

From: [Phillips, Paula](#)
To: [Kinnard, Clarence](#)
Cc: [Sumner, Liz](#); [Furtsch, Evan](#); [Taylor, Sequanna](#); [Williams, Keshawn](#); [Jensen, Janelle](#); [Cady, Steve](#); [Lamers, Joseph](#)
Subject: RE: Committee on Finance-Budget: October 10, 2023 Referral Request
Date: Monday, October 16, 2023 1:06:08 PM
Attachments: [Copy of OOE 2023 Advertising & Sponsorships for the African American Community.xlsx](#)
[September Monthly Update 2023.docx](#)
[CRI Case Study Executive Summary NL 2023.pdf](#)
[CRI Case Study FY 2023.pdf](#)
[Supervisor Taylor. OOE Response.docx](#)
[image002.png](#)

Hi Clarence:

Below is our response. I have also provided the information as an attachment along with supporting documents as attachments.

Supervisor Taylor (5) requested a listing of resources that have been used for the Black community; a listing of events that the Office on Equity provided support for within the Black community in 2023; a breakdown of what resources or services are offered for re-entry into the community, corrections, jobs and family dynamics for the County's Black residents; and information regarding what is being done with the data that the Office of Equity receives to align resources for the Black community.

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From: Kinnard, Clarence <Clarence.Kinnard@milwaukeecountywi.gov>

Sent: Tuesday, October 10, 2023 4:26 PM

To: Phillips, Paula <Paula.Phillips@milwaukeecountywi.gov>

Cc: Sumner, Liz <Liz.Sumner@milwaukeecountywi.gov>; Furtsch, Evan

<Evan.Furtsch@milwaukeecountywi.gov>; Taylor, Sequanna

<Sequanna.Taylor@milwaukeecountywi.gov>; Williams, Keshawn

<Keshawn.Williams@milwaukeecountywi.gov>; Jensen, Janelle

<Janelle.Jensen@milwaukeecountywi.gov>; Cady, Steve <Stephen.Cady@milwaukeecountywi.gov>;

Lamers, Joseph <Joseph.Lamers@milwaukeecountywi.gov>

Subject: Committee on Finance-Budget: October 10, 2023 Referral Request

Good afternoon,

The following request for information was made at the October 10, 2023, meeting of

the Committee on Finance-BUDGET regarding Item 14, and is included on page 14 of the [Finance-BUDGET 10/10/23 Meeting Minutes](#).

Org. Unit 109 – Office of Equity

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If you require additional clarity, please contact the requesting Supervisor.

Video from the October 10, 2023, Finance-BUDGET meeting is available in the [County Legislative Information Center](#).

Please include me in your official response to this request for information. If you have already responded, please forward that response to me.

All responses to requests for information regarding the 2024 Recommended Budget will be appended to [Legistar File No. 23-895](#), and will be discussed at the Monday, October 16, 2023, Finance-BUDGET Public Hearing at 4:00 p.m.

Best,

Clarence H. Kinnard (*he, him, his*) | Committee Coordinator
Legislative Services Division | Office of the County Clerk
901 N. 9th Street, Room 105 | Milwaukee, WI 53233
(414) 278-4073 | county.milwaukee.gov
By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.

Committee on Community, Environment, and Economic Development

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Vendor

WKKV
WJMR
MCJ
Milwaukee Courier
WJMR
Milwaukee Community Journal
Milky Way Tech Hub
WNOV
WNOV
WNOV
WNOV
WNOV

Milwaukee Film
DeRute Consulting
St. Ann's Intergenerational Center
YMCA of Greater Milwaukee
Marcus Performing Arts Center
Johnson Media
Mentor Greater Milwaukee

Activity - Q1 (Jan-March)

Black History Month Sponsor
Black History Month Sponsor
Health Ad
Women's History Month
Dr. Martin Luther King Jr. Title sponsorship
Health Issue
Corporate Partner - 2023
Dr. Martin Luther King Jr. Day
January Monthly Investment
Black History Month
February Monthly Investment
March Monthly Investment

