City of Milwaukee Health Department

Planning and Policy Recommendations

As a result of the Mobilizing Action through Planning and Partnerships (MAPP) strategic planning process

July 2010

Think Health Act Now!
CITY OF MILWAUKEE HEALTH DEPARTMENT

Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health
www.milwaukee.gov/health

Dear Colleagues, Partners, and Friends,

Three years ago, the City of Milwaukee Health Department (MHD) began the Mobilizing for Action through Planning and Partnerships process (MAPP). During this period, MHD staff in conjunction with over 150 partners from business, government, academia and social services, conducted a major Community Health Evaluation, developed nine MAPP Action Teams, and produced a detailed list of potential public health policies and action steps. This policy provides a summary of the Action Team process.

Further, the completion of this policy report while a significant achievement does not represent the end of a process. Instead, we believe that this report will provide an excellent framework for collaborative action between local and state government.

Last, the policy recommendations presented in this report will serve as guidance for the MHD and the local public health system as a whole, as we work together toward achieving our goal of making Milwaukee America's Healthiest City.

Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health
City of Milwaukee Health Department

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Thank you all for your time, knowledge and contributions!

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EXECUTIVE SUMMARY

The health of our city is not an isolated phenomenon. It is interwoven with the very social, economic and environmental factors that make our city great but also pose the most significant challenges. These challenges persist despite strong efforts from public health partners. This report presents a new model for approaching public health. It tries to connect the current siloed approach with a more integrated vision of community health and well-being.

The Mobilizing Action through Planning and Partnerships (MAPP) process is designed to help assist local health departments better assess and plan for the health needs of its community. Beginning in 2007, the City of Milwaukee Health Department (MHD) began to replicate the MAPP project developed by the National Association of County and City Health Officials (NACCHO). The resulting assessment served the dual purpose of meeting the statutory requirement to conduct a health assessment every 3-5 years, and guiding the MHD's development of actions, policies and other strategies to better address the concerns identified through the MAPP process. Results of the assessment are presented in the *City of Milwaukee's 2008 Community Health Assessment*.

The current process, the Planning and Policy Phase, moves past identification of issues to present policy recommendations and plan for their implementation. This is meant to guide the long-term work of the MHD. The initial planning process involved the creation of nine Action Teams with guidance from a diverse, representative and community-driven Steering Committee. Action Teams were tasked with creating a report for action that would address the issues raised in the *2008 Community Health Assessment*. The process has identified in three overarching strategies to guide policy and action:

1. *Address health equity* to achieve equal opportunity for people to live healthy lives.
2. *Optimize technology* use to better connect communities and public health systems.
3. *Enhance and mobilize partnerships* to build on community assets and address community concerns.

Using these overarching strategies as a platform, policy recommendations were created. Each overarching strategy and its corresponding policy recommendations are the beginning of the next phase and will serve as part of the policy agenda for the MHD.

The *2008 Community Health Assessment* guided development of action and policy planning. We now propose recommendations for policies and actions to guide effective public health work. Implementation is the critical next step and will unfold in the months and years to follow. If we are to achieve our vision of Milwaukee as a model community with healthy, safe, hopeful, and empowered residents, a shift toward policy development and policy advocacy, particularly around the social determinants of health, will be necessary.

Section 1: Introduction

Milwaukee is Wisconsin's largest city and the 22nd largest city in the United States. With a population of over 604,000 people, it is the business, transportation and cultural hub of our state. It is a city rich in resources and cultural diversity. Milwaukee is also a city of contrasts. It houses many of Wisconsin's wealthiest as well as the majority of our state's poorest residents. Although Milwaukee has our state's most concentrated health resources, health disparities are the most pronounced. The current report presents a plan and policy recommendations for addressing these public health concerns, while taking into account our community assets.

MAPP Overview

Mobilizing for Action through Planning and Partnerships, or MAPP, is a community-wide strategic planning tool for improving community health. It offers a method to help communities prioritize public health issues, identify resources for addressing them, and take action. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between NACCHO (National Association of County and City Health Officials) and CDC (Center for Disease Control and Prevention).[1]

The key phases of the MAPP process include (see figure 1):

- Organizing for success and developing partnerships
- Visioning
- Conducting the four MAPP assessments
- Identifying strategic issues
- Formulating goals and strategies
- Taking action (planning, implementation, evaluation)

Figure 1: Key phases of the MAPP process

MAPP is a paradigm shift in how we think about public health planning. It is a shift from operational to strategic planning; from a focus on the agency to a focus on the community and the entire public health system; from needs assessment to an emphasis on assets and resources; from a medically or service-oriented model to a model that encompasses a broad definition of health; and from an "agency knows all" perspective to the belief that "everyone knows something."

Simply put, MAPP is a way of bringing everyone's collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community. Such a paradigm shift means that MAPP is a 'new way of doing business.'

[1] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships. http://www.naccho.org/topics/infrastructure/mapp/index.cfm. Accessed February 1, 2010.

Key Assessment Results in Milwaukee

The MAPP process began in Milwaukee in 2007. The following summarizes the work of the Steering Committee and Research Team during the Assessment Phase. Greater detail is available in the *City of Milwaukee 2008 Community Health Assessment,* available at: http://www.milwaukee.gov/MAPPCommunityHealthA23210.htm.

Vision: The Steering Committee developed a shared vision for Milwaukee public health partners. This vision informed the rest of the assessment phase and intends to inform the resulting planning, action, and evaluation. Simply stated:

"Milwaukee is a model community with healthy, safe, hopeful and empowered residents."

Four Assessments: The four MAPP Assessments provided the bulk of data that informed the generation of strategies and goals. The following pages summarize the results of the assessments: Community Strengths and Themes, Forces of Change, Local Public Health Systems, and Community Health Status.

1. Community Strengths and Themes Assessment

What It Is: This assessment intends to gather community thoughts, opinions and concerns that provide insight into the issues of greatest importance to the community. It answers the questions of:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

Method: Seventeen in-depth key informant interviews were conducted with representatives of government, health, community and other various organizations to ascertain their beliefs, perceptions and ideas around Milwaukee's top health issues and concerns. In addition, eight community focus groups and 24 community interviews were conducted in part through partnership with the University of Wisconsin – Milwaukee, College of Nursing students. Responses were compiled and analyzed for common themes.

Overall Findings: Although the interviews and focus groups were conducted across diverse communities, responses yielded many common themes. Participants identified the following health issues as top concerns:

- Access to healthcare/under- and uninsured issues
- Violence/crime /public safety
- Unemployment/job availability
- Poverty/financial stress
- Poor quality education
- Race relations/segregation
- Nutrition/obesity
- Teen pregnancy
- Equal opportunity for different races /immigration status
- Drugs and drug abuse
- Sexually Transmitted Infections

This process also identified community assets as including supportive and caring neighbors/residents, diversity, the park system and strong social services.

2. Forces of Change Assessment

What It Is: The purpose of this assessment is to identify forces – such as trends, factors or events – that are or will be influencing the health or quality of life of the community and local public health system. It also identifies specific threats and opportunities that are generated by these occurrences.

Method: To provide input to this assessment, MAPP Steering Committee members were asked to contribute their ideas to a Forces of Change document which listed trends, factors, and events under different categories as well as threats and opportunities.*

Overall Findings: The committee identified trends, factors, events, threats and opportunities related to 13 areas: Demographics, Economics, Education, Environment, Health Care, Health Status, Housing, Infrastructure, Politics, Public Health System, Social Issues, Technology, and Violence. Results are summarized in the *2008 Community Health Assessment*.

3. Local Public Health System Assessment

What It Is: This assessment focuses on the "local public health system" broadly defined by NACCHO as "all entities in a community that contribute to the delivery of public health services." This includes all public, private and voluntary entities, as well as individuals and informal associations. The assessment rates local performance related to the 10 Essential Public Health Services that should be available in every community.[2]

Method: The Steering Committee utilized a nationally recognized tool called the National Public Health Performance Standards Local Instrument, utilized by the National Public Health Performance Standards Program.[3] Committee members responded to a series of health-related questions, and the answers were entered into an on-line instrument designed by the Centers for Disease Control and Prevention (CDC) to formulate results.

Overall Findings: The following essential health services were rated as strongest for Milwaukee:

1. Diagnose & Investigate
2. Enforce Laws
3. Educate and Empower
4. Develop Policies and Plans

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* Trends are defined as patterns over time, such as population changes, increasing health care costs and poverty. Factors are discrete elements, such as a community's urban setting or proximity to a major waterway. Events are one-time occurrences, such as state budgets, the passing of new legislation, a hospital closure or a natural disaster.

[2] National Association of County and City Health Officials. Local Public Health Assessment – Overview. http://www.naccho.org/topics/infrastructure/MAPP/phase3LPHSAover.cfm. Accessed February 1, 2010.

[3] Centers for Disease Control and Prevention. National Public Health Performance Standards Program Local Public Health Performance Assessment Version 1.0. http://www.cdc.gov/od/ocphp/nphpsp/documents/Local_v_1_OMB_0920-0555.pdf. Accessed February 1, 2010.

The City of Milwaukee Health Department (MHD) excelled in addressing health problems and hazards. Highest scores were noted in the areas of laboratory support and designating a coordinator of emergency response.

The following services were scored as the weakest:

1. Evaluate Services
2. Mobilize Partnerships
3. Link to Health Services

The service identified as needing the most improvement is linking people with health services. According to the assessment, MHD has moderate activity in identifying populations, health service needs, and assessing available services.

4. Community Health Status Assessment

What It Is: The Community Health Status Assessment is a compilation of state, national and peer community data that is collected and analyzed to identify health disparities concerning age, gender, racial and population subgroups.

Method: Analysis of existing data sources and five years' worth of trend data contributed to the compilation of the Community Health Profile. The Profile was used to help identify strategic issues.

Overall Findings: This process yielded an extensive report providing a wealth of information on different health and community factors. Results are summarized in the *2008 Community Health Assessment.*

Identified Goals: After in-depth research and analysis, the results of the four assessments were condensed into a list of nine broader strategic issues. In the MAPP model, strategic issues are framed in the form of a question, and represent the fundamental policy choices or critical challenges that must be addressed in order to achieve the vision of Milwaukee as a model community with healthy, safe, hopeful, and empowered residents. The nine strategic areas were then developed into the following nine goals aimed at addressing needs and utilizing identified strengths:

1. All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely and quality healthcare.

2. All persons will live in safety and peace.

3. All persons will have opportunity to access resources that afford them the potential to be successful financially, vocationally and educationally.

