

MHD STRATEGIC PLAN

DESIGN, IMPLEMENTATION & ONGOING MANAGEMENT

BOARD OF HEALTH | NOVEMBER 3, 2022



OUR TEAM

EXECUTIVE SPONSOR: KIRSTEN JOHNSON, COMMISSIONER

LEAD: BAILEY MURPH, DC - POLICY, INNOVATION & ENGAGEMENT

- Myra Edwards, Chief of Staff
- Ashanti Hamilton, Office of Violence Prevention Director
- Lindsey O'Conner, HR officer
- Erica Olivier, DC - Community Health
- Dr. Heather Paradis, DC - Medical Services
- Aaron Szopinski, Budget & Administration Director
- Mike Totoraitis, Data & Evaluation Director
- Emily Tau, Marketing & Communications Officer
- Tyler Weber, DC- Environmental Health
- Vacant: OEI, Chief Equity Officer
- Vacant: MHD Lab Director
- Implementation Team Leads
 - Amanda Richman, Public Health Strategist
 - Langston Verdin, Health Strategy Director

OUR CHARGE

CREATE A FIVE-YEAR STRATEGIC PLAN
TO **ADVANCE THE HEALTH** OF MILWAUKEE
THROUGH AN **ANTI-RACIST FRAMEWORK**
BY JULY 18, 2022.

WHAT IS AN ANTI-RACIST STRATEGIC PLAN?

AN APPROACH TO STRATEGIC PLANNING **GROUNDING IN THE PRINCIPLES OF ANTI-RACISM** WHERE BOTH THE PROCESS AND THE FINAL PLAN REFLECT AN ORGANIZATION'S COMMITMENT TO IDENTIFYING AND ELIMINATING RACISM.

WHAT DOES IT LOOK LIKE WHEN MHD IS AN ANTI-RACIST ORGANIZATION?

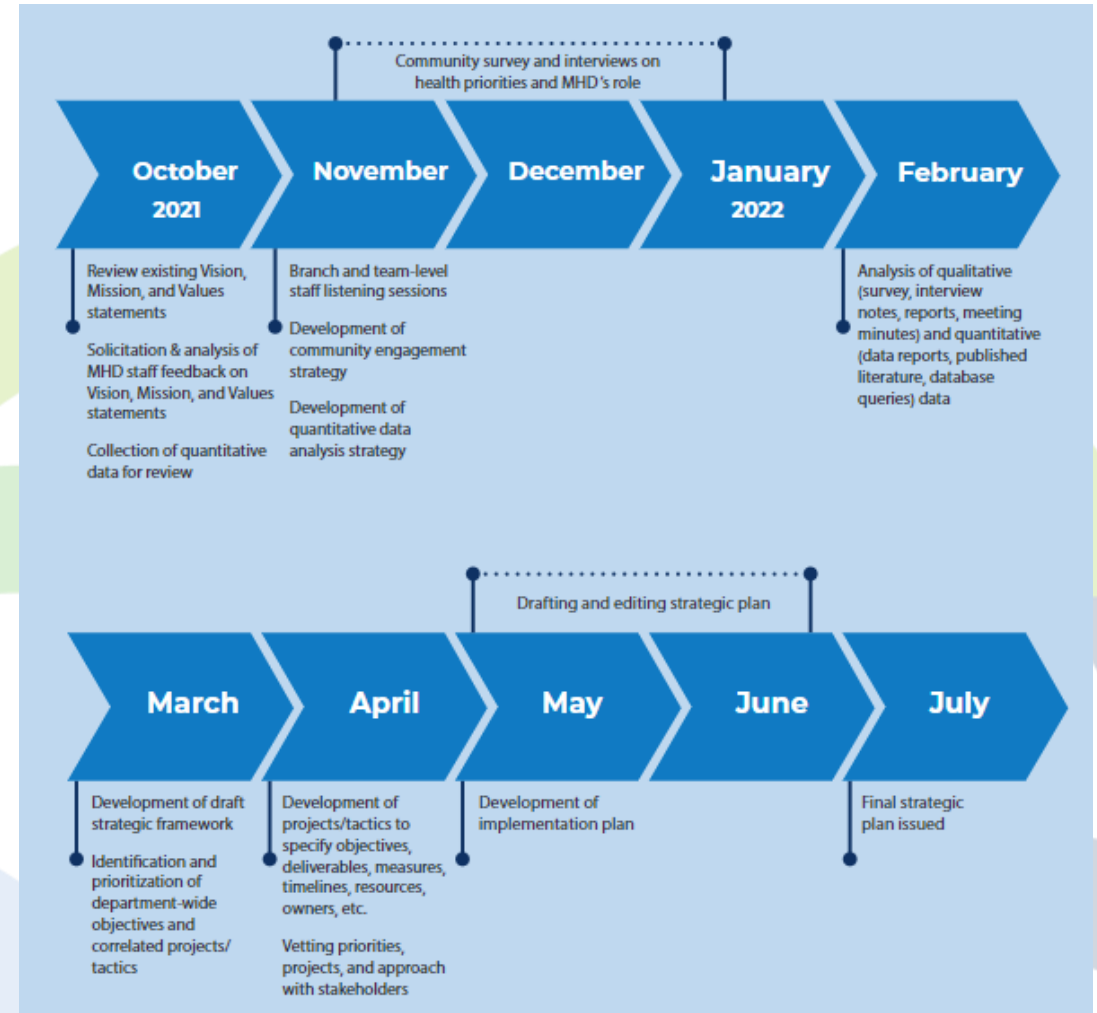
MHD **ACKNOWLEDGES** THE STRUCTURES, HISTORY AND PERSISTENT **IMPACTS OF RACISM** AND **ACTIVELY** ADDRESSES RACISM IN OUR ORGANIZATIONAL POLICIES, PRACTICES, AND CULTURE IN WAYS THAT CREATE **AN EQUITABLE WORK ENVIRONMENT** FOR OUR STAFF, IN SERVING OUR CLIENTS, AND BY ENGAGING WITH THE MILWAUKEE COMMUNITY.