Events

Black Lens Film Festival
Magical Black Tears
Indaba Nights Ball
Dr. King Birthday Celebration Breakfast
Dr. King Birthday Celebration
Power of Words Campaign
Symposium 2023

Vendor

WNOV

WJMR

WJMR

Milwaukee Turner's Vel Phillips Forum

Milwaukee Community Journal

Milwaukee Courier

Milwaukee Times

WKKV

Heal the Hood

Black Excellence Awards

Northcott Neighborhood House

St. Ann's Intergenerational Center

Village MKE

SE Consulting

Activity - Q2 (April-June)

Monthly Show Sponsorships & Advertising, Election Coverage,
Community Resource Fair

National Minority Health Month

Juneteenth Day

Series sponsor

Health Issue, Minority Health Month, Juneteenth Day

Minority Health Month, Women's History Month, Juneteenth Day

Juneteenth Day

Juneteenth Day, Advancing Health Literacy Sessions

Events

Heal the Hood Summer Celebration

Louvenia Johnson Scholarship 1/2 page program book ad

Juneteenth Day Parade & Festival, Freedom Ball

Indaba Nights Concert Series

Black Executive Directors

Bike and STEAM Fest

Vendor

WNOV

Milwaukee Courier

Milwaukee Community Journal

WKKV

Black Arts Fest

St. Ann's Intergenerational Center

Black Health Coalition

SE Consulting

Ajamou Butler

King Center

MKE Black

CDA

Activity (July-Sept)

Monthly Investments (July-August), Black Business Month

Black Business Month

Health Issue

ARPA Housing Information Sessions

Events

Black Arts Fest MKE

Indaba Nights Concert Series

Ballroom Therapy

Bike and STEAM Fest

Youth and Family Event with DHHS

Back to School Backpack Drive

Summer Market Place

Housing Outreach Sessions

Vendor

WNOV
WKKV
WJMR
WNOV
CW 18/MY 24

Activity (Oct.-Dec.)

Monthly Advertising
Sista Strut Sponsor
Christmas music, Kwanzaa vignettes
Thanksgiving giveaway, Kwanzaa celebration
Connect MKE

Milwaukee Film
Milwaukee Urban League
NAACP Milwaukee Chapter
Milky Way Tech Hub
King Center
New Hope Youth and Community Center

Events

Cultures & Communities Film Festival
Black & White Ball
Freedom Fund Dinner
MKE Tech Week/WI Tech Month, Equity in Tech Summit
Thanksgiving and Santa

Advancing Health Literacy-MKE- Monthly Partnership Update

Support to Find, Use & Understand Health Information

Darryl Davidson- Leader of AHL grant project, funding, contracts, and grant renewal.

Jeremy Goodrum- Updates about day to day grant related activities by the City team, manages City team and individual partner relationships, health literacy kit development feedback and updates on partner activities will be requested by and sent to Jeremy. OMH related communications will go through Jeremy.

Tarrika Echols- Is responsible for calendaring, communication dissemination point person related broad messaging about the grant and grant activities. Messaging about agenda/agenda items. Tarrika is the point person to send requests for City Team to be present at community outreach events

Goal: To reduce disparities associated with the COVID-19 pandemic through improving health literacy within Milwaukee's racial and ethnic minority communities.	
Partnership & Community Engagement	
Obj. 1:	To ensure community-led input and expertise, at least 5 organizations/community health centers/community members per year will participate in the project Advisory Committee, and at least 15 will participate in Community Listening Sessions to co-create the health literacy and sustaining adherence plans.

- Community Listening Sessions for 2023 completed.

Support Organizations & the Workforce	
Obj. 2:	100 individuals per year will receive training in health literacy best practices, racial equity, and public health communication strategies, with at least 85% of attendees indicating knowledge growth and intention to use health literacy best practices in post-survey. Trainings for health care providers serving the target population will emphasize Healthy People 2030 goals of checking understanding, involving the patient in decision-making, & building communication skills.