4. All persons will have access to comprehensive mental health and ATODA (alcohol, tobacco and other drugs) treatment and prevention services.

5. All persons will benefit from the integration of health into built and natural environments.

6. All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual health related decisions.

7. All persons will experience improved relations between persons of all races and will have opportunities equal to one another.

8. All persons will be supported, engaged, treated with respect and have opportunities equal to one another.

9. All infants, children and teens will have the opportunity for healthy development.

Progress toward Policy Level Changes

Over 140 local health departments have completed or are currently replicating NACCHO's MAPP process. Early in the Assessment Phase, MHD identified that it was not satisfied with completing a health assessment that stopped at identifying gaps and short-term solutions. Looking to more fully integrate a long-term perspective, members of the research team (EG, PN) developed a new next step in the process. This next step looks toward developing a core set of policy recommendations to guide the actions, resources, and direction of the department and its community partners. Its underlying belief in the importance of this additional phase, the Planning and Policy Phase, is rooted in the following definition of public policy:

> "Decisions made in the legislative, executive, or judicial branches of government that are intended to direct or influence the actions, behaviors, or decisions of others."[4]

The Planning and Policy Phase was also guided by the vision and essential values (namely, **communication, accountability, evidence** and **partnerships**) developed by the MAPP Steering Committee. We further adopted the perspective that this next step should be collaborative and asset-based. Our understanding of **collaboration** was informed by work focused on academic-community partnerships, proposing that true collaboration requires trust, respect, communication and mutual understanding of assets and deficits.[5] Borrowing from the concept of **asset-based** community development, our process focused on starting "with what is present in the community, the capacities of its residents and workers, the associational and institutional base of the area--not with what is absent, or with what is problematic, or with what the community needs."[6] As described by Kretzmann and McKnight, this demands an internal focus that reflects the agenda and capacity for change held in the local community, as well as the need for meaningful relationships across the community. Lastly, we adopted MAPP's definition of the **local public health system**, broadly envisioned as including "all public, private and voluntary entities, as well as individuals and informal associations."

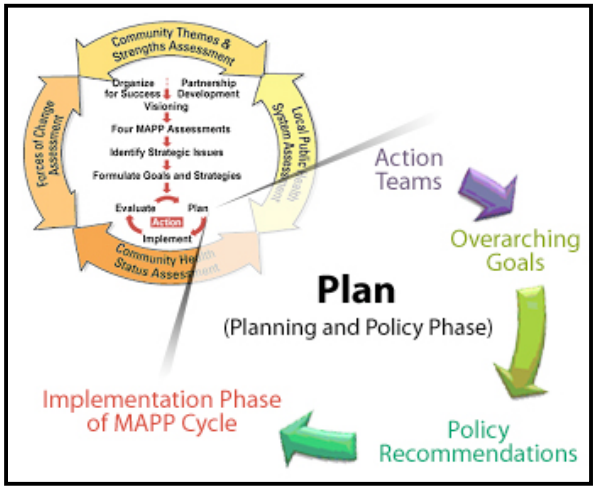

Figure 2: Planning and Policy Phase of MAPP

The remainder of this report will address the initial steps of Milwaukee's MAPP Action Phase, referred to as the Planning and Policy Phase. This work, conducted by the Steering Committee and Action Teams, will guide the MAPP process going forward. Figure 2 summarizes the modified MAPP process as envisioned by the MHD and its partners.

[4] Longest BB. *Health Policymaking in the United States*. 4th ed. Chicago, IL: Health Administration Press; 2006.
[5] Gass E. Crossing the threshold: Developing a foundation for university-community partnerships. *Research and Practice in Social Sciences*. 2008; 4(1): 1-25.
[6] Kretzmann JP, McKnight JL. Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets. Evanston, IL: Institute for Policy Research; 1993.

Section 2: Planning and Policy Phase

Identification of Nine Action Teams

To move from assessment to the action phase, the Steering Committee agreed to designate nine Action Teams, each team addressing one of the nine goals created in the *2008 Community Health Assessment* (see page 12-13). It was decided that the Action Phase would be implemented by Action Teams, separate from the Steering Committee. One or more senior managers or program managers from City of Milwaukee Health Department (MHD) were assigned to serve as a co-chair of each of the nine Action Teams, with a plan to identify a community co-chair.

It was at this point in the process, January 2009 that a leadership change occurred for the MAPP process. Kathy Blair, who oversaw the first 18 months of the project, including collecting and analyzing the data, retired after 30 years of dedicated service to the MHD. Dr. Eric Gass, the new Public Health Research and Policy Director, assumed day-to-day oversight of the project. In addition, MHD received a modest grant from the Kellogg Foundation to incorporate a policy development initiative into the Action Cycle. Funds from this grant supported the time and effort of a policy expert to assist in the development of the process. Former Commissioner of Health Paul Nannis was brought in to oversee the process.

Thus, the January 2009 Steering Committee meeting served two purposes: 1) to transfer day-to-day leadership of MAPP to Dr. Gass and 2) begin filling out the Action Team rosters to advance the next phase of the project. The Steering Committee, in conjunction with the respective Action Team co-chairs, was asked to identify 5-8 community experts for each of the nine Action Teams. After these experts were identified, the MHD co-chairs then contacted potential members and invited them to an Action Team meeting. After the participants were finalized, a community co-chair was selected by the group.

Over the course of the spring and summer of 2009, the Action Teams met routinely to identify action steps and policies that could be utilized to address the strategic questions and goals presented to each team. Each team analyzed and incorporated supporting documents such as the *2008 Community Health Assessment* and evidence-based reports provided by the Research Team. Each Action Team crafted action statements which were submitted for review in September 2009.

The Action Teams were asked to include the following elements in their reports:

- Objectives, initiatives or actions to be implemented in the community
- Intended outcomes of the objectives, initiatives, or actions
- Feedback or recommendations for implementation and policy development

The Steering Committee met twice in the fall of 2009 to review the reports for accuracy and appropriateness, ensuring that their original intent was reflected in the reports. This process was completed in November 2009.

Integration of Policy and Action

As noted, Action Teams were tasked with creating a report for action that would address the strategic questions and goals identified in the *2008 Community Health Assessment*. It was the intention of the Research Team that the Action Team reports would then be analyzed and crafted in policy recommendations reflecting synergies and differences across the nine teams.

Action Teams members were identified by the Steering Committee, and included Steering Committee members and representatives from other interested community agencies. While immersed in this stage, many Action Teams began to actively identify policies and initiatives in

addition to recommendations for action. Although provided with the same guiding materials and technical assistance, the Action Teams varied in the kinds of proposals returned to the Steering Committee for review. We believe this reflects the nature of a community-informed process. More importantly, it speaks to the need for multi-level efforts in effecting change in community health. Despite differences in structure and level of proposed actions (i.e., policy, action, or initiative), Action Team reports were presented as submitted to the Steering Committee and considered in full in subsequent Research Team analyses. Both policy recommendations and Action Team reports will guide the implementation component of the Action Phase.

Action Team Reports

The Research Team organized the Action Team reports within the framework of the Three Core Public Health Functions; Assessment, Assurance, and Policy Development. This framework was first mentioned in the *Future of Public Health*; a report published by the Institute of Medicine in 1988.[7]

The Three Core Public Health Functions are defined as:

1. **Assessment** occurs through discovering the community's strengths and threats. This is accomplished through systematic review of health indicators with public health system partners.
2. **Assurance** involves using governmental leadership and system partners to address current emerging health needs and threats. Evaluating improvement plans, actions and providing community feedback are pertinent after taking the necessary actions through utilizing direct services, regulations, and enforcement.
3. **Policy development** establishes health improvement plans and actions with public health partners. The plans and actions are employed to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.

Figure 3: Ten Essential Public Health Services

The Core Functions are further informed by the 10 Essential Public Health Services framework (see figure 3)[8], created in 1994 by a committee organized by the United States Department of Health and Human Services (DHHS) with representatives from all major public health constituencies.[9]

Action Team reports have been organized using a Core Functions framework and are presented on the following pages. See Appendix B for the full, unedited Action Team reports.

[7] The Future of the Public's Health, Institute of Medicine, 1988.
[8] United States Department of Health and Human Services. Public Health in America. http://www.health.gov/phfunctions/public.htm Accessed February 3, 2010.
[9] The Future of The Public's Health in the 21st Century, Institute of Medicine, 2002.

Action Team 1 Report

All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely, and, quality health care.

Strategic Question: How can we collaborate to improve access and utilization of quality and culturally competent health care?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

- Create and engage public/private workforce partnerships to assure adequate and competent health care within the workforce.
- Reach out and coordinate efforts with wellness clinics in pharmacies, schools, dental clinics and other non-traditional settings.
- Identify and mobilize alternative communication sites to reach residents with information regarding BadgerCare Plus programs and the availability/importance of primary and preventive care.
- Pursue alteration and/or expansion of hours and locations of clinics and other health services/screenings.

Policy Objectives

- Advocate for expanding programs that make affordable prescription medications accessible to residents.

Action Team 2 Report

All persons will live in safety and peace.

Strategic Question: How can the organizations, residents and systems in the city of Milwaukee work together to improve prevention and response efforts to achieve safety and peace in all parts of our city?

Assessment Objectives

- MHD has a unique opportunity to become a "clearinghouse" for violence related initiatives. This role could include advocating for best practices in community organizations, including providing information and resources to help local organizations adopt these practices.

- The MHD should improve data sharing capabilities, including coordinating and disseminating information and becoming a "warehouse" for city-level data related to violence.

Assurance Objectives

- The MHD already has a role in convening local experts and connecting initiatives. These efforts could be more formalized by meeting regularly and identifying priority strategies. These efforts include facilitating and promoting resource sharing and collaboration in new and existing efforts, providing technical support to programs, and identifying similar initiatives/program purposes and connecting these efforts to examine differences in strategies.