HOW DID WE GET HERE?

PLANNING & PROCESS

Built a Strong Foundation

- 10+ months of hard work
- Department-wide, leader commitment
- Staff & Community input
- Many, many hours of meeting & lots of homework



HOW DID WE GET HERE?

OUR APPROACH

- Data Centered
 - Use a data-driven and participatory strategic planning process
- Staff Involved
 - Engage health department staff at all levels, and ensure transparency and communication with staff throughout the process.
- Community Informed
 - Solicit meaningful input from community residents and partners

HOW DID WE GET HERE?

DATA COLLECTION PROCESS

- Review local/national data and previously published reports
- Qualitative interviews and surveys with:
 - Community Residents
 - Community Organizations
 - MHD Staff
- Limitations:
 - COVID prevented us from conducting in-person outreach

WE DID THIS TOGETHER

STRATEGIC PLAN

2022-2027



 CITY OF MILWAUKEE
HEALTH DEPARTMENT

JULY 2022

STRATEGIC GOALS

DEPARTMENT-WIDE FOCUS

- Provide a over-arching, unifying vision
- Not specific to any one Branch
- It **will** take the Village



Strategic Goals
MHD's strategy is organized in two sequential, interdependent phases.

- **PHASE 1.** The focus of Phase 1 is **Recovery and Reset** from pre- and pandemic years to enable the department's transition to a Public Health 3.0 model. Occurring between July 2022 and June 2025, Recovery and Reset will focus on four thematic areas: culture, management, people, and strategy. Strategic planning for this phase is presented in detail, including strategic goals, tactics, measures, owners, and enablers.
- **PHASE 2.** In July 2025, MHD transitions to Phase 2 of our strategy, which is a formal transition to **Public Health 3.0** operations. The primary roadmap for this transition will be the Public Health 3.0 strategy, which is slated for development in Phase 1.