UBUNTU proposes six virtual sessions (3 hours) for 2023 Fall Health Literacy Trainings as dated below, we will increase trainee engagement and attendance, Additional it will enhance the learning experience as everyone will journey through the material altogether and all at once, most importantly our goal is to train at least 142 more people to meet the project objectives.

- September 7, 2023- 1pm-4pm
- September 12, 2023 – 9am- 12pm
- October 10, 2023 – 9am- 12pm
- October 12, 2023- 1pm- 4pm
- November 7, 2023- 9am- 12pm
- November 9, 2023- 1pm- 4pm

Obj. 3:	Develop and disseminate at least 50 culturally specific Health Literacy (HL) “Kits” per year to help implement best practices in HL/adherence (HL planning guide, posters, social media/web tools, brochures, self-assessment tool, culturally-specific COVID information, resource guide). These will be given to each training attendee, relevant grantees of the City Grant office (i.e., block grant nonprofits), and health-relevant nonprofits/health centers.
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- Update TBD

Advancing Health Literacy-MKE- Monthly Partnership Update

Support to Find, Use & Understand Health Information

Obj. 6:	Sponsor/host and, along with partner orgs, participate in at least 4 community events per year (i.e., health fairs, cultural events, neighborhood events) to disseminate relevant information to improve informed health/COVID decision-making and access to health services.
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Focus of AHL Outreach Community via Community Events is to engage (increasing awareness of needs/barriers) & Educate (giving resources and options) will be in disparate communities in MKE as defined by the AHL disparity impact statement:

- Interact with the community to hear about their practices and priority concerns about COVID.
- Invite attendees to complete our community survey.
- Outreach focus- ask open ended questions about their needs related to health literacy.
- Barriers to understand health information.
- Barriers to take action or use health information.
- Action (connect with CHW's or other resources in the community).

Education focus is to answer questions and distribute health information related to serve as a reactor panel to understandability and usability of the materials and additional needs.

- Keep a running tally and log for each of the below
 - ✓ How to ask questions of your health provider?
 - ✓ COVID
 - ✓ COVID Testing
 - ✓ Isolation vs Quarantine
 - ✓ (List our pieces from Health Literacy kits).

Participation in the following event: (70) Materials handed out

- 08/31/2023 - International Overdose Awareness Day
 - ✓ Samad's House
 - ✓ UMOs
 - ✓ Mitchell Park Pavilion

Upcoming Participation in the following events:

- 09/13/2023 – WCS 7th Annual Community Resource & Job Fair
- 10/21/2023 – Milwaukee Fatherhood Summit 2023

Improve Communication Strategies, Access & Materials	
Obj. 7:	Develop and strategically disseminate at least 3 types of culturally specific communication materials using racial equity and health literacy lenses – ensuring it is accurate, accessible and actionable - to target racial health disparities related to COVID-19.
Obj. 8:	Public Awareness campaigns with culturally specific health literacy messaging will use at least 3 means of communication per year (ex., billboards, radio, bus shelter posters, flyers, murals, etc.).

AHL partnership goal: Community health survey completion target= 1000

- Total cumulative surveys completed as of 09/2023= 473 (information provided by Michelle Corbett, CUPH).
- AHL partner media campaign discussion – 09/11/2023 (Attendance Required)

AUTHENTIC COMMUNITY ENGAGEMENT: NAVIGATING THE COVID-19 PANDEMIC FOR DEEP IMPACT IN MILWAUKEE - A COMMUNITY RESILIENCE IMPERATIVE (CRI) CASE STUDY

Executive Summary

August 28, 2023

Abstract

This case study explores the impact of deep community engagement and power-sharing through forming the Community Resilience Imperative (CRI) during Milwaukee County's COVID-19 response. It was crucial to involve individuals with expertise and connections to communities impacted by health and racial inequalities in the County's efforts to address the pandemic. This helped to bridge gaps and bring invaluable knowledge, enhance credibility, and facilitate trust-building between government and community. The case study highlights the community-centered decision-making process, the real-time information exchange between the community and systems, and the significance of addressing racism and its effects when advancing health equity. Readers will gain insights and lessons for enhancing community partnerships and empowering Black and brown populations in public health initiatives.