Policy Objectives

- The MHD should work towards in-house coordination and integration of violence prevention throughout its programs and other activities.

- The group has identified mental health as a critical area affecting violence prevention that needs to be addressed. Addressing this issue through policy was suggested.

- Consider the role of community and the need to strengthen and support communities in Milwaukee.

Action Team 3 Report

All persons will have opportunity to access resources that afford them the potential to be successful financially, vocationally, and educationally.

Strategic Question: How can the organizations in the city of Milwaukee connect to provide resources, opportunities and policies that support employment, job training, education and financial empowerment?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

This Action Team did not report items specific to this function.

Policy Objectives

- Advocate for and implement comprehensive programs and policies that promote early child development (ex. Nurse Family Partnership program, expanded Head Start), job readiness (mentorship, workforce development) and reduce barriers to work (including transportation, living wage, childcare, etc.).
- Advocate for and implement programs and policies that increase employment opportunities.
- Advocate for and implement programs and policies that offer other supports to the poor and working poor.
- Advocate for policies that would be likely to improve high school graduation rates.

Action Team 4 Report

All persons will have access to comprehensive mental health and ATODA treatment and prevention services.

Strategic Question: How can the local public health system advocate and successfully facilitate access to comprehensive tobacco, mental health and ATODA (*Alcohol, Tobacco, Other Drug Abuse*) prevention and treatment?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

- Develop *an online directory/network of available resources such as transportation and job readiness companies* that will serve as a resource to support workers as they navigate and procure social services for Milwaukee County's Treatment and Diversion Program (TAD) and non-TAD eligible clients.

- Expand of the TAD program to support more non-violent individuals during their release and re-entry into society.

Policy Objectives

- Endorse a practical strategy that will ensure and enhance communication processes between the Department of Corrections and the County.

- Support evidenced-based programs that effectively link former prisoners to mentors/advocates that will support the former convict through the process of securing housing, gainful employment, and medical/psychiatric/addiction services.

Action Team 5 Report

All persons will benefit from the integration of health into built and natural environments.

Strategic Question: How can we improve the built and natural environments to foster healthy behaviors and lifestyles?

Assessment Objectives

- Identify, or develop, baseline measures for assessing the impact of the built environment on health, such as:
    - Exposures to lead, brownfields, traffic burden etc.
    - Sustainability measures such as distance to grocery stores and other businesses, green space (including community gardens, playgrounds, parks), walkable/bikeable roadways, efficient affordable public transit, clinics, etc. What is needed to provide these amenities in all neighborhoods?
    - Linkages between health and economic development.

Assurance Objectives

- Address interdepartmental relations within the City of Milwaukee government, as it relates to the built environment.

Policy Objectives

- Ensure that all decisions, programs, and plans take into consideration the impact on health and safety of the community (including proposed development projects).

- Provide infrastructure such as green space, traffic calming and public transit in all neighborhoods in an equitable and socially just manner.

Action Team 6 Report

All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual health related decisions.

Strategic Question: How can we create an environment that fosters healthy and informed sexual health decision making and practices and provide comprehensive sexual and reproductive health services?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

- Identify and pursue funding sources and opportunities to develop and initiate community-wide, culturally sensitive educational campaign(s) that focus on reducing sexually transmitted infections (STI)/HIV and incidence of unintended pregnancy (multiple partners, unprotected sex, high-risk partners).

- Invigorate partnerships between all sectors, as well as identify and pursue new opportunities for partnerships with private sector to provide resources that promote prevention, and support education, testing and reproductive services to meet the needs of the most vulnerable in our community.

Policy Objectives

- Support implementation and evaluation of a dynamic and comprehensive Human Growth and Development Curriculum for all K-12 Schools (including public, charter, voucher, private schools) in the City of Milwaukee.

Action Team 7 Report

All persons will experience improved relations between persons of all races and will have opportunities equal to one another.

Strategic Question: How can we join together as a community to improve race relations and opportunities for all residents?

Assessment Objectives

- Create a central clearinghouse of data from city, county, state and federal anti-poverty programs.

Assurance Objectives

- Create a media ombudsman to catalog and report on local broadcast and print stories that perpetuate racial stereotypes.

Policy Objectives

- Development projects using public monies (including Tax Incremental Financing) should have a requirement for inclusion for affordable housing.

- City should throw its weight behind a regional transit authority that creates a true transit authority between the city and municipalities / counties in Southeastern Wisconsin.

- City should strongly support a 0.5 percent sales tax increase to support regional transit.

Action Team 8 Report

All persons will be supported, engaged, treated with respect and have opportunities equal to one another.

Strategic Question: How can residents, organizations and institutions in the city of Milwaukee collaborate so that everyone living in our community will be supported, engaged and treated with respect?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

- All public programs and activities adhere to policies created to ensure respect and equality be afforded to all residents. This includes individuals of all abilities, age, gender and sexual orientation.
- Assure that all public programs and activities afford individuals equal access and recognition regardless of ability, age, gender, gender expression or sexual orientation.

Policy Objectives

- All residents in all public programs and activities be treated with respect and equality by implementing policies that address ability, age, gender, gender expression and sexual orientation.

Action Team 9 Report

All infants, children and teens will have the opportunity for healthy development.

Strategic Question: How can we ensure healthy infant, child and teen development?

Assessment Objectives

This Action Team did not report items specific to this function.

Assurance Objectives

- Assure that each provider or healthcare system has a best practice policy with quality assurance follow-up in place for education and screening during pregnancy. This recommendation should be tied to Medicaid Pay for Performance.

- Develop a plan for quality assurance measures and enforcement of current policies and recommendations. Assuring compliance with utilizing translation services, providing immunizations and lead testing, managing high-risk pregnant women, etc. Link this to Medicaid Pay for Performance.

- Develop a universal electronic medical record system and/or information exchange for women and children receiving multiple health services; specifically among Medicaid HMO carriers and providers.

- Assurance of high quality, affordable, accessible child care and early childhood education program options.

Policy Objectives

- Recommend the incorporation of developmental and social-emotional screenings (Ages & Stages) in the primary care/pediatric setting during routine well-child visits.

- All childcare settings should offer regular developmental and social-emotional screenings through Ages & Stages Questionnaires. Recommend childcare settings incorporate educational components for children 0-3 that use best-practice and evidence-based child development curriculum.

Section 3: Policy Synthesis and Recommendations

Analysis of Action Reports

In total, 37 action statements were brought forth by the nine Action Teams. Each action statement proposed by an Action Team was qualitatively analyzed using grounded theory methodology[10,11] to look for common themes that addressed the vision for the city:

"Milwaukee is a model community with healthy, safe, hopeful and empowered residents."

The Research Team established appropriate steps for policy recommendation development. The steps of the policy recommendation development process included **overarching strategies**, **focus areas**, and finally **policy recommendations.** Each member of the research team reviewed the action statements. From this analysis, three main themes emerged, which were used to create overarching strategies. Methodologically, the review was conducted as if the statements were not related to either the original strategic question or the Public Health Core Functions. The three overarching strategies are:

1. *Address health equity* to achieve equal opportunity for people to live healthy lives.
2. *Optimize technology* use to better connect communities and public health systems.
3. *Enhance and mobilize partnerships* to build on community assets and address community concerns.

Using these overarching strategies as a platform, a secondary qualitative analysis (also in-line with grounded theory) was conducted to identify cross-cutting focus areas. Finally, policy recommendations were created to address each strategic area to reflect the essence of what was said through the Action Team reports, while reducing redundancy between the initial statements. This iterative process allowed us to account for differences in level of evidence-base, specificity and practicality throughout the Action Team reports, while adhering to the initial goals of the Steering Committee and the intentions of the Action Teams. Overarching strategies and focus areas are presented in Table 1.

The full summary, identifying how Action Team reports connect through to policy recommendations, can be found in Appendix A.

[10] Maxwell JA. Qualitative research design: An interactive approach. Ed. 2. Sage; Thousand Oaks: 2005.
[11] The analysis used grounded theory methodology, including iterative processing of Action Team report content and inductive identification of themes.

Table 1. Summary of crosswalk of Action Team Statements, Overarching strategies and Focus areas

Overarching strategies	Focus areas	Action Team								
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Address health equity to achieve equal opportunity for good health outcomes.	Socioeconomic Determinants	x		x	x	x			x	x
	Built Environment					x		x	x	x
	Child and Youth Development			x	x		x			x
	Mental Health		x		x					x
	Health Service Delivery	x	x							x
Optimize technology use to better connect communities and public health systems.	Data Sharing and Collection		x			x		x		x
	Communication Technology	x			x			x		x
Enhance and mobilize partnerships to build on community assets and address community concerns	Community Partnerships	x	x				x			
	Intergovernmental Partnerships		x		x	x	x	x		
	Public/Private Partnerships	x					x			
	Healthcare Partnerships	x					x			

Overarching strategies

The overarching strategies, as well as the focus areas identified as components of the strategies, helped guide the development of the policy recommendations. Below, these strategies are defined in greater detail to explain how they correspond to vital aspects of achieving health across communities in the city of Milwaukee.

Overarching strategy 1: *Address health equity* to achieve equal opportunity for people to live healthy lives.

The term "health equity" has recently received much attention. The health equity model recognizes that good health outcomes cannot be attributed only to individual health behaviors and access to health care. It has been well documented that socioeconomic and environmental factors contribute significant weight to health outcomes. The focus areas identified under this strategy fit well with this model and also acknowledge the importance of addressing all the determinants of health in achieving health equity.

Overarching strategy 2: *Optimize technology* use to better connect communities and public health systems.

This strategy acknowledges the importance of sharing information between and within organizations as well as with the community. With the advent of new technological tools, the City of Milwaukee Health Department can collaborate with other governmental and nongovernmental organizations to deliver more comprehensive and meaningful health data on the communities in the city. With increasing reliance on technology, such tools can also be used to communicate health information with community.

Overarching strategy 3: *Enhance and mobilize partnerships* to build on community assets and address community concerns

Milwaukee has the strength of having many remarkable and diverse organizations working to promote health in communities within the city. Enriching partnerships between organizations can foster improved communication of promising practices and collaboration on goals. The premise of this strategy is that by enhancing current partnerships and mobilizing new ones, a synergy in positive health outcomes with be achieved.