PHASE 1: RECOVERY and RESET
(July 2022 – June 2025)

Goal 1: Anti-Racism Competency Development
Improving the health of Milwaukee cannot be achieved without improving health equity, and health equity cannot be advanced unless we acknowledge and address racism in our society and in our organization. This work does not begin in this strategic plan, but it does take an important step forward with a department-wide commitment to developing anti-racist competencies. Through Goal 1, we will ensure all MHD staff have fundamental knowledge as to why MHD will become an anti-racist organization, how the department will cultivate anti-racist practices and competencies, and what is expected of all staff members to support this work.

Goal 2: Recenter Culture
MHD's culture blurred over several years of leadership turnover and crisis management. Defining our culture – whether in affirmation of long-held beliefs, or in endorsement of new expectations – is critical to the overall success of this strategy, and in the department's transition to a Public Health 3.0 model. MHD resolves to clarify our cultural norms and aspirations through Goal 2 of this strategic plan and commits to reinforce its culture through daily work.

Goal 3: Financial Alignment and Sustainability
Demand for public health resources increased significantly over the last five years, as have expectations for transparency, accountability, and sustainability in funding. In our 3rd goal, MHD endorses strategies and actions to ensure that funding pursued and accepted by MHD aligns with the goals of this strategic plan and available resources (e.g., people, data, etc.). In addition, these strategies enable MHD to efficiently sustain critical services and supports.

Goal 4: Program Evaluation & Improvement
As stewards of Milwaukee's health, it is imperative MHD understand the impact of its many programs and to share that information with the public. In Goal 4, MHD will build out its programmatic evaluation and improvement work by cultivating program-specific data assets, developing staff and data standards for evaluation, and setting department-wide expectations for performance reporting and transparency. This foundational information will help leaders understand which programs have the greatest impact, where to invest new resources, what improvement opportunities exist, and how to tell the story of MHD's work.

Goal 8: PH 3.0 Strategy
MHD is poised to transition to a Public Health 3.0 model over the five-year strategy window. Doing so requires careful examination of the implications of this transition on roles, partnerships, funding, data collection, communications, and other department functions or responsibilities, and particularly the sequencing and pace of changes to any of the above. MHD's 8th goal is to create a strategic plan specifically for the transition to a PH 3.0 model, for implementation beginning in Year 4 (July 2025).

PHASE 2: Public Health 3.0
(July 2025 – June 2027)

MHD's focus in the final two years of its strategy is to complete the transition to a Public Health 3.0 model, as directed by the strategy developed during the Recovery and Reset phase, and further embed anti-racist practices and policies in all aspects of work. The environment in which MHD leaders will advance these strategies, however, is unknown. The scenarios that may be present are also widely variable. As such, MHD leaders approached planning for the final two years of our strategic window by establishing clarity on the ultimate objective – an operational 3.0 model – and exploring possible factors that may encourage or disrupt achieving that outcome. More detail on this analysis and subsequent planning is available in the full report, accessible here.