Key Findings and Insights:

1. **Community-Centered Decision-Making:** The case study emphasizes the pivotal role of individuals with both context (geographic, cultural, and community) and content (public health) expertise in shaping decisions during the pandemic. Including these voices facilitated a more collaborative and effective approach to addressing the crisis.
2. **Racial Equity Commitment:** Milwaukee County's commitment to addressing racism as a public health crisis in 2019 laid the foundation for inclusive and equitable pandemic response efforts, demonstrating the importance of addressing systemic inequalities.
3. **Collaboration and Power-Sharing:** Including Black Milwaukeeans catalyzed operations and decision-making shifts within the Unified Emergency Operations Center (UEOC), resulting in more effective community engagement.
4. **Innovative Resource Allocation:** The resulting community-led initiatives and re-granting processes allowed for the efficient allocation of resources, ensuring that funding reached grassroots organizations and communities in need.
5. **Improved Messaging and Trust-Building:** The resulting culturally sensitive messaging and trusted messengers were vital in increasing trust among residents and encouraging vaccine uptake.
6. **Impact on Vulnerable Populations:** Data-driven decision-making, combined with the involvement of resident experts, significantly improved vaccine distribution, reducing COVID-19 transmission and mortality rates.

Recommendations:

1. **Replicate the CRI Model:** Encourage the replication of the CRI model in other regions to enhance community engagement and equitable decision-making in public health work as well as other aspects of problem-solving.
2. **Prioritize Community Voices:** Prioritize the voices of underrepresented communities and residents in decision-making processes, ensuring their needs are central to all efforts to advance the community.
3. **Invest in Culturally Competent Messaging:** Engage trusted community messengers and develop and disseminate culturally sensitive messages by employing asset-based approaches.
4. **Expand Funding Accessibility:** Implement community-informed re-granting processes to make funding accessible to grassroots organizations and under-resourced communities, which can increase alignment between needs and resources.
5. **Embrace Structural Change:** Embrace equity as a dynamic process and foster structural organizational changes to ensure ongoing community engagement and power-sharing.

Conclusion:

Milwaukee County's experience demonstrates the profound impact of authentic community engagement and power-sharing in pandemic response efforts. By empowering residents, collaborating across sectors, and addressing racial disparities, Milwaukee County saved lives and set a new standard for community-driven public health initiatives. This case study provides valuable insights and serves as a model for enhancing community partnerships and promoting equity in future public health endeavors.



Authentic Community Engagement: Navigating the COVID-19 Pandemic for Deep Impact in Milwaukee - A Community Resilience Imperative (CRI) Case Study

August 28, 2023

ABSTRACT

This case study explores the impact of deep community engagement and power-sharing through forming the Community Resilience Imperative (CRI) during Milwaukee County's COVID-19 response. It was crucial to involve individuals with expertise and connections to communities impacted by health and racial inequalities in the County's efforts to address the pandemic. This helped to bridge gaps and bring invaluable knowledge, enhance credibility, and facilitate trust-building between government and community. The case study highlights the community-centered decision-making process, the real-time information exchange between the community and systems, and the significance of addressing racism and its effects when advancing health equity. Readers will gain insights and lessons for enhancing community partnerships and empowering Black and brown populations in public health initiatives.



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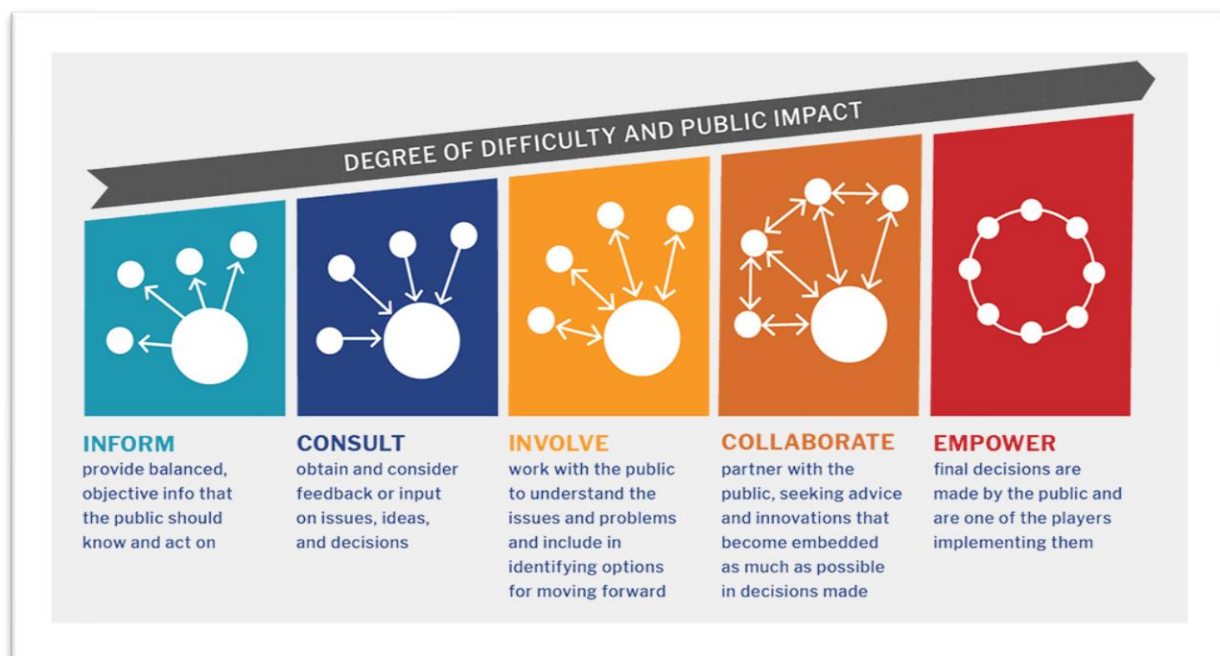
INTRODUCTION

The following is a case study on the impact of including resident experts in real-time during the Milwaukee County COVID-19 pandemic response. Guiding work on this case study was an intent to explore and understand: ***How do communities create deep impact through community engagement and power-sharing? What is the (demonstrated) value in that?***

In the case study, we define a *resident expert* as a reliable and knowledgeable source of information within a specific organization or community. They are highly regarded for their specialized expertise and play a crucial role in decision-making, problem-solving, training, mentoring, and sharing knowledge with others due to their credibility and relationships.

In this work, *community engagement* means getting community members, groups, and people with a stake in the community involved in making decisions, solving problems, and working together to improve their community because they are affected by the decisions. It's a way for everyone to talk openly, participate in important choices, and share responsibility. Authentic community engagement helps people feel empowered, builds trust, includes everyone, and unites the community. It's like a two-way street where everyone works together for the well-being and progress of the community.

Categorization of community engagement efforts in the government and non-profit sectors often include approaches such as Inform, Consult, Involve, Collaborate, and Empower. The focus of the case study, the Community Resilience Imperative (CRI), operated heavily within the Collaborate and Empower dimensions and deeply influenced the work of Informing, Listening and Involving during Milwaukee County's COVID-19 pandemic response.



Source: [Community Engagement - Harvard Catalyst](#)

In this case study, we examine and highlight the community-centered decision-making process and the value of real-time information exchange between the community and systems. The goal is to provide valuable knowledge to those who seek to enhance community partnerships, engagement, and empowerment. We believe readers will see a strategy that connected people and systems, improved these systems, and saved lives in timely ways.