Policy Recommendations

The policy recommendations presented in Table 2 will serve as guidance for the City of Milwaukee Health Department and the local public health system as we work together toward achieving the overarching strategies identified.

Table 2. Overarching strategies, Focus areas, and Policy Recommendations

Overarching strategies	Focus areas	Policy Recommendations
Address health equity to achieve equal opportunity for good health outcomes.	Socioeconomic Determinants	MHD will advocate for and implement comprehensive programs and policies that increase employment and educational opportunities. MHD will assess the impact of existing and proposed programs and policies on social determinants of health, as well as potential effect on health disparities.
	Built Environment	MHD will advocate that all city development decisions, programs, and plans assess the impact on health and safety of the community.
	Early Childhood and Youth Development	MHD will advocate for intersectoral programs that promote early child development. Programs geared towards early childhood development will integrate screening for social-emotional and developmental stage, as well as safety. MHD will advocate for intersectoral programs that promote positive youth development. Programs geared towards youth development will integrate screening for safety and skills for positive decision making.
	Mental Health	MHD will advocate that mental health prevention and response is integrated into health and human service program activities across the city.
	Health Service Delivery	MHD will work to strengthen the health service delivery system to ensure access to timely, appropriate, culturally competent and affordable high quality primary care services and create an equitable distribution of resources city-wide. MHD will work to ensure that high priority, age appropriate, evidence-based preventive services are provided with no co-pays or co-insurance in all public and private insurance programs.
Optimize technology use to better connect communities and public health systems.	Data Sharing and Collection	MHD will improve data sharing capabilities, including coordinating and disseminating information and becoming a "warehouse" for city-level data associated with health. Data elements will be vetted in community settings to ensure relevant pieces are included. MHD will work with governmental and non-governmental agencies to coordinate and merge data and to have data available to inform community and government programs and activities.
	Communication Technology	MHD will build on existing efforts to use the web and social marketing tools aimed at effectively promoting community awareness and targeting messages for clients.
Enhance and mobilize partnerships to build on community assets and address community concerns.	Community Partnerships	MHD will adopt an asset-based and community participatory approach to identifying community needs and implementing collaborative public health initiatives.
	Intergovernmental Partnerships	MHD will advocate for intra- and intergovernmental integration of programs, policies and other activities.
	Public/Private Partnerships	MHD will collaborate with public and private entities to create a healthy work environment that promotes worksite wellness. MHD will collaborate with public and private entities on efforts that create a future workforce of healthy workers.
	Healthcare Partnerships	MHD will work with health service delivery systems to improve access to high-quality prevention and other services for all persons.

Limitations

As described previously, the Action Team process was designed to push forward the goals identified in the *2008 Community Health Assessment* and maintain active collaboration with the community. We adopted an asset-based approach throughout the process. In addition to the Action Teams, we regularly convened the Steering Committee, and welcomed their input through personal communication. Despite these important strengths, our process and product have important limitations.

Integrating pieces outside of the process: Continued participation of the Steering Committee, and an attempt to incorporate Steering Committee members and research staff input, was meant to ensure that the Action Teams remained true to the vision and mission established in the previous phases of MAPP. After each Action Team provided reports, the Steering Committee reviewed the reports to identify any areas where the recommendations of the Action Team diverged from the initial intentions. This feedback was generally integrated into the statements, strengthening the overall report. Several issues emerged that were not able to be reconsidered by the Action Teams.

- Integration of child and youth focus in team action statements and objectives. The Steering Committee had recommended that child and youth development be integrated in the conception of other Action Team statements. While several of the teams did work to integrate children and youths, others did not. The Steering Committee suggested that Peace and Safety, Economic and Educational Equity, and the Built and Natural Environment Action Teams could have more actively incorporated child and youth initiatives, including temporary employment and out-of-school activities for children and youths.

  Similarly, the Steering Committee suggested that the Healthy Child and Youth Development group focused too strongly on infants. This was the intention of the group, as they otherwise felt their task was unmanageable.

- Specification of focus communities. Several Action Teams named focus or target groups/audiences, which were not felt to be comprehensive by the Steering Committee. The Equality and Respect Action Team was urged to broaden their focus area, and to consider adopting a broader civil rights or health equity approach. The need to include "sexual minority youth" in the Sexual Health Action Team statements was also noted and should be considered in subsequent action steps.

- Exclusion of suggested approaches. It was noted that several of the groups did not consider specific strategies that had been suggested by the Steering Committee. These included anti-bullying campaigns in schools (Peace and Safety Action Team), primary prevention efforts around ATODA and mental health (ATODA and Mental Health Action Teams), and road repair and bicycle safety messaging (Built and Natural Environment Action Team). These ideas are presented here, but not integrated into the Action Team reports in an effort to avoid re-interpretation of the extensive work by Action Teams. There may be opportunity in future work to find consensus on addressing these concerns.

- Too many committees. The Steering Committee and Action Teams expressed a concern that the MAPP process could lead to "just another committee." Participants suggested that some of the Action Teams duplicated efforts already in place in the community. In spite of this

observation, several Teams suggested the need for continuing to convene as an Action Team. It should be noted that the intention of these meetings would be to address a specific concern or to provide guidance on relevant issues as needed. This could be accomplished through community summits, meetings that call together necessary partners or short-term work groups to address specific community concerns or guide mobilization of assets.

"Exclusion" of key partners: It is the intention of this paper, as well as that of the MHD and the MAPP Steering Committee, to encourage partnerships. However, the report and the objectives identified by the project were designed to inform the focus areas for the MHD and the language of the report reflects this aim. This does not ignore the critical importance of partnerships. In fact, this report intends to foster partnership development. Notably, one of the overarching strategies identifies partnerships as critical to effective public health work.

In addition, the Action Team reports do not name specific partners. This was intentional, with guidance from the Steering Committee, in efforts to avoid missing an existing partnership or to close minds to the creation of new ones. The Steering Committee, however, did recommend two exceptions, suggesting that MPS and the Archdiocese be placed more explicitly in MAPP guidance, given their important role in education, working with youth, and many of the "next steps" identified by the Action Teams. We agree that Milwaukee Public Schools and the Archdiocese are two important partners and we recognize the critical need to collaborate with these groups.

Missing Data: The Planning and Policy Phase has been informed by data collected in the *2008 Community Health Assessment* and updates provided by Action Team co-chairs and committee members. The process may not have included all perspectives or relevant health data for several reasons, including: (1) partners who were unable to participate or who were not identified by Action Team or Steering Committee members; (2) lack of existing assessments of existing policies and programs; and (3) lack of access to local and current data critical to policy and program development. The identification of Data Sharing and Collection as a strategic area reflects this limitation across the nine Action Teams, as well as across existing research and practice programs in Milwaukee.

What this report does not cover: By design, there are components critical to the achievement of the goals and strategies identified in this report that have not been enumerated. We have intended to focus on aspects of health that the City of Milwaukee Health Department, along with its community partners, can actively address and influence. We recognize that there are external factors that influence health as well as public health organizations' abilities to make change. Universal healthcare coverage is just one example of a critical variable intricately related to health and wellness that we purposefully do not address, in recognition of the on-going national debate on healthcare, as well as the numerous other federal and state programs that currently limit our ability to directly impact policies around access to insurance.

Section 4: Next Steps

Implementation of Policy

The *2008 Community Health Assessment* and the current Planning and Policy Phase have clarified a set of overarching strategies and focus areas needed for the advancement of health in the city of Milwaukee. A core set of policy recommendations and proposals for action have been identified. These recommendations should serve as guidance that informs the City of Milwaukee Health Department (MHD) actions. To move further into the action cycle, we identify important next steps for implementing policy recommendations and initiating programs or other projects to advance action and evaluating our progress.

Policy Implementation: The ideas generated through this Planning and Policy Phase will serve as part of the policy agenda for MHD. The MHD will pursue internal policy change that enables the overarching strategies to take hold. This will provide a solid base for program development congruent with the MHD mission as enumerated here and in the Community Health Assessment.

Direct Action: Importantly, the MHD already runs many programs and participates in numerous partnerships capable of advancing the proposed policy objectives. Supported by a strong and explicit policy agenda, action will be able to move forward more fluidly. It is critical that the next steps identified by the Action Teams do not remain dormant, but are adopted and carried out by the public health community, including MHD and its current and future partners.

The current report attempts to equip MHD and its partners with guidance needed to move forward. Progress to date has identified critical health issues and developed consensus focus areas. The Action Teams created a base of interested stakeholders and initiated the first steps of partnerships. Evidence-based practices identified through the "What Works for Health"[12] database and additional literature searches were provided to Action Teams to inform their reports. Action Team statements were also cross-referenced to distinguish recommendations based in evidence from those without that base. This set of tools and essential values – partnership and collaboration, focus areas, the evidence-base and a focus on assets – should guide the action in each of the three overarching strategies. Below, we offer several examples of how these strategies will move forward.

Address Health Equity. An emerging yet critical partner in accomplishing our next steps will be the Wisconsin Center for Health Equity (WCHE).[13] Founded in 2006, WCHE "is dedicated to improving the social and economic factors that strongly influence our public health within the City of Milwaukee as well as throughout the state of Wisconsin." [14] To achieve its goals, WCHE will focus on the impact of socioeconomic factors on health, encouraging changes in public policy that would positively influence the health of all and improving the "civic capacity" of local communities. This is intricately tied to the Health Equity focus areas. Aligning MHD goals related to health equity with the WCHE and an open collaboration, as fostered by the current co-location of the WCHE in MHD offices, will vastly improve capacity to impact this goal.

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[12] Booske BC, Kindig DA, Nelson H, Remington PL. What Works? Policies and Programs for a Healthier Wisconsin. University of Wisconsin Population Health Institute, July 2009. See: whatworksforhealth.wisc.edu.
[13] In 2006, the Center was originally known as the Milwaukee Center for Health Equity. In 2009, a decision was made to adopt a state-wide focus for the Center, making it the Wisconsin Center for Health Equity.
[14] Wisconsin Center for Health Equity. (2009). *Wisconsin Center for Health Equity.* [Brochure]. http://www.milwaukee.gov/wche.

WCHE also supports the Enhancing and Mobilizing Partnerships overarching strategy beyond partnering with MHD. WCHE seeks to engage communities in improving policies that affect their health, including non-traditional public health partners working in other aspects of social policy.

As described, WCHE specifically names public policy as an anticipated strategy to make change in the health of communities. The alignment of the Action Team and community-identified goals with the WCHE has been noted, enabling an opportunity to advance the policy agenda beyond the internal MHD and MHD-partner policies to a legislative and public policy level. It will be critical to maintain a dialogue assuring the policies of both entities remain consistent.

The Health Equity focus areas that most closely overlap with WCHE objectives is the area of Socio-economic Determinants, with some additional overlap in the areas of Built Environment and Early Childhood and Youth Development. While WCHE will likely take on key responsibility for working with these objectives, it is important that these and the other two Health Equity focus areas (Health Service Delivery and Mental Health) be integrated across program areas. For example, the Family and Community Health Division (FCH) of the MHD has an interest in and responsibility for Health Service Delivery and Early Childhood and Youth Development. While interested in core aspects of Early Childhood and Youth Development, WCHE specifically excludes disparities in health care as a focus area, so FCH will be the primary MHD partner in adhering to the Health Service Delivery focus.

The MHD focus on Mental Health has not been situated in any one area, and the focus must cut across the MHD departments. This approach has already been initiated in the MHD's work with the Metro-Milwaukee Disability Abuse Response Team (DART) Initiative. Looking at accessibility issues focusing on survivors of sexual abuse with disabilities, the pilot work for this initiative requires collaboration across MHD departments and may serve as a model for mental health initiatives according to the Mental Health policy recommendation.

Optimize Technology. Initial actions have already begun to promote data sharing, including the creation of a data warehouse to integrate databases and make information available across sectors, levels, and organizations. The will to move this policy recommendation forward exists. The next steps include identifying a work plan to create the database, and mobilizing internal MHD and City programs, as well as other non-profit, research, and social service groups to share and integrate their data. Working to ensure the data are community-driven and relevant to core health issues is critical to adhering to the Data Sharing and Collection policy recommendations. This work will be overseen by the MHD Department of Public Health Research and Policy.

In the past year, the MHD has contracted with Shoutlet®, an interactive, multi-user communication platform that integrates several social media tools, including Facebook®, YouTube, and Twitter. It also can manage website and email content. This (or similar social media tools) can be used to communicate more effectively with citizens. The policy recommendation will guide the content of this communication, ensuring the information is appropriate, relevant, and reaches important audiences. Multiple personnel at the MHD will be responsible for this communication, and should be accountable to the Public Information Officer.

Enhance and Mobilize Partnerships. The *2008 Community Health Assessment*, the current Planning and Policy Phase, as well as many other MHD programs and initiatives, have been informed through partnership with community agencies. The next steps of the MAPP process must

build off of the structure already created by these existing partnerships, and look to expand opportunities to collaborate with the community. The process of building partnerships should also be informed by many of the focus areas, including promoting data sharing and collection, and integrating partners from community, healthcare, government, and private industry.

Two synergistic opportunities for partnership have been identified. As already discussed, the WCHE will provide opportunities to focus on the Health Equity overarching strategy. Additionally, the Action Team structure emerging from the Planning and Policy Phase provides a strong base for partnership. The partnership building should incorporate the existing Action Teams and other task force collaborations across the city. However, this process recognizes that several Action Teams may need to combine to effectively approach the focus areas, and that other Action Teams may supplant existing collaborations and could be disbanded. Other partnerships will need to assess who is missing from the table in order to make effective change. In addition to these, innovative and new intersectoral partnerships will be needed to effectively promote public health and to achieve favorable health outcomes. One example of an emerging Action Team partnership is the involvement of the Sexual Health Action Team as the mayoral taskforce on sexual transmitted diseases.

Evaluation

Several different methods of evaluation will be employed as the action cycle moves forward. The first step of the progress/outcomes evaluation will be a prioritization of the policy recommendations by MHD leadership. The ideas generated through this process will serve as part of the policy agenda for MHD. Considering the ambitious nature of the goals and strategies expressed in this document, short, middle, and long-term progress measures and outcomes will be developed. Some policy objectives will be achievable in the short-term, based upon the foundation of the Action Team reports. For others, both internal and external capacity will need to be increased, and thus, require a long-term strategic focus for policy change to occur.

In addition to the policy agenda, each Action Team will be able to develop and implement ideas, based on the work they did in 2009. Action Teams will be encouraged to come together again, survey the policy agenda, and move forward with community-level programs, interventions, or grant proposals. In 2010, Action Team re-mobilization will lead to community intervention, which in turn will lead to outcomes that assess the value and potential impact of health policy issues important to the MHD.

Finally, a process evaluation will be implemented. The field of study focusing on community partnerships or coalitions has been growing over the past 10-15 years. Many evaluation tools exist to assess coalition functioning. In addition to tools available from NACCHO to assess the MAPP process, the University of Kansas Community Toolbox and other sources, Dr. Gass of the Research Team has been involved in the development of several survey tools used to assess coalition functioning. All avenues will be explored in regard to selecting a MAPP process evaluation.

Section 5: Conclusions

Based on the social, economic, and health conditions facing the citizens of Milwaukee, and the United States as a whole, the time is now for the field of public health to explore a paradigm shift. While the Core Functions and Essential Services outlined earlier in the paper are still important and relevant, widespread poverty, chronic health conditions, and a dwindling tax base have made providing services to all citizens a challenge. In addition, research and advocacy focusing on social determinants of health are showing that many poor health outcomes are related to influences such as prenatal factors, neighborhood structure, school systems, parental income, and race. Data show that poverty itself, when controlling for education and health behavior, is a predictor of poor health outcomes.[15] Thus, for public health to have a more impactful role in the future, a shift toward policy development and policy advocacy, particularly around the social determinants of health, will be necessary.

The work of the City of Milwaukee Health Department, through the Mobilizing for Action and Partnership Program (MAPP), has identified three overarching strategies for modern public health work. After 18 months of data collection, key stakeholder interviews, and analysis; plus an additional 12 months of Action Team development, an analysis of action items suggested by public health leaders produced the following new overarching strategies:

1. *Address health equity* to achieve equal opportunity for people to live healthy lives.
2. *Optimize technology* use to better connect communities and public health systems.
3. *Enhance and mobilize partnerships* to build on community assets and address community concerns.

These overarching strategies provide a new way to operate local public health consistent with the current Core Functions of Assessment, Assurance and Policy Development. These strategies present an updated, community-driven perspective built on the growing evidence of what works in public health. Most importantly, these strategies serve as an innovative guide to public health action for Milwaukee.

[15] Lantz, P.M. et al. Socioeconomic disparities in health change in a longitudinal study of US adults: the role of health-risk behaviors, *Social Science in Medicine*, 2001; 53, 29-40.

Appendix A

Appendix A includes the full action team reports, as submitted by each action team.

Action Team 1 Report

All persons will have access to and utilize culturally and linguistically appropriate, affordable, timely, and, quality health care.

Strategic Question: How can we collaborate to improve access and utilization of quality and culturally competent health care?

Short-term goals:

- Include patients and providers in efforts to increase access and awareness
- Develop Medicaid Waiver system to expand service
- Encourage enrollment in Badger Care Plus

Long-term goals:

- Develop program to subsidize/reduce health insurance cost to individuals
  - Develop "connector" model structure where "quasi-governmental" or NGO authority negotiates affordable packages for individuals and small businesses
  - Advocate for implementation of comprehensive coverage program (potential employer or individual mandate
  - Mandate colleges to cover students
  - Increase competition through competitive bidding for health services
- Expand collaborative systems of care (wraparound services)
  - Initiate case manager program for all patients
    - Integrate provision of comprehensive approach to physical and mental health
  - Expand practices for nurse practitioners, community health workers, dental hygienists and other alternative care providers
- Explore options for assuring dental care as part of the broader health care access agenda
- Improve access to prescription meds for all
  - explore strategies to improve, including:
  - Develop state negotiated prescription drug prices
- Promote strategies that make health/wellness more accessible:
  - Develop public/private workforce partnerships to assure adequate and competent health care work force
  - Coordinate with wellness clinics in pharmacies, schools and other non-traditional partners
  - Expand hours and locations of clinics and other services/screenings
- Develop certificate of need program to reduce unnecessary use of resources – POLICY OPTION
- Improve health care advocacy programs by increasing # of advocates, implementing "health partner" and/or "health buddy" models to result in (among other things) – a policy requiring standardized communication tools using plain language in all health care settings

Parking Lot:

- Maintain and publicize current list of available services
- Expand efforts to recruit providers from minority groups

- Develop policy and procedure for developing medical homes (accessible, continuous, coordinated, comprehensive care)
- Implement Long Term Care partnerships to cover moderate – income adults
- Create loan repayment/incentive program for providers (and school that encourage these programs) in underserved areas
- Implement pay for performance program
- Implement policies requiring interpreters, linguistically appropriate care
- Develop evidence-based guidelines to direct health care processes
- Develop member pledge for providers to agree to quality care standards
- Increase reimbursements/rewards for screening and diagnostic testing
- Develop chronic disease management programs to reduce repeat hospitalizations/ visits (FQHC already doing this)
- Develop community-led strategies for drug dependence and treatment (better fits with ATODA MAPP group's charge)
- Develop system that requires annual exams and stress prevention at early ages
- Reduce need for health care by providing incentives for healthy behaviors
- Develop a system that integrates CE courses on health disparities
- Develop electronic health records linkages across systems for all patients, including across counties
- Require health care education to include curriculum on caring for diverse populations
- Increase the ability to track and evaluate health care disparities

Other?

- Standardize health quality and performance measures for Milwaukee Health Department – *not sure what this means???*
- Expand age when children can remain on parents' coverage – *Fed. ruling already in place*

Action Team 2 Report

All persons will live in safety and peace.

Strategic Question: How can the organizations, residents and systems in the city of Milwaukee work together to improve prevention and response efforts to achieve safety and peace in all parts of our city?

Strategies:

- Improve relationships between community and law enforcement agencies
- Implement and enhance early childhood interventions as a means of primary prevention of violence and enhance these programs through integration of risk assessments and provision of resources around violence
- Decrease acceptability of violence and abuse as a viable response
- Decrease access to firearms and ammunition
- Increase the capacity to deliver quality and comprehensive services to survivors (including perpetrators) of violence
- Ensure ex-offenders have access to high-quality health and human services that ensure their ability to succeed
- Support law enforcement in efforts to disrupt drug commerce and related illegal activities.

1. Develop several objectives, initiatives or actions to be implemented by your Action Team

   (a) The MHD already has a unique role in convening local experts and connecting initiatives. These efforts could be more formalized by meeting regularly and identifying priority strategies. These efforts include facilitating and promoting resource sharing/collaboration in new and existing efforts, providing technical support to programs, and identifying similar initiatives/program purposes and connecting these efforts to examine differences in strategies (i.e., are these differences needed based on slightly different purpose or focus? Or how could one set of procedures help another effort?). This work critically includes working in communities with community members, as all community members are stakeholders in this goal for safety and peace. In addition, one potential outcome of this action would be developing a cohesive and consistent city-wide campaign against gun violence, violence prevention or other priority area.

   (b) The action group has identified MHD as having a unique opportunity to become a "clearinghouse" for violence related initiatives. This role could include advocating for best practices in community organizations, including providing information and resources to help local organizations adopt these practices. A website could be created to catalog current and past initiatives addressing public safety and violence, as well as evaluation and assessment tools. The group specifically stated that the MHD should not play the role of evaluating each initiative, but could work with groups like the MCW Violence Prevention Initiative or the proposed Center for Public Safety in this effort. One potential outcome could be developing data briefs for agencies, organizations and service providers and translation brief statements for front line staff of these agencies.

   (c) The MHD should work towards in-house coordination and integration of violence prevention throughout its programs and other activities.

(d) The MHD should improve data sharing capabilities, including coordinating and disseminating information and becoming a "warehouse" for city-level data related to violence.

(e) The group has identified mental health as a critical area affecting violence prevention that needs to be addressed. Addressing this issue through policy was suggested.

2. Identify the intended outcomes of the objectives, initiatives, or actions
    b) This effort would result in improved communication and coordination across MHD partners and others in the community. This would help rectify the evidence-base with the testimony of community members, in hopes of improving services to address the real needs of the community.
    c) Best practices, as well as programs that use and promote best practices and have good outcomes in Milwaukee, can be identified. This information can be shared with new and existing partners. This will help set a minimum level of oversight and required expertise, as well as help focus the activities in Milwaukee towards violence interventions known to make a difference (both local and national models).
    d) Recognizing that many MHD efforts have components that relate to violence, whether explicitly or not, it is important that MHD staff are trained in relevant violence issues, at the minimum related to identification and referral. MHD personnel that connect with the community have a huge opportunity to recognize violence issues and how they relate to health across Milwaukee. In addition, communication around violence-related issues would improve.
    e) Improving data-sharing would connect local initiatives that are collecting important information. This activity would facilitate analyses to identify geographic areas and other communities experiencing the highest levels of various types of violence, and improve analyses that seek to relate causes and risk factors related to violence to violent outcomes. This would help in the goals of becoming an academic health department and in informing important public health interventions.
    f) Policy addressing mental health would assist a wide range of factors. Most relevantly, such a policy would help decrease the prevalence of violence in our City. A potential outcome is cohesive policy at the MHD, City, or organization level to address mental health concerns.

3. What feedback or recommendations do you have for us as we develop policy from the Action Team plans?

    First, consider the role of the community and the need to strengthen and support communities in Milwaukee. This will help the MHD and the public health community provide meaningful violence prevention services, and to help coordinate the dissemination of data and other relevant information in meaningful ways. Secondly, we note that the activities proposed above clearly relate to needed policy initiatives. Please see the attached Supplement, which provides greater detail into the action plan.

Action Team 2: Planning for Action

Objectives	Potential Activities	Timeline	Potential Lead Organization
1. Convene stakeholders of public safety on a monthly basis in first three months and identify one to three priority strategies to actively address during the first action cycle.	Narrow focus if so desired	1-3 months	MHD
2. Convene stakeholders of public safety that broadly have stake in the three chosen priority strategies on a quarterly basis. (Potential new partnership: Milwaukee Public Safety Partnership - MPSP)	• Fold in current and future organizations, agencies, institutions, initiatives, coalitions that have stake in this common vision • Develop shared vision and community culture among stakeholders, • Continue solution driven dialogue, • Develop new collaborations and partnerships to address issues, • Share resources and information,	Quarterly	MHD
2.1 Create three separate workgroups to address each strategy.	• Stakeholders maintain interest and relevance in the ability to work on their own mission within the partnership, • Smaller group can drill down deeper in dialogue and create an 2-3 action steps for their strategy, • Workgroups meet in-between quarterly meetings and report progress in MPSP full member meetings.	Monthly	Depending on Strategy area, select a partner organization that makes sense.
2.2 Highlight, in-depth, a program or partner from the MPSP at the beginning of each meeting.	• Share information of resources and services in the community, • Provide the ability of other stakeholders to see new ways for connectivity or collaborations with highlighted partner.	Quarterly	All Partners
3. Develop Data Briefs for agencies, organizations and stakeholders of the MPSP's three workgroups with data points they select.	• Present this brief to the full group at quarterly meeting	Quarterly	Center for Public Safety

Objectives	Potential Activities	Timeline	Potential Lead Organization
3.1 Develop Translation Briefs for the front line staff of the agencies, organizations and services providers.	• Have MPSP member organizations select front line staff to join a committee to assist in the translation of the data briefs into a useful and relevant tool for their work. • Present this brief to established meetings of health and human service providers, i.e. Brighter Futures.	Quarterly	Center for Public Safety
4. Create a comprehensive clearinghouse website for the MPSP.	• Searchable **catalog** of current and past **initiatives** addressing public safety and violence, with contact information and shareable tools linked to their project • Searchable **catalog** of organization/program **evaluation tools** • Searchable **catalog** of individual and family **violence assessment tools** • **Agenda's and minutes** for meetings posted • **Data and Translation Briefs** posted • **Calendar of Events** of all relevant meetings and events related to public safety, this can be a one-stop shop for anyone looking to share an event and find an event • **Blog** (Terry's Thoughts or other guest blogger from one of the various partners) • Ability of members to post questions or seek resources on a **bulletin board** and other members to respond. (this cuts down on the listserve emails and can facilitate a quicker response	Ongoing	• MCW VPI • Center for Public Safety • MHD

Action Team 3 Report

All persons will have opportunity to access resources that afford them the potential to be successful financially, vocationally, and educationally.

Strategic Question: How can the organizations in the city of Milwaukee connect to provide resources, opportunities and policies that support employment, job training, education and financial empowerment?

Actions

1. Advocate for and implement comprehensive programs and policies that promote early child development, job readiness (mentorship, workforce development) and reduce barriers to work (including transportation, living wage, childcare, etc.) (like NFP)
2. Advocate for and implement programs and policies that increase employment opportunities
3. Advocate for and implement programs and policies that offer other supports to the poor and working poor

All proposed actions need to be implemented on multiple levels. These include:

1. Implementing policies within institutions (like MHD), in roles as advocate as well as employer
2. Analyzing governmental policies related to economics from a health impact perspective, and advocating for policies that will positively impact health
3. Forming community partnerships to further support goals related to poverty, unemployment and job readiness
4. Implementing programs that directly impact issues of poverty, unemployment, and job readiness

Action Team 4 Report

All persons will have access to comprehensive mental health and ATODA treatment and prevention services.

Strategic Question: How can the local public health system advocate and successfully facilitate access to comprehensive tobacco, mental health and ATODA (*Alcohol, Tobacco, Other Drug Abuse*) prevention and treatment?

1) Develop several objectives, initiatives or actions to be implemented by your Action Team.

Policy #1: MAPP ATODA workgroup will assess, advocate and support the development of an online directory/network of available resources such as transportation and job readiness companies that will serve as a resource to support workers as they navigate and procure social services for TAD and non-TAD eligible clients.

Policy 2: The MAPP ATODA Action team will identify, research, support and pursue funding resources that will allow for expansion of the TAD program to support more non-violent individuals during their release and re-entry into society.

Actions: *Investigate practical solutions to the barriers that prevent TAD-eligible individuals from maintaining ATODA treatment; i.e. research into available funding/funding sources that will supplement transportation and resource gaps.*

Initiatives:
a)Creation of online resource/network for caseworkers/attorneys and other support workers that will support them in streamlining and procuring effective services for clients;

b) Expansion of TAD eligibility to more non-violent offenders' w/ATODA and mental health challenges

Policy 3: MAPP ATODA workgroup will encourage and endorse a practical strategy that will ensure and enhance communication processes between the DOC and the County.

Actions: *Advocate for the involvement of higher-level political leaders so to promote more efficient communication processes/protocols between DOC and MKE County.*

Initiatives: *Support or propose practical policies that will lead to the revision of standard operating procedures involving communication between the DOC and MKE County Corrections*

Policy 4: MAPP ATODA workgroup will support evidenced-based programs that effectively link former prisoners to mentors/advocates that will support the former convict through the process of securing housing, gainful employment, and medical/psychiatric/addiction services

Actions: *Pursue the development of a program or partnership model that incorporates linking Peer to peer.*

Action Team 5 Report

All persons will benefit from the integration of health into built and natural environments.

Strategic Question: How can we improve the built and natural environments to foster healthy behaviors and lifestyles?

Assurance

1. Address interdepartmental relations within the City of Milwaukee government, as it relates to the built environment
   a. Meet with other departments to investigate why health "falls through the cracks" and is not incorporated into their work

      Ensure that all decisions, programs, and plans take into consideration the impact on health and safety of the community.

   b. Create a citywide professional development session explaining the links between the built environment and health
   c. Maintain an advisory board representative of the community that functions to provide consultation regarding environmental health issues and solutions, to include evaluation and feedback to the community.

Assessment

2. Identify, or develop, baseline measures for assessing the impact of the built environment on health, such as
   a. Exposures to lead, brownfields, traffic burden etc.
   b. Sustainability measures such as distance to grocery stores and other businesses, green space (including community gardens, playgrounds, parks), walkable/bikeable roadways, efficient affordable public transit, clinics, etc. What is needed to provide these amenities in all neighborhoods?
   c. Linkages between health and economic development, e.g. demonstration of how improved infrastructure will keep health care costs down.

      Evaluate the type and quality of current electronic data sets/repositories, identify which entity is the responsible party for the collection, management, and analysis of the data and who serves as the repository of the data, determine the compatibility of the datasets with each other, and identify the policies and processes in place for making the datasets available to governmental, academic, and other community partners for use. .

Policy Development

3. Explore policies that regulate or mandate specific health criteria, such as
   a. Creating a policy, similar to the environmental impact statements that are tied to city development projects that show the projected health impacts of proposed development projects.
   b. Ensure that all decisions, programs, and plans take into consideration the impact on health and safety of the community.
   c. Provide infrastructure such as green space, traffic calming and public transit in all neighborhoods in an equitable and socially just manner.

Action Team 6 Report

All persons will have access to quality, culturally and linguistically appropriate sexual health information and services that will afford them the ability to make healthy and informed sexual health related decisions.

Strategic Question: How can we create an environment that fosters healthy and informed sexual health decision making and practices and provide comprehensive sexual and reproductive health services?

1. **Develop several objectives, initiatives or actions to be implemented by your Action Team.**
   List of objectives for Policy #1: Decreased STI's among youth, decreased teen pregnancy, decreased teen dating violence, delayed onset of sexual activity; increased collaboration between schools and CBOs, increased awareness of community resources, and increased parental awareness of reproductive/sexual health.
   List of objectives for Policy #2: Reduced STDs/HIV in youth and adults, reduced domestic violence, reduced unintended pregnancies, and reduced sexually abusive relationships.
   List of objectives for Policy #3: Increased networking opportunities, reduced STI's, reduce unintended pregnancies, improved visibility and marketing potential, improved public/community image, reduced absenteeism, reduced healthcare costs, improved employee engagement.

2. **Identify the intended outcomes of the objectives, initiatives, or actions**

   Intended outcomes of the objectives listed above result in the creation of three separate policy statements or initiatives. Each of these statements includes specific criteria; criteria are mentioned below each policy. These criteria are considered qualifiers to each respective policy.

   Policy 1: *MAPP will advocate, support and pursue the development and implementation of a dynamic and comprehensive Human Growth and Development Curriculum for all K-12 Schools (including public, charter, voucher, private schools) in the City of Milwaukee*

   Include specific criteria: Emphasize "inclusivity" (i.e. LGBT, racial, ethnic, socioeconomic, etc.) Review, examine and evaluate current MPS Human Growth and Development curriculum as the framework for developing and implementing similar initiatives in other school settings; Underscore multiple community "norms" as opposed to a single norm; Use available evidence-based curriculum; Implement ongoing review and update of curriculum; Acknowledge best-practices in policy; Crosses all schools not just MPS and strives for consistency in content; Involves families/parents in the development and implementation

   Policy 2: *MAPP will identify and pursue funding sources and opportunities to develop and initiate community-wide, culturally sensitive educational campaign(s) that focus on reducing STDs/HIV and incidence of unintended pregnancy (multiple partners, unprotected sex, high-risk partners*)

   Increase awareness of personal vulnerability to sexually transmitted disease, HIV and unintended pregnancy by providing a culturally sensitive campaign that will focus on

reducing the high-risk unhealthy behaviors (multiple partners, unprotected sex and choosing partners at high-risk) that disproportionately impact STD/ HIV transmission and unintended pregnancy in our community. MAPP will identify funding sources and opportunities to initiate a community-wide, culturally sensitive education campaign designed to reduce these sexual health vulnerabilities. Or something along these lines that puts the public health first.

Include specific criteria: Leverage internet based social marketing techniques; Assure consistent messaging between CBOs, government agencies, parents, faith communities (i.e. No Condom No Way); Use multi-media such as print, bus, radio, television, internet) for campaign and multiple (celebrity?) spokespersons; Use campaign as part of existing adult educational programming within CBOs; Assure sustainability of campaign to establish a new social norm; Incorporate evaluation and follow-up w/targeted populations; Allow local epidemiology to define highest risk cohort to target.

Policy 3: MAPP will identify and pursue opportunities for partnership with the private sector to provide resources and promote education and testing around STDs/HIV and Reproductive Health issues in the community.

Include specific criteria: "Healthy community" is Healthy workforce concept; Employee absenteeism, health care costs reduced; Marketing potential-community goodwill; "We are the community" concept; leveraging corporate networks nationally and globally.

3. **What feedback or recommendations do you have for us as we develop policy from the Action Team plans?**
   a) Use MAPP policy as in strategic planning and agenda for newly formed STD Community Task Force (City Strategic Goal for 2009-10)
   b) Benchmark progress on policy implementation including challenges through MAPP or similar Steering committee to establish accountability
   c) Incorporate new partners including faith-based organizations, private sector businesses and citizen representatives

Action Team 7 Report

All persons will experience improved relations between persons of all races and will have opportunities equal to one another.

Strategic Question: How can we join together as a community to improve race relations and opportunities for all residents?

1. Lack of affordable housing
   a. Development project using public monies (including TIF) should have a requirement for inclusion for affordable housing.
2. Lack of good data on poor people in government programs
   a. City of Milwaukee should lead efforts to create a central clearinghouse of data from city, county, state and federal anti-poverty programs
3. Stigma associated – combined with Media driven fear item
4. Creation of transit that encourages mixing
   a. City should throw its weight behind a regional transit authority that creates a true transit authority between the city and municipalities / counties in Southeastern Wisconsin
   b. City should strongly support a .5 cent tax to support regional transit
5. Media driven fear / stigma associate with young males of color
   a. City of Milwaukee should lead efforts to create a media ombudsmen to catalog and report on local broadcast and print stories that perpetuate racial stereotypes

Action Team 8 Report

All persons will be supported, engaged, treated with respect and have opportunities equal to one another.

Strategic Question: How can residents, organizations and institutions in the city of Milwaukee collaborate so that everyone living in our community will be supported, engaged and treated with respect?

a) The city of Milwaukee health department will ensure that all residents in their programs and activities be treated with respect and equality by implementing policies that address ability, age, gender, gender expression and sexual orientation.
b) The City of Milwaukee health department will ensure that all department programs and activities adhere to policies created to ensure respect and equality is afforded to all residents. This includes individuals of all abilities, age, gender and sexual orientation.
c) The City of Milwaukee Health Department will assure that all department programs and activities afford individuals equal access and recognition; regardless of ability, age, gender, gender expression or sexual orientation.

Action Team 9 Report

All infants, children and teens will have the opportunity for healthy development.

Strategic Question: How can we ensure healthy infant, child and teen development?

1. Develop several objectives, initiatives or actions to be implemented by your Action Team

   This Action Team met four times during 2009. We have determined that at this time ongoing meetings are no longer necessary. There are several groups within the community that meet the objectives of our action group in a variety of ways. At this time our recommendations and objectives can be moved further by bringing them to the forefront of the work done within existing community groups. Some examples of these community groups are listed below:

   - Wisconsin Early Childhood Collaborating Partners
   - Statewide Advisory Committee: Eliminating Racial & Ethnic Disparities in Birth Outcomes
   - Infant Mortality Health Care Collaborative
   - The Life Course Initiative for Healthy Families
   - Fetal Infant Mortality Review (FIMR)

2. Identify the intended outcomes of the objectives, initiatives, or actions

   Please see #3 below for suggested strategies and policy recommendations, along with their intended outcomes.

3. What feedback or recommendations do you have for us as we develop policy from the Action Team plans:

Policy Recommendation	Intended Outcome
1. Assure that each provider or healthcare system has a best practice policy with quality assurance follow-up in place for education and screening during pregnancy. This recommendation should be tied to Medicaid Pay for Performance. Examples: Safe Sleep, Co-Sleeping, Shaken Baby, Depression	Providing important screening and education to pregnant women prior to delivery will ensure they receive key messages and help providers to address and refer women who need extra assistance and support.
2. Develop a plan for quality assurance measures and enforcement of current policies and recommendations. Assuring compliance with utilizing translation services, providing immunizations and lead testing, managing high-risk pregnant women etc. Link this to Medicaid Pay for Performance.	Provides enforcement behind policies and recommendation to improve healthcare utilization, access, and equity.

Policy Recommendation	Intended Outcome
3. Develop a universal electronic medical record system and/or information exchange for women and children receiving multiple health services; specifically among Medicaid HMO carriers and providers. Reference WHEI and ACOG.	-Identify women with previous poor birth outcomes and what type of care they have received in the past. -Identify patients who have worked with other HMO or HMO providers and what type of care or health concerns they have received.
4. Assurance of high quality, affordable, accessible child care and early childhood education program options. All childcare settings should offer regular developmental and social-emotional screenings through Ages & Stages Questionnaires. Recommend childcare settings incorporate educational components for children 0-3 that use best-practice and evidence-based child development curriculum.	Ages & Stages is a parent driven screening for child development and social-emotional health. This will assure that all children are screened regularly and concerns are addressed early. This also increases parent involvement and interaction with the child's development and provides opportunities for increasing parenting knowledge. High quality, accessible child care options with evidence-based educational components assures that children 0-3 are receiving the activities and stimulation needed for early brain development and healthy development in a long-term care setting.
5. Recommend the incorporation of developmental and social-emotional screenings (Ages & Stages) in the primary care/pediatric setting during routine well-child visits.	Ages & Stages is a parent driven screening for child development and social-emotional health. This will assure that all children are screened regularly and concerns are addressed early. This also increases parent involvement and interaction with the child's development and provides opportunities for increasing parenting knowledge.

Appendix B

Appendix B presents a full summary of Action Team Report crosswalk. Of note, Action Team statements were categorized more than once if they fit under more than one category. Also, all Action Team statements underwent an evidence-base review using the "What Works for Health" database. Those statements for which an evidence-base was not found, are marked with a double asterisk (**).

Action Team Statements	**Action Team**								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Overarching strategy 1: *Address health equity* to achieve equal opportunity for good health outcomes.	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**
Socioeconomic Determinants	x		x	x	x			x	x
Advocate for and implement comprehensive programs and policies that promote early child development, job readiness (mentorship, workforce development) and reduce barriers to work (including transportation, living wage, childcare, etc.) (like NFP)			x						
Advocate for and implement programs and policies that increase employment opportunities			x						
Advocate for and implement programs and policies that offer other supports to the poor and working poor			x						
Assurance of high quality, affordable, accessible child care and early childhood education program options.									x
**Pursue alteration and/or expansion of hours and locations of clinics and other health services/screenings	x								
Expand of the TAD program to support more non-violent individuals during their release and re-entry into society.				x					
**Support evidenced-based programs that effectively link former prisoners to mentors/advocates that will support the former convict through the process of securing housing, gainful employment, and medical/psychiatric/addiction services.				x					
Ensure that all decisions, programs, and plans take into consideration the impact on health and safety of the community (including proposed development projects)					x				
Provide infrastructure such as green space, traffic calming and public transit in all neighborhoods in an equitable and socially just manner.								x	
All public programs and activities adhere to policies created to ensure respect and equality be afforded to all residents.									x
Action Team Statements	**Action Team**								

	1	2	3	4	5	6	7	8	9
Built Environment					x		x	x	x
Ensure that all decisions, programs, and plans take into consideration the impact on health and safety of the community (including proposed development projects)					x				
Development project using public monies (including TIF) should have a requirement for inclusion for affordable housing.							x		
**All public programs and activities adhere to policies created to ensure respect and equality be afforded to all residents. This includes individuals of all abilities, age, gender and sexual orientation.								x	
Provide infrastructure such as green space, traffic calming and public transit in all neighborhoods in an equitable and socially just manner.								x	
**City should strongly support a .5 cent tax to support regional transit							x		
**City should throw its weight behind a regional transit authority that creates a true transit authority between the city and municipalities / counties in Southeastern Wisconsin							x		
Develop a plan for quality assurance measures and enforcement of current policies and recommendations. Assuring compliance with utilizing translation services, providing immunizations and lead testing, managing high-risk pregnant women etc. Link this to Medicaid Pay for Performance.									x
Early Childhood and Youth Development			x	x		x			x
Expand of the TAD program to support more non-violent individuals during their release and re-entry into society.				x					
**Support evidenced-based programs that effectively link former prisoners to mentors/advocates that will support the former convict through the process of securing housing, gainful employment, and medical/psychiatric/addiction services.				x					
Advocate for and implement comprehensive programs and policies that promote early child development, job readiness (mentorship, workforce development) and reduce barriers to work (including transportation, living wage, childcare, etc.) (like NFP)			x						
Recommend the incorporation of developmental and social-emotional screenings (Ages & Stages) in the primary care/pediatric setting during routine well-child visits.									x

Action Team Statements	Action Team

	1	2	3	4	5	6	7	8	9
All childcare settings should offer regular developmental and social-emotional screenings through Ages & Stages Questionnaires. Recommend childcare settings incorporate educational components for children 0-3 that use best-practice and evidence-based child development curriculum.									x
Develop a plan for quality assurance measures and enforcement of current policies and recommendations. Assuring compliance with utilizing translation services, providing immunizations and lead testing, managing high-risk pregnant women etc. Link this to Medicaid Pay for Performance.									x
Assurance of high quality, affordable, accessible child care and early childhood education program options.									x
Support implementation and evaluation of a dynamic and comprehensive Human Growth and Development Curriculum for all K-12 Schools (including public, charter, voucher, private schools) in the City of Milwaukee						x			
Identify and pursue funding sources and opportunities to develop and initiate community-wide, culturally sensitive educational campaign(s) that focus on reducing STDs/HIV and incidence of unintended pregnancy (multiple partners, unprotected sex, high-risk partners						x			
Mental Health		x		x					x
The group has identified mental health as a critical area affecting violence prevention that needs to be addressed. Addressing this issue through policy was suggested.		x							
Expand of the TAD program to support more non-violent individuals during their release and re-entry into society.				x					
**Support evidenced-based programs that effectively link former prisoners to mentors/advocates that will support the former convict through the process of securing housing, gainful employment, and medical/psychiatric/addiction services.				x					
Recommend the incorporation of developmental and social-emotional screenings (Ages & Stages) in the primary care/pediatric setting during routine well-child visits.									x
All childcare settings should offer regular developmental and social-emotional screenings through Ages & Stages Questionnaires. Recommend childcare settings incorporate educational components for children 0-3 that use best-practice and evidence-based child development curriculum.									x
Action Team Statements	**Action Team**								

	1	2	3	4	5	6	7	8	9
Health Service Delivery	x	x							x
Advocate for expanding programs that make affordable prescription medications accessible to residents.	x								
**Pursue alteration and/or expansion of hours and locations of clinics and other health services/screenings	x								
The group has identified mental health as a critical area affecting violence prevention that needs to be addressed. Addressing this issue through policy was suggested.		x							
Assure that each provider or healthcare system has a best practice policy with quality assurance follow-up in place for education and screening during pregnancy. This recommendation should be tied to Medicaid Pay for Performance.									x
Recommend the incorporation of developmental and social-emotional screenings (Ages & Stages) in the primary care/pediatric setting during routine well-child visits.									x
Develop a plan for quality assurance measures and enforcement of current policies and recommendations. Assuring compliance with utilizing translation services, providing immunizations and lead testing, managing high-risk pregnant women etc. Link this to Medicaid Pay for Performance.									x
Overarching strategy 2: *Optimize technology* use to better connect communities and public health systems.	**x**	**x**		**x**	**x**		**x**		**x**
Data Sharing and Collection		x			x		x		x
**The MHD should improve data sharing capabilities, including coordinating and disseminating information and becoming a "warehouse" for city-level data related to violence.		x							
**Create a central clearinghouse of data from city, county, state and federal anti-poverty programs							x		
Develop a universal electronic medical record system and/or information exchange for women and children receiving multiple health services; specifically among Medicaid HMO carriers and providers.									x

Action Team Statements	Action Team								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
**MHD has a unique opportunity to become a "clearinghouse" for violence related initiatives. This role could include advocating for best practices in community organizations, including providing information and resources to help local organizations adopt these practices		x							
**Identify, or develop, baseline measures for assessing the impact of the built environment on health, such as health impact assessments					x				
**Create a media ombudsmen to catalog and report on local broadcast and print stories that perpetuate racial stereotypes							x		
Communication Technology	x			x			x		x
**Develop *an online directory/network of available resources such as transportation and job readiness companies* that will serve as a resource to support workers as they navigate and procure social services for TAD and non-TAD eligible clients.				x					
Identify and mobilize alternative communication sites to reach residents with information regarding BC+ programs and the availability/importance of primary and preventive care;	x								
**Create a media ombudsmen to catalog and report on local broadcast and print stories that perpetuate racial stereotypes							x		
Develop a universal electronic medical record system and/or information exchange for women and children receiving multiple health services; specifically among Medicaid HMO carriers and providers.									x
Overarching strategy 3: *Enhance and mobilize partnerships* to build on community assets and address community concerns	**x**	**x**		**x**	**x**	**x**	**x**		
Community Partnerships	x	x				x			
**Consider the role of community and the need to strengthen and support communities in Milwaukee		x							
The MHD already has a role in convening local experts and connecting initiatives. These efforts could be more formalized by meeting regularly and identifying priority strategies. These efforts include facilitating and promoting resource sharing/collaboration in new and existing efforts, providing technical support to programs, and identifying similar initiatives/program purposes and connecting these efforts to examine differences in strategies		x							

Action Team Statements	Action Team								
	1	2	3	4	5	6	7	8	9
Support implementation and evaluation of a dynamic and comprehensive Human Growth and Development Curriculum for all K-12 Schools (including public, charter, voucher, private schools) in the City of Milwaukee						x			
Identify and pursue funding sources and opportunities to develop and initiate community-wide, culturally sensitive educational campaign(s) that focus on reducing STDs/HIV and incidence of unintended pregnancy (multiple partners, unprotected sex, high-risk partners						x			
Invigorate partnerships between all sectors, as well as identify and pursue new opportunities for partnerships with private sector to provide resources that promote prevention, and support education, testing and reproductive services to meet the needs of the most vulnerable in our community.						x			
Create and engage public/private workforce partnerships to assure adequate and competent health care within the workforce	x								
Intergovernmental Partnerships		x		x	x	x	x		
**The MHD should work towards in-house coordination and integration of violence prevention throughout its programs and other activities.		x							
The MHD already has a role in convening local experts and connecting initiatives. These efforts could be more formalized by meeting regularly and identifying priority strategies. These efforts include facilitating and promoting resource sharing/collaboration in new and existing efforts, providing technical support to programs, and identifying similar initiatives/program purposes and connecting these efforts to examine differences in strategies		x							
**Endorse a practical strategy that will ensure and enhance communication processes between the DOC and the County.				x					
**Address interdepartmental relations within the City of Milwaukee government, as it relates to the built environment					x				
Support implementation and evaluation of a dynamic and comprehensive Human Growth and Development Curriculum for all K-12 Schools (inc public, charter, voucher, private schools) in the City of Milwaukee						x			

Action Team Statements	Action Team								
	1	2	3	4	5	6	7	8	9
**City should throw its weight behind a regional transit authority that creates a true transit authority between the city and municipalities / counties in Southeastern Wisconsin							x		
Public/Private Partnerships	x					x			
Create and engage public/private workforce partnerships to assure adequate and competent health care within the workforce	x								
Invigorate partnerships between all sectors, as well as identify and pursue new opportunities for partnerships with private sector to provide resources that promote prevention, and support education, testing and reproductive services to meet the needs of the most vulnerable in our community.						x			
Healthcare Partnerships	x					x			
**Reach out and coordinate efforts with wellness clinics in pharmacies, schools, dental clinics and other non-traditional settings	x								
Invigorate partnerships between all sectors, as well as identify and pursue new opportunities for partnerships with private sector to provide resources that promote prevention, and support education, testing and reproductive services to meet the needs of the most vulnerable in our community.						x			

If you have any feedback about this report or would like additional information, please contact:

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