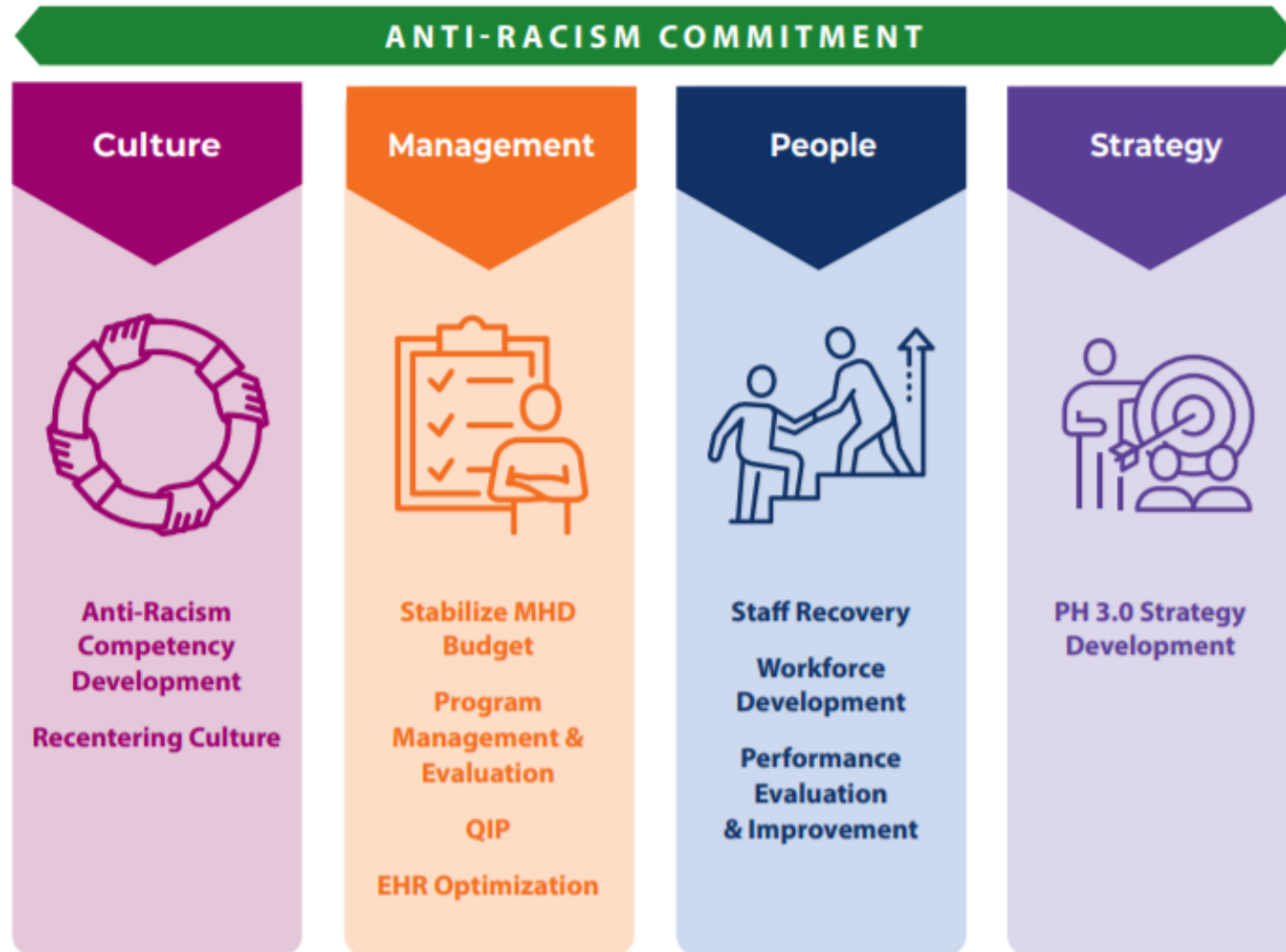
For more information on MHD's strategic vision, please read the City of Milwaukee Health Department's 2022-2027 Strategic Plan, available for online review and download at milwaukee.gov/HealthReports.

City of Milwaukee Health Department | 2022 Strategic Plan | Executive Summary 3

PHASE ONE (INTERNAL FOCUS)

YEARS 1-3: RESET & RECOVERY

- Pre- & Post Pandemic Transition
- Focus on four themes
 - Culture
 - Management
 - People
 - Strategy
- Each theme has distinct goals, tactics, measures, owners, and enablers



PHASE TWO (EXTERNAL FOCUS)

YEARS 4-5: PUBLIC HEALTH 3.0

- Focus on evolving our relationship with Community:

Primarily a
Service Provider



PHASE TWO (EXTERNAL FOCUS)

YEARS 4-5: PUBLIC HEALTH 3.0

- Focus on evolving our relationship with Community:

Primarily a
Service Provider



- Service Provider
- Strategist
- Policy maker
- Advocate
- Partner



ANTI-RACISM APPROACH

THROUGHOUT YEARS 1-5



- Commitment to restructuring and dismantling systems that create unhealthy or inequitable environments
- We will explore how **racism** influences:
 - Structures & Programs
 - Who/how we hire
 - Data & Policies
- Core to PH 3.0 ->Critically Assess:
 - Our authority & how we **share/divest** power



A CLOSER LOOK

(ONE EXAMPLE)



CITY OF MILWAUKEE
HEALTH DEPARTMENT

CULTURE

GOAL 1 - ANTI-RACISM COMPETENCY DEVELOPMENT (PAGE 12)

Improving the health of Milwaukee cannot be achieved without improving health equity, and **health equity cannot be advanced unless we acknowledge and address racism in our society and in our organization.** This work does not begin in this strategic plan, but it does take an important step forward with a **department-wide commitment to developing anti-racist competencies.** Specifically, we will ensure all MHD staff have fundamental knowledge as to why MHD will become an anti-racist organization, how the department will cultivate anti-racist practices and competencies, and what is expected of all staff members to support this work.

CULTURE

GOAL 1 - ANTI-RACISM COMPETENCY DEVELOPMENT

- Strategies:
 - 1.1 Organize and complete **anti-racism staff training** via Workforce Development grant
 - 1.2 Develop and standardize use of **racial equity assessment** tool to inform program and funding decisions; of language to guide internal and external anti-racism analysis
 - 1.3 Establish **independent anti-racism strategy advisory body** to guide ongoing training needs and programs, financial supports, and cross-government alignment
 - 1.4 Provide organizational space, time, resources, and structure to discuss and **respond to issues of racial justice** within and outside the department
 - 1.5 Build internal capacity to **facilitate ongoing antiracism training/competency building and racial caucusing**

CULTURE

GOAL 1 - ANTI-RACISM COMPETENCY DEVELOPMENT

- Measures of Success:
 - % staff completed anti-racism training series
 - Pre/post staff surveys assessing confidence in applying anti-racist practices in daily work, interactions, and communications; understanding intersectionality of racism and other social oppressions with health outcomes
 - % participation in ongoing anti-racism training/ competency building

NOW THE HARD WORK BEGINS

IMPLEMENTATION PHASE

WHAT DOES SUCCESS LOOK LIKE?

- Department-wide commitment
- Continued, strong execution
- Move strategy to actionable elements across MHD
 - Branches
 - Divisions
 - Programs
 - Individual team members

IMPLEMENTATION PHASE

IMMEDIATE NEXT STEPS

- Starting in Oct/Nov, Quarterly meetings w/ Branch leadership teams
 - Clarify/set Branch-specific goals
 - Identify metrics
 - Set baselines
 - Track progress
 - Plan QI, as needed
 - Select Branch SP Champions



PROVIDE
OVERSIGHT



SET TARGETS



MONITOR OUTCO
MES



REPORT ON
PROGRESS

TRANSPARENCY - BALANCED SCORECARD

- f

ecard

CULTURE

GOAL 1: Anti-Racism Competency Development
Improving the health of Milwaukee cannot be achieved without improving health equity, and health equity cannot be advanced unless we acknowledge and address racism in our society and in our organization. This work does not begin in this strategic plan, but it does take an important step forward with a department-wide commitment to developing anti-racist competencies. Specifically, we will ensure all MHD staff have fundamental knowledge as to why MHD will become an anti-racist organization, how the department will cultivate anti-racist practices and competencies, and what is expected of all staff members to support this work.

Ownership **Strategy**

1.1 Organize and complete anti-racism staff training via Workforce Development grant

1.2 Develop and standardize use of racial equity assessment tool to inform program and funding decisions; of language to guide internal and external anti-racism analysis

1.3 Establish independent anti-racism strategy, advisory body to guide ongoing training needs and programs, financial supports, and cross-government alignment

1.4 Provide organizational space, time, resources, and structure to discuss and respond to issues of racial justice within and outside the department

1.5 Build internal capacity to facilitate ongoing anti-racism training/competency building and racial caucusing

Measures/ Indicators/Data **Target**

% staff completed anti-racism training series 100% 20% 22%

Pre/post staff surveys assessing confidence in applying anti-racist practices in daily work, interactions, and communications; understanding intersectionality of racism and other social oppressions with health outcomes

% participation in ongoing anti-racism training/competency building 100% 30 35

Year 1 **Year 2** **Year 3** **Year 4**

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4

GOAL 2: Re-center Culture
MHD's culture blurred over several years of leadership turnover and crisis management. Defining our culture - whether in affirmation of long-held beliefs or in endorsement of new expectations - is critical to the overall success of this strategy and in the department's transition to a Public Health 3.0 model. MHD resolves to clarify our cultural norms and aspirations through Goal 2 of this strategic plan and commits to reinforce its culture through daily work.

Ownership **Strategy**

2.1 Conduct demographically disaggregated culture assessment to identify current culture strengths, weaknesses, opportunities; issue recommendations for improvements, training opportunities, tools, etc., with priority on sharing tools or practices used across city and county government

2.2 Review and update MHD vision, mission, and values statements to foster development of an anti-racist culture

2.3 Develop framework to guide ongoing culture work

Measures/ Indicators/Data **Target**

% understanding, endorsement of culture based on staff survey 100% 20% 22%

% increase YoY in staff satisfaction survey 100% 20% 38%

Integration of culture content or norms into other related work (e.g., Workforce Development, Staff Recovery, etc.)

of anti-racist practices, policies, and learning opportunities integrated into team-building activities, posters/placards 100% 20% 40%

Year 1 **Year 2** **Year 3** **Year 4**

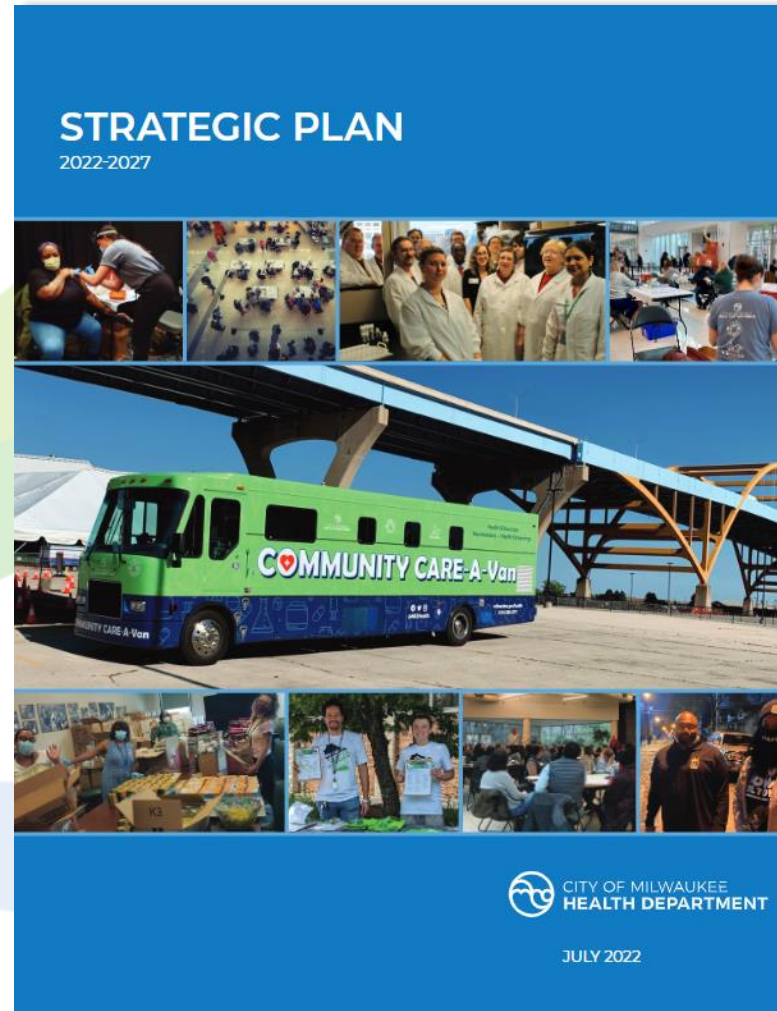
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4

DRAFT

MHD STRATEGIC PLAN 2022-2027

(& EXECUTIVE SUMMARY)

- [MHD Strategic Plan - Final Documents](#)



SP IMPLEMENTATION TEAM

CONTACT INFORMATION



Amanda Richman
Public Health Strategist
arichm@milwaukee.gov



Langston Verdin
Health Strategy Director
lverdi@milwaukee.gov

QUESTIONS?



CITY OF MILWAUKEE
HEALTH DEPARTMENT