MILWAUKEE COUNTY CONTEXT

In 2019, Milwaukee County declared *racism*¹ a public health crisis, being the first jurisdiction in the country to do so. Chris Abele, then-County Executive, said, “It is Milwaukee County’s responsibility to address racism, including seeking solutions to reshape the discourse, actively engaging all citizens in racial justice work. Local government needs to take a leadership role and we intend to do so.” County Board Chairwoman Marcelia Nicholson said, “We’ll be on the right side of history as we re-write the text for what it means to grow up as a Milwaukeean. We cannot rest until every citizen is treated with dignity and respect.”^{2,3}

2020 AND THE ONSET OF THE COVID-19 PANDEMIC

In March 2020, the Milwaukee County Executive established the Unified Emergency Operations Center (UEOC) to address the COVID-19 pandemic through coordinated efforts and information sharing. The Department of Health and Human Services (DHHS) and the Office of Emergency Management (OEM), worked together to create this office. DHHS handles county support and services to create healthy communities, and OEM is responsible for the county’s emergency management framework. Addressing COVID-19 required both. They successfully brought together representatives from all public health departments across the 19 municipalities, healthcare providers, relevant County offices and employees, and State of Wisconsin *public health*⁴ personnel. This collaborative effort aimed to share valuable information and make impactful decisions to ensure the best possible outcome for the residents of Milwaukee County.

“Black residents in Wisconsin have been hit the hardest. A Black person is more than four times as likely to die of COVID-19 than their white counterparts, and in Milwaukee, nearly 90 percent of infections are people of color.”

¹ The system and hierarchy of racialized power, privilege, and prejudice-based decision making, based on the construct of “race”, that advantages white people over people of color

² [Milwaukee County leaders proclaim racism a public health crisis \(jsonline.com\)](https://www.jsonline.com/story/news/local/2019/11/14/milwaukee-county-leaders-proclaim-racism-a-public-health-crisis/5411110002/)

³ For those interested in deepening their understanding of the history, please see The Making of Milwaukee by John Gurda, [The State of Black Milwaukee in National Perspective: Racial Inequality in the Nation’s 50 Largest Metropolitan Areas. In 65 Charts and Tables.](https://www.uwm.edu/center-for-economic-development/65-charts-and-tables/) - Center for Economic Development (uwm.edu), and the [Mapping the echoes of racially restrictive property deed covenants in Milwaukee \(uwm.edu\)](https://www.uwm.edu/center-for-economic-development/mapping-the-echoes-of-racially-restrictive-property-deed-covenants-in-milwaukee/) project.

⁴ The science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals

Building on the 2019 declaration, in April 2020, the County Board unanimously passed an ordinance⁵ that commits the county government to identify and address policies, practices, and power structures perpetuating inequities for Black, brown, and Indigenous people. Nicole M. Brookshire, the then-Executive Director of the County's Office on African American Affairs, emphasized the ordinance's focus on elevating public participation, ensuring *community*⁶ voices are heard as they advance *racial equity*.^{7,8}

Current County Executive David Crowley continued the commitment at the ordinance signing, noting the direct relevance. "Racial equity will not only guide our response and recovery from the COVID-19 pandemic, but it will inform the way Milwaukee County does business moving forward."⁹ And in July 2020, his office noted, "Black residents in Wisconsin have been hit the hardest. A Black person is more than four times as likely to die of COVID-19 than their white counterparts, and in Milwaukee, nearly 90 percent of infections are people of color. Additionally, the economic challenges for families and individuals in the county because of COVID-19 are staggering."¹⁰

Calls for action have empowered the equity work that Milwaukee County employees and residents are engaging in. In the ordinance, the County identifies five transformational focus areas that would create more equitable services and programs for residents¹¹:

1. BUILD A MORE DIVERSE AND INCLUSIVE WORKFORCE IN WHICH EMPLOYEES REFLECT THE DIVERSITY OF THE COMMUNITY AT ALL LEVELS AND WHERE DIFFERENCES ARE WELCOMED AND VALUED.
2. ENSURE A DIVERSE ARRAY OF MILWAUKEE COUNTY EMPLOYEES AT ALL LEVELS ARE INVOLVED IN DESIGNING EQUITABLE PROGRAMS AND SERVICES THAT MEET THE NEEDS OF THE COMMUNITY.
3. DESIGN MILWAUKEE COUNTY SERVICES TO MEET RESIDENTS' NEEDS, RATHER THAN ASKING RESIDENTS TO FIT THEIR NEEDS INTO EXISTING MILWAUKEE COUNTY SERVICES.
4. TRACK AND ANALYZE DATA TO BETTER UNDERSTAND THE IMPACT OF COUNTY SERVICES AND FIND SOLUTIONS ACCORDINGLY.
5. GENERATE NEW SOURCES OF REVENUE AND IMPLEMENT ADDITIONAL EFFICIENCIES TO ADDRESS THE STRUCTURAL DEFICIT AND MAKE NEEDED INVESTMENTS THAT ADVANCE RACIAL EQUITY.

⁵ [Chapter 108 - ACHIEVING RACIAL EQUITY AND HEALTH | Code of Ordinances | Milwaukee County, WI | Municode Library](#)

⁶ Groups of people that may or may not be spatially connected, but who share common interests, concerns, or identities

⁷ Just and fair inclusion of people of color in a society where all people can participate, prosper, and reach their full human potential

⁸ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

⁹ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

¹⁰ [Milwaukee County Executive David Crowley Thanks Senator Tammy Baldwin](#). For further understanding of the impact of COVID-19 on Blacks in Milwaukee County see [In Milwaukee, A Rising Majority of New Coronavirus Cases Are African American Men \(blackenterprise.com\)](#) and [Why Is Milwaukee's Black Community Suffering the Worst Effects of Coronavirus? \(milwaukeeamag.com\)](#)

¹¹ [Milwaukee County Passes Ordinance to Achieve Racial Equity and Improve Health Outcomes](#)

Through advancing these focus areas, specifically numbers 1-4, it was an expectation that work to address COVID-19 would explicitly consider health and racial disparities while also involving the residents in the process and decisions being made.

Multiple interviewees noted that during the UEOC meetings, lead DHHS staff member, T.J. Cobb recognized the importance of consistently asking "Who is missing?" from the conversations and approached that from an action-oriented mindset. In response to this crucial question, the need for the voices of Black Milwaukeeans with strong ties to the most affected communities and a deep understanding of the culture and perspectives surrounding health and well-being emerged. Responding to the recognized gap, these resident expert individuals were invited to represent the community's voices by joining the UEOC. They brought valuable expertise, credibility, and trust¹² and were similarly motivated to positively impact Milwaukee County through collective impact, advocacy, and partnership building.¹³ Each had pre-existing relationships spanning decades and connections across communities and systems.¹⁴ UEOC leadership committed to ensuring space for their voices and active listening.

With support and involvement from UEOC leadership, a new group of stakeholders representing diverse community perspectives were invited to participate in the discussion and formed a standing subcommittee: the Community Resilience Response Team (CRRT). In July 2021, having seen *impact*¹⁵ and opportunity in the work, the members organized themselves into the Community Resilience Imperative (CRI) as a *collective impact group*.¹⁶ The charter they developed in that process is designed to serve as an agreement on a common agenda and shared approach during UEOC work and beyond. UEOC work continued through July 2021.¹⁷

METHODOLOGY

At the August 2022 CRI Steering Committee meeting, held jointly with the Office of Equity (OOE) staff, it was clear that important equity work had occurred during the group's formation and participation in the COVID-19 response by Milwaukee County. Work needed to capture specifics, and if shared, many could benefit.

Ciara Hartzog, OOE Research and Advocacy Manager, and Kristin Vogel, OOE FUSE Fellow, collaborated to design interviews and conduct research. We aimed to gather information on various topics, including community engagement, *power-sharing*¹⁸,

¹² Interview with Curtis Marshall

¹³ Interview statement by Dr. Quinton Cotton in the Steering Committee interview

¹⁴ Interview with Steering Committee members

¹⁵ The fundamental intended or unintended change occurring in organizations, communities, or systems because of program activities

¹⁶ Network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change

¹⁷ [Public Health Collaborative Addresses COVID Response – Milwaukee Health Care Partnership \(mkehcp.org\)](https://mkehcp.org)

¹⁸ When people with different strengths, skills, community connections, knowledge, roles, and lived experiences work together to make decisions equitably

*health literacy*¹⁹, