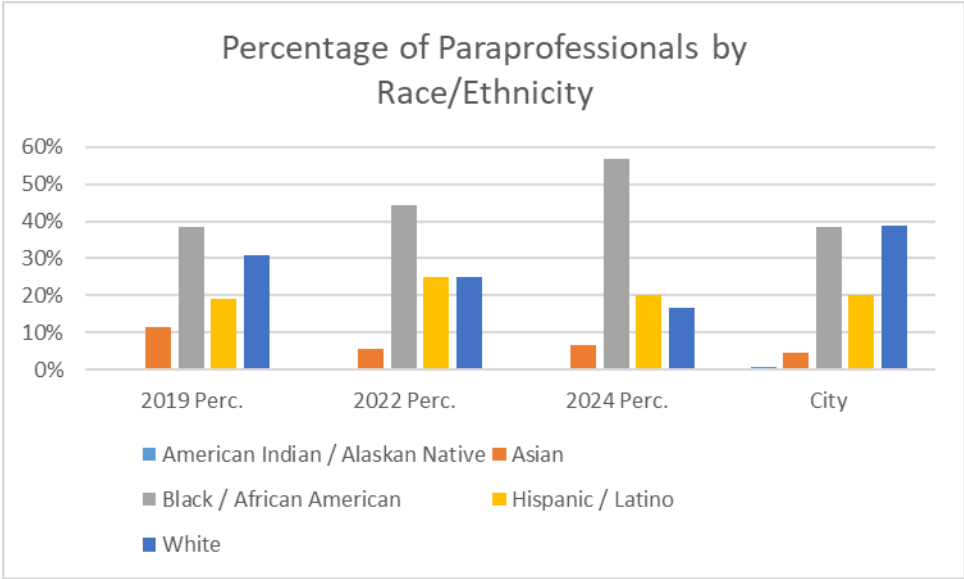
The following plots represent percentages of staff demographics from 2019 through 2024. Graphs provide a snapshot in time on the recorded percentage of race and ethnicity reported by staff. Categories are mutually exclusive. Overall, the health department has made minor improvements in having a representative workforce that represents the demographics of the city.

Professional Category	2019 Count	2019 Perc.	2022 Count	2022 Perc.	2024 Count	2024 Perc.
Officials and Administrators	24	13%	44	18%	44	18%
Professionals	92	50%	119	49%	126	52%
Technicians	26	14%	33	14%	35	14%
Paraprofessionals	26	14%	36	15%	30	12%
Administrative Support	15	8%	10	4%	9	4%

As the data shows, the percentage of MHD officials and administrators has shifted closer to a represent the city's demographics. These positions include directors, program managers, supervisors, deputy commissioner and the commissioner. There is still significant work to do however in the other job categories. *Please review sections that focus on the departmental efforts to increase staff diversity and recruitment and retention efforts for more information on the plan.*







Appendix C

Excerpt from Common Council Resolution – Racism is a public health crisis.

An excerpt from the resolution of the Common Council of the City of Milwaukee, Wisconsin (passed July 30, 2019)

Title: 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

Whereas, Milwaukee is considered one of the most racially-segregated cities in the United States; and

. . .

Whereas, The racial segregation in Milwaukee results in wide health outcome disparities among its different racial populations; . . . now, therefore, be it

Resolved, By the Common Council of the City of Milwaukee, that the City asserts that racism is a public health crisis affecting the entire society and supports all efforts to address public health disparities due to racial inequities throughout the City, and be it . . .

Further Resolved, That the City . . . commits to take actions toward achieving racial equity, including, but not limited to, implementing strategic practices to address racism in the following areas:

. . .

4. Policy and Legislative Change

- a. Advocate for and draft relevant policies that improve health outcomes in communities of color . . .
- b. Incorporate goals and language about health equity and the social and economic conditions necessary for health into the City's strategic goals and financial plans.
- c. Create and champion state and federal legislative agenda that focuses on impacting social determinants of health and undertake direct or indirect advocacy in decision making processes.
- d. Evaluate all legislation by the Common Council for impact on health equity goals.

Appendix D

Caring Conversations – An Overview

Description: Caring Conversations are facilitated discussions for MHD staff interested in learning more about health and racial equity. In this series, staff learn to develop a deeper understanding of what equity work means, get to know MHD’s Equity Champions, and acquire strategies for implementing equity in their work. Caring Conversations is a model created by Nurturing Diversity Partners.

As of September 2024, staff from all five branches of MHD have attended at least one session. MHD has had over 100 (duplicated) staff attend in one month. The lowest month of attendance was attended by 13 total participants and the topics were repeated from previous months. From January to September of 2024, 54% of MHD staff have attended at least one Caring Conversation.

Table 1: Caring Conversations Attendance from September 2023 – September 2024

	2023 (Sept. 12 – Dec. 21)	2024 (Jan. 25 – Sept. 10)
Total Attendance (duplicated)	93 staff	289 staff
% of employees who have attended at least 1 Caring Conversation	23% (n=56)	54% (n=131)
% of employees who have attended 2 or more Caring Conversations	9% (n=21)	30% (n=73)

**The City of Milwaukee Health Department employees about 240 staff.*

Table 2: Caring Conversations – Monthly Topics and Attendance

Month	Topic	# sessions	# attendees*
September 2023	Belonging – Equity at MHD	2	23
October 2023	Worries about Equity	2	23
November 2023	How We Got Here – Racism as a Public Health Crisis	2	18
December 2023	Inequities in Health & Health Care	2	29
January 2024	High Cost of Corrections	1	15
February 2024	And Now I See – Unconscious Bias	2	25
March 2024	And Now I See – Unconscious Bias <i>(Repeat)</i> High Cost of Corrections <i>(Repeat)</i>	1 1	17
April 2024	Introduction to Microaggressions	2	18
May 2024	Microaggressions Part II	2	26
June 2024	Culture	2	32
July 2024	Introduction to Microaggressions <i>(Repeat)</i>	1	13
August 2024	Allyship Introduction to Microaggressions <i>(Repeat)</i> Microaggressions Part II <i>(Repeat)</i> How We Got Here – Racism as a Public Health Crisis <i>(Repeat)</i>	2 1 2 1	129
September 2024	Media Portrayals of Allyship	1	14

**Number of attendees include duplicated counts.*

Appendix E

2024 Quotes from Equity Champions

<i>Provide a brief description of why you enjoy being an Equity Champion (why it's important, why you became an Equity Champion, what you hope to change, etc.)</i>
<i>"I like being an Equity Champion because it gives me the opportunity to learn and grow with my colleagues. Being an Equity Champion is more than being a facilitator, it means I'm helping build community and trust, which is important as we work together to create a culture of safety and inclusivity."</i>
<i>"I enjoy being an EC because I feel like I am contributing to a larger cause to build the capacity of our department staff and service quality to the community at large. I also always learn something new myself in the course of the conversations."</i>
<i>"I feel that this is such an important part of working toward becoming an anti-racist organization and am grateful for the opportunity to have these more difficult conversations in a safe, caring environment."</i>
<i>"I enjoy participating in conversations that can foster a better understanding of fairness for others."</i>
<i>"Being anti-racist is very important to me personally. The fact that I get to exercise those ideals in my work setting is an added bonus to the job."</i>
<i>"I've enjoyed being an Equity Champion because it's been an opportunity to get to know the other employees in the Department and learn from and alongside each other."</i>
<i>"I love being an Equity Champion because it gives me a chance to meet and get to know more of my fellow MHD coworkers. Learning their history and experiences has been very enlightening and hopefully, they gain something from my perspective as well. Even though I have a feeling that those who most need this experience are ones we don't see, I am hoping that the ones who do bring back a positive experience will be able to help change the overall culture to a more understanding one for all."</i>
<i>What do you enjoy most about Caring Conversations?</i>
<i>"Learning and the conversations we have."</i>
<i>"Caring Conversations are safe and supportive spaces for staff to share their diverse perspectives and lived experiences."</i>
<i>"Bringing crucial topics to the table to discuss/process/learn about that have incredible implications to how we think and interact with each other. Creating safe spaces to have hard conversations that has never been offered before. Being able to be intentional about becoming an anti-racist organization and having the CCs as a tangible tool to do so."</i>
<i>"Getting to spend time with staff outside of the context of my regular work."</i>
<i>"I enjoy participating in conversation that can have meaningful impacts towards learning about others struggles."</i>
<i>"I enjoy getting together with my fellow coworkers, dropping our titles to work together on making MHD a more equitable place. It's great to see those colleagues share the same passions that I do."</i>
<i>"Getting the opportunity to hear from employees in different areas of the Department, with different experiences, backgrounds, priorities and values. Employees who have different lives than me and than each other provide insights we wouldn't have otherwise gotten."</i>
<i>"I enjoy sharing my experiences and learning how they 'fit in' with what others have experienced. The cross-cultural and cross-generational perspectives have been very revealing as to how much has changed and yet how much remains the same and needs our attention to achieve positive change."</i>

Appendix F

Shared Language from MHD's 2022-2027 Strategic Plan

TERM	DEFINITION	SOURCE
Health	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Good health is a result of multiple factors, including social, economic and physical environments, individual behaviors, genetics, and access to systems such as education and health care. Full health potential may be understood as the highest level of health an individual may reach without limits imposed by racial, social and economic inequities.	World Health Organization, 1948
Equity	Just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.	MKE Office of Equity and Inclusion, adapted from the Equity Manifesto, PolicyLink
Health Equity	A fair, just distribution of the social resources and social opportunities needed to achieve wellbeing. An environment where everyone has a fair and just opportunity to be healthy	MHD Anti-Racism Plan 2020
Health Inequity	<ul style="list-style-type: none"> The uneven distribution of social and economic resources that impact an individual's health.¹ Health inequities are not only unnecessary and avoidable but are considered unfair and unjust. The WHO defines health inequities as "health differences, which are socially produced."² Health inequities can be experienced at the individual, interpersonal, and societal level. 	<p>World Health Organization</p> <p>¹Whitehead M, Dahlgren G. Levelling Up (Part 1): A Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health. World Health Organization. Retrieved from: http://www.euro.who.int/document/e89383.pdf. ¹²</p> <p>USDHHS, Office of Minority Health (2011).</p> <p>²Closing the gap in a generation: health equity through action on the social determinants of health. Final</p>

TERM	DEFINITION	SOURCE
		Report of the Commission on Social Determinants of Health (2008). Geneva, World Health Organization Retrieved from http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf
Racial Equity	Eliminating race-based outcome gaps so that race can no longer be used to predict life outcomes and outcomes for all groups are improved	MKE Office of Equity and Inclusion, adapted from the Equity Manifesto, PolicyLink
Racial Inequity	Outcomes gaps between people of different races based on historical or current factors or structures that benefit white people more than people of color	MKE Office of Equity and Inclusion, adapted from the Equity Manifesto, PolicyLink
Disparity	A noticeable and usually significant difference or dissimilarity	Merriam Webster
Health Disparity	A difference in health that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their: racial or ethnic group; religion; socioeconomic status; gender; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.	U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV: Advisory Committee findings and recommendations. http://www.healthypeople.gov/sites/default/fes/PhaseI_0.pdf Accessed May 10, 2018.

TERM	DEFINITION	SOURCE
Ethnicity	A social group that shares a common and distinctive culture, religion, language, history and customs.	MKE Office of Equity and Inclusion
Diversity	Physical, social, and psychological differences between people and groups, including race, ethnicity, gender, ability, sexual orientation, gender identity, national origin, tribe, socio-economic status, thinking, and communication styles.	MKE Office of Equity and Inclusion, adapted from Long Beach Equity Toolkit for City Leaders and Staff
Inclusion	Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.	MKE Office of Equity and Inclusion, adapted from Racial Equity Tools, Opensource Leadership Strategies
Race	Race is a socially constructed system of categorizing humans largely based on observable physical features (phenotypes), such as skin color, and on ancestry, to justify inequitable distribution of resources and power. There is no scientific basis for or discernible distinction between racial categories.	Adapted: https://www.aecf.org/blog/racial-justice-definitions MKE Office of Equity and Inclusion
Racism	Individual racism – bigotry or discrimination by an individual based on race Organizational/Institutional racism – policies or practices that work better for white people than for people of color, often unintentionally or inadvertently. Structural racism – A history and current reality of institutional racism across all organizations/institutions, combining to create a system that negatively impacts communities of color.	MKE Office of Equity and Inclusion, adapted
Anti-Racism	Anti-racism is the active process of identifying and eliminating racism at the individual, organizational/institutional, and cultural levels.	Adapted: Kendi, I. How to Be An Anti Racist. 2019

TERM	DEFINITION	SOURCE
	This is done by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably. Anti-racism is an approach, not an end-point, and thus provides a useful frame for an organizational change process.	MKE Anti-Racism Plan
Caucusing	Anti-racism acknowledges that our experiences do not occur in neutral context. Those who identify as racialized or Indigenous experience racism differently than those who do not. Separating into groups based on this distinction – a process called “racial caucusing”- is a strategy that allows people to talk about shared experiences. The strategy is not designed to create division but to make the whole group more effective.	MHD Anti-Racism Plan 2020
Bias	<p>Prejudice toward one group and its members relative to another group</p> <p>Explicit bias: biases that people are aware of and that operate consciously. They are expressed directly.</p> <p>Implicit bias: biases people are usually unaware of and that operate at the subconscious level. Implicit bias is usually expressed indirectly.</p>	MKE Office of Equity and Inclusion
Intersectionality	The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups. (Kimberle Crenshaw introduced the theory of intersectionality, the idea that when it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping and mutually constitutive rather than isolated and distinct.)	MKE Office of Equity and Inclusion, adapted from Merriam Webster

TERM	DEFINITION	SOURCE
Microaggression	The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.	MKE Office of Equity and Inclusion, adapted from the Racial Equity Tools Glossary; Wing Sue, D. “Microaggressions: More than Just Race.” Psychology Today, 2010.
Microaffirmation	A Microaffirmation is a small gesture of inclusion, caring or kindness. They include listening, providing comfort and support, being an ally and explicitly valuing the contributions and presence of all. It is particularly helpful for those with greater power or seniority to “model” affirming behavior.	https://edib.harvard.edu/files/dib/files/dib_glossary.pdf

Appendix G

MHD Racial Equity & Inclusion Staff Competency Survey: Levels of Agreement with Select Survey Statements in 2022 vs. 2023

Table 1: 2022 & 2023 Survey Years

Survey Statement	Percent Change in Agreement
<i>I have at least a basic understanding of concepts related to racial equity.</i>	↑ 2.8%
<i>I have the tools to address institutional racism in my workplace.</i>	↑ 26.1%
<i>The Milwaukee Health Department is committed to racial equity.</i>	↑ 3.7%
<i>I can articulate MHD's commitment to racial equity to external partners.</i>	↑ 2.8%

Tables 2-5: Year-to-Year Comparison of Staff Agreement (2022-2023)

"I HAVE AT LEAST A BASIC UNDERSTANDING OF CONCEPTS RELATED TO RACIAL EQUITY."

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know
<i>2022 (n=163)</i>	1.2%	2.5%	40.5%	54.0%	1.8%
<i>2023 (n=137)</i>	0.7%	1.5%	32.1%	65.0%	0.7%

Table 3

"I HAVE THE TOOLS TO ADDRESS INSTITUTIONAL RACISM IN MY WORKPLACE."

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know
<i>2022 (n=148)</i>	8.8%	28.4%	38.5%	12.2%	12.2%
<i>2023 (n=133)</i>	6.0%	18.8%	51.1%	12.8%	11.3%

Table 4

"THE MILWAUKEE HEALTH DEPARTMENT IS COMMITTED TO RACIAL EQUITY."

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know
<i>2022 (n=162)</i>	2.5%	3.7%	47.5%	38.9%	7.4%
<i>2023 (n=135)</i>	3.7%	3.7%	38.5%	51.1%	3.0%

Table 5

"I CAN ARTICULATE MHD'S COMMITMENT TO RACIAL EQUITY TO EXTERNAL PARTNERS."

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know
2022 (n=161)	1.2%	2.5%	40.5%	54.0%	1.8%
2023 (n=136)	0.7%	1.5%	32.1%	65.0%	0.7%

Anti-Racism Policy

Effective Date: September 18, 2023

Program area:

The MHD Anti-Racism Policy applies to all employees of the City of Milwaukee Health Department (MHD), including employees (including temps and hourly workers), interns, fellows, volunteers, and contracted employees.

Policy:

This policy is intended to create a workplace environment where employees feel a sense of belonging, free from all forms of racism and racist conduct.

The City of Milwaukee Health Department (MHD) is committed to creating a safe and inclusive workplace environment, where employees feel a sense of belonging. MHD established the Racial Equity Initiative in 2022 and has made a commitment to becoming an anti-racist organization, which is articulated in the 2022-2027 Strategic Plan. Part of this commitment is MHD's offering of diversity, equity, inclusion, and belonging training for staff, in addition to the establishment of Caring Conversations, interactive presentations and conversations on topics related to health and racial equity facilitated by trained MHD staff called Equity Champions.

This anti-racism policy is intended to create organizational accountability around racism, anti-racism, and DEIB (diversity, equity, inclusion, and belonging) in the workplace and in our work; to create guidelines around what the MHD will and won't tolerate; to clarify the reporting process for racist conduct; and to foster an anti-racist workplace that improves our workplace culture, makes it safer for BIPOC individuals, and ensures the dignity of each member of our staff.

Instead of the policy being focused on whether a protected class is targeted, it is focused on racist behavior and structures of racism. It targets behavior against someone for their race or perceived racial background, behavior, language, and actions that are racist in nature. This policy reflects MHD's commitment to fostering an environment that prohibits and addresses racist structures, behavior and conduct. MHD will address and dismantle racism in a variety of ways, including those listed in this policy.

Finally, MHD recognizes that the organizational commitment to preventing racist behavior is an on-going process that does not end with putting a policy in place. We outline below the procedures for reporting and enforcement.

**Note: This is a living document that may be updated and amended over time. It is intended to be effective and compassionate. Please help us fulfill this part of our promise by contacting Human Resources (HR) with your questions, comments, and concerns.*

Purpose:

The purpose of this policy is to provide a mechanism for the consistent and timely handling of racist behavior, including language and actions that are racist in nature.

Procedures:

WHAT HAPPENS WHEN A REPORT IS MADE

We have described below what happens when a report is made. Every situation is different, and not every aspect of this process will apply to all situations. For example, different people may be involved in handling an investigation if there are conflicts of interests or similar concerns.

Confirmation and initial conversations

- Once a report has been received by Human Resources (either directly, or through one of the avenues listed above), a confirming email will go out to the person making the report (if possible) noting this.

Then, someone from Human Resources will meet with the affected employee or the person making the report (as appropriate) to talk about the report.

Determination as to whether to investigate

- Human Resources will review the report and determine whether an investigation will be conducted or the report may be resolved through other means. Legal counsel may be sought depending on the situation.
- An investigation is a formal process with the goal of gathering the necessary information to make an appropriate and responsible decision about what to do in a particular circumstance.
- If no investigation is conducted initially, Human Resources will work with the managers on recommending appropriate action. For example, coaching and/or cultural competence training may be an appropriate step in a case in which someone unintentionally makes a racially insensitive comment. There is always the option of investigating at a later stage if this more informal step is unsuccessful or if additional concerns come up at a later point.

CONCLUSION AND FOLLOW-UP

The specific corrective action will consider the following factors (and may consider other factors):

- the severity and pervasiveness of the conduct.
- prior reports about the employee whose behavior is at issue.
- the information that the team is able to gather.

Some of the specific corrective or disciplinary actions that may be recommended are:

- targeted training about workplace behavior.
- counseling referral and attendance.
- a reduction or change in job responsibilities.
- revision of policies or practices.
- suspension or termination. In the case of any third parties (e.g., vendors, contractors, clients) who violate this policy, their services or appearances may be cancelled.

Regardless of whether an investigation is conducted, Human Resources will follow-up with the affected person or the person making the report (as appropriate) to determine their satisfaction with how the matter has been handled, to see how they are doing and to assess whether further intervention is appropriate.

On a regular schedule, Human Resources will update the staff on actions taken under this policy. These updates, while respecting the privacy of individuals involved, will describe incidents and responses, with the intention of increasing the staff's understanding of what the organization will or won't tolerate.

Definitions:

Unlike "harassment" or "discrimination," there is no legal definition of racism or anti-racism -- the definitions in this policy instead reflect our own internal standards at MHD. Our overall goal with these definitions is to ensure that our workplace models respect, civility and common decency, and that employees understand this policy.

We acknowledge that racism can be unconscious, implicit or unintentional, and that identifying racism as an issue does not automatically mean those involved in an act of racism are racist or that they intended to have a negative impact. As an anti-racist organization, we purposefully identify, discuss and challenge issues of equity, diversity, inclusion and racism and the effects they have on employees, the organization, internal and external stakeholders, and the greater community.

Racist conduct is often compounded by other forms of discrimination (for example, discrimination based on gender or disability), and this policy acknowledges the importance of taking the intersectionality of racism and other forms of discrimination and bias into account in programs aimed at eliminating racial discrimination, harassment and/or vilification. Our definition is set out below; use it to guide your understanding of what is considered racist behavior and what is not, as well as what it means to be anti-racist.

RACISM

Racism is a system of privilege, inequality, and oppression based on perceived categorical differences, value assigned to those differences, and rewards and punishments based on the assigned differences. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

Racism is further defined as follows:

- Racism is the unequal treatment or vilification, passive or active, intentional or not, based on the color of someone's skin or perceived racial origin.
- It may be verbal, non-verbal, written or physical, and it may overlap with Protected Class harassment or discrimination.
- Racism can include victimizing, rudely embarrassing, intimidating or threatening a person, regardless of intent and regardless of the seniority of the people involved.
- Racist behavior includes epithets, slurs, microaggressions (defined as comments or actions that subtly and often unconsciously or unintentionally express a prejudiced attitude toward a member of a marginalized group), jokes, pranks or other forms of negative stereotyping, as well as threatening, intimidating or hostile acts directed at or concerning any individual or group of people, present or not, or that of the individual's relatives, friends or associates, based on that individual's or group's race. It also includes display or circulation of written, graphic or recorded material that denigrates or shows hostility or aversion based on someone's actual or assumed race, such as derogatory posters, cartoons, drawings, e-mail, computer screen backgrounds, audio recordings, videos, graffiti or photographs.

Racism is not:

- Personality conflicts.
- Voicing opinions or views about the workplace.
- Differences in approaching work or interacting with others (e.g., preferences for fast paced group brainstorming versus individual work in solitary spaces).
- Disciplinary measures conducted in accordance with our policies.

ANTI-RACISM

In our workplace, anti-racism¹ is the work of actively opposing racism with our actions and words. Anti-racism involves consistently identifying racist behavior and the structures of racism, and then addressing and dismantling them. It is the commitment to fighting and opposing racism wherever and whenever it is found.

Responsibilities:

This policy prohibiting racist behavior applies to every person in our workplace, including employees (including temps and hourly workers), interns, fellows, volunteers, vendors and contractors or other third parties. It prohibits each of these people from engaging in racist conduct.

Conduct prohibited by this policy is unacceptable in the workplace, offline and online, and in any off-site work-related setting, such as during business trips, business meetings or business-related social events. Prohibited conduct includes conduct in any work-related setting that is targeted at people who are not employees, such as, but not limited to, guests, visitors, interns, underwriters, donors, volunteers, contractors, vendors, trustees or other third parties.

It is everyone's responsibility to notice and learn how our own actions may affect others.

¹ Antiracism is an active and conscious effort to challenge racism in any form. As an organization that is more than 75 years old, MHD recognizes the need for a fundamental shift in our views and actions. Consistent, tireless antiracism is and must always be the foundation of our DEIB work. We recognize, too, that there are other kinds of oppression that harm individuals and communities (such as ableism, sexism, and homophobia) and combating all oppression is essential to our DEI work. Source: University of Minnesota School of Public Health – [2021-2026 Strategic Plan for Antiracism](#). Retrieved: Aug 2023.

RESPONDING TO INCIDENTS OF INAPPROPRIATE BEHAVIOR

If you feel you or one or more of your colleagues have been subjected to racist conduct - or if you witness or are told (either directly or indirectly) about this kind of conduct or behavior - we urge you to speak up in the moment, or report your concerns as soon as possible. This applies to both people who are directly the target of racist conduct and to bystanders. It also applies regardless of the offender's identity or position, even if they are not an employee. While we know it can be extremely difficult to come forward, no action can be taken unless managers or Human Resources are informed about the issue.

There are multiple avenues you can take to report a racist behavior or incident, depending on what feels most comfortable for you. You can inform:

- anyone in Human Resources.
- your direct manager.
- another manager or director, or Executive team member, or the Commissioner of Health.

If you have exhausted these internal options and believe that an incident, or a policy, practice or activity is in violation of the law or this policy, you can bring concerns, complaints or questions to the Department of Employee Relations using the process outlined in the Anti-Harassment and Anti-Bullying Policy. *

**See the City of Milwaukee Department of Employee Relations – [Anti-Harassment and Anti-Bullying Policy](#).*

RESPONSIBILITIES OF MANAGERS AND HUMAN RESOURCES

Managers and Human Resources have a special responsibility as representatives of the organization to ensure that employees feel safe and to create an environment conducive to productivity and professional development. It is the responsibility of all managers to work with Human Resources in reporting and responsibly handling complaints or reports of racist behavior or incidents of racism.

Throughout the process, Human Resources and an individual's direct managers are committed to and responsible for offering support to the employee making a report as well as any others involved in an incident or an investigation. This support may take different forms depending on the employee's needs.

Human Resources has multiple responsibilities and takes a lead role in ensuring MHD is meeting its commitments to anti-racism as outlined in this document. Human Resources staff are charged with hearing employee complaints and concerns and acting on them swiftly. It is also their job to ensure that managers have the knowledge and tools to support their teams and help prevent issues and incidents from arising, and to properly address issues and incidents if they do arise.

Any manager made aware of a complaint, concern or other information relevant to an incident, policy or practice involving racism must get in touch with Human Resources immediately. If managers personally observe misconduct, they can act directly—warning the employee that the conduct is inappropriate—but must also notify Human Resources as soon as possible. This applies to incidents involving full-time and part-time staff, interns, fellows, clients, volunteers, contractors, vendors, or other third parties.

Human Resources will work with the manager making the report to determine next steps based on the nature of the incident, following the process for handling reports outlined in this policy.

It is critical that managers take all reports and concerns seriously and act promptly. Managers must also act to prevent any retaliation and to prevent misconduct from recurring. The Human Resources team will work with managers to help make sure this happens.

Managers who knowingly tolerate racist behaviors, or incidents, policies or practices that involve racism, including by not immediately consulting with or notifying Human Resources, are in violation of this policy and will be subject to progressive discipline.

References:

[City of Milwaukee Anti-Harassment and Anti-Bullying Policy](#)
[City of Milwaukee Office of Equity and Inclusion](#) Racial Equity
[City Service Commission Rules \(See Rule XIV, Section 12, v\)](#)

Approved by:

Signed 10/3/2023 _____ <i>Commissioner of Health</i> <i>Date</i> Signed 10/3/2023 _____ <i>Health Human Resources Administrator</i> <i>Date</i>	Signed 10/3/2023 _____ <i>Deputy Commissioner</i> <i>Date</i>
Original Effective Date: 9/27/2023	Review Periodicity: 24 months

Reviewed/Updated:

Date	Changes Made	Reviewed By
9/18/2023	New policy drafted	BM, LO, MT

Equity in Program, Policy, and Process Planning

Effective Date: September 24, 2024

Program area:

The MHD Equity in Program, Policy, and Process Planning Policy applies to all employees of the City of Milwaukee Health Department (MHD), including employees (including temp and hourly workers), interns, fellows, volunteers, and contracted employees.

Policy:

This policy is intended to create a culture of equity in all MHD programs, policies, and processes. Equity planning can help to address inequities that exist in current policies, programs, and processes. Equity planning can also help to create a more just and equitable future for all Milwaukee residents served by MHD.

Purpose:

The purpose of the Equity in Program, Policy, and Process Planning Policy is to ensure that all organizational programs, policies, and processes are designed, implemented, and evaluated with a commitment to fairness, inclusivity, and equal opportunity. This policy aims to identify and address systemic inequities, promote diverse and inclusive environments, and provide equitable access to resources and opportunities for all individuals. By embedding equity into the planning and decision-making stages, this policy seeks to enhance outcomes, foster accountability, and build trust with the communities we serve, ultimately contributing to a more just and effective organization.

Procedures:

Conducting an equity assessment for planning public health programs, policies, and processes involves a series of methodical steps to ensure that equity considerations are integrated into every stage of planning and implementation. Here are the key steps:

1. **Define Objectives and Scope:**
 - Clearly articulate the objectives of the equity assessment and define the scope, including the specific programs, policies, or processes to be assessed.
2. **Engage Collaborators:**
 - Identify and engage relevant collaborators, including those from marginalized or underserved communities, to gather diverse perspectives and ensure that the assessment reflects the needs and experiences of those most affected.
3. **Gather Data:**
 - Collect quantitative and qualitative data related to health outcomes, access, and disparities among different populations. This can include demographic data, health statistics, and community feedback.
4. **Identify Equity Gaps:**
 - Analyze the data to identify disparities and gaps in access, outcomes, and opportunities. Determine how current programs, policies, or processes may disproportionately impact different groups.
5. **Assess Current Practices:**
 - Evaluate existing programs, policies, and processes to understand how they address (or fail to address) equity issues. This involves reviewing practices, resource allocation, and service delivery.
6. **Consult with Experts:**

- Seek input from subject matter experts, public health professionals, and community leaders to validate findings and get recommendations for addressing identified gaps and disparities.
- 7. **Develop Equity Goals and Objectives:**
 - Based on the assessment findings, establish clear [SMARTIE goals](#) and objectives for the program, policy, or process. Ensure these goals address the identified gaps and aim to promote fairness and inclusivity.
- 8. **Create an Action Plan:**
 - Develop a detailed action plan outlining specific steps to achieve the equity goals. This should include timelines, responsible parties, and resource needs.
- 9. **Implement Changes:**
 - Put the action plan into practice, making necessary adjustments to programs, policies, and processes to better address equity concerns and promote equitable outcomes.
- 10. **Monitor and Evaluate:**
 - Continuously monitor and evaluate the effectiveness of the implemented changes. Use metrics and feedback to assess whether equity goals are being met and to identify any new or ongoing issues.
- 11. **Report and Communicate:**
 - Document and communicate the findings, actions taken, and outcomes achieved. Transparency in reporting helps build trust and demonstrates a commitment to equity.
- 12. **Refine and Adapt:**
 - Based on ongoing monitoring and evaluation, refine and adapt strategies as needed to ensure continued progress toward equity and to respond to emerging needs and challenges.

By following these steps, public health programs, policies, and processes can be designed and refined to better serve all populations, reduce health disparities, and promote equity in public health outcomes.

Creating Equitable Programs, Policies, and Processes:

MHD recommends the Fraser Health [“Community Planning Tool: Applying a Health Equity Lens to Program Planning.”](#) This tool should be implemented when making plans for new public health programs and interventions. The Community Planning Tool is designed for community agencies or groups who are designing programs or services to address an issue related to physical, mental, emotional or social health in their community. This is not meant to be a comprehensive planning tool; instead it should be used to complement your current planning processes, guiding you to consider what inequities exist in terms of the health issue and how you can use your program to create change for the people who need it most.

Assessing Impact for Existing Programs, Policies, and Procedures:

There are several external tools which may be used to conduct an equity assessment for program, policy, and process planning. At MHD, it is recommended that staff use the Assistant Secretary for Planning and Evaluation (ASPE), Office of Human Services Policy guide, [“Conducting Intensive Equity Assessments of Existing Programs, Policies, and Processes.”](#) This document is a resource to help organizations conduct intensive equity assessments.

MHD also recommends using The Network for Public Health Law’s [“Equity Assessment Framework for Public Health Laws and Policies.”](#) This framework provides a way to assess the equity implications of existing or proposed laws or policies. It can assist in identifying issues in the drafting, design, or implementation of a law or policy that could have a disproportionate impact on different population groups.

Other Health Equity Tools can be found here: Health Communications Consultants – [“Health Equity Frameworks, Strategies, and Toolkits”](#) and at ChangeLab Solutions – [“Blueprint for Changemakers.”](#)

Definitions:

Health equity: In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care” ([Robert Wood Johnson Foundation](#)).

Health disparities are preventable differences that populations experience in the burden of disease, injury, violence, or opportunities. When people have limited access to resources they need to be healthy, they are more likely to struggle with health issues (CDC).

Responsibilities:

It is everyone’s responsibility to ensure principles of equity are incorporated into program, policy, and process planning and assessment through this policy and the tools included in its pages. MHD has a responsibility to meet the unique needs of individuals who have historically been marginalized and underserved, impacting their ability to attain their optimal health.

Supervisors, Managers, Directors, Executive Team

The MHD management team is responsible for reviewing, understanding, and implementing this policy across the department, especially in the creation and assessment of programs, policies, and processes, new or old. Again, MHD staff have the responsibility to meet the unique needs of individuals in our community who have historically been marginalized and underserved, impacting their ability to attain their optimal health and safety. This policy is meant to ensure we are using the resources we have to create opportunities for our community members to live their best lives.

References:

The Network for Public Health Law – [Equity Assessment for Public Health Laws and Policies](#)
 University of Virginia, Division for Diversity, Equity, and Inclusion – [Toolkit for Equity-Minded Decisions & Policies](#)
 ChangeLab Solutions – [Equitable Enforcement to Achieve Health Equity: An introductory guide for policymakers & practitioners](#)
 FraserHealth – [Community Planning Tool: Applying a Health Equity Lens to Program Planning](#)
 Oregon Health Authority – [SMARTIE Goals Handout](#)

Approved by:

Signed 10/15/2024 <hr/> <i>Commissioner of Health</i> <i>Date</i> Signed 10/15/2024 <hr/> <i>Program Manager/Policy Owner</i> <i>Date</i>	Signed 10/15/2024 <hr/> <i>Deputy Commissioner</i> <i>Date</i>
Original Effective Date:	Review Periodicity: 24 months

Reviewed/Updated:

Date	Changes Made	Reviewed By
9/11/2024	New policy drafted	BM, LO, AK



Since 1867, the City of Milwaukee Health Department (MHD) has served the residents of the city of Milwaukee, seeking to improve and protect the health of all who live, work, and play within the city. Although most of the department's programs and interventions have changed, over 150 years later the department remains steadfast in this mission.

Vision

Living your best life, Milwaukee.

Mission

Advance the health and equity of Milwaukeeans 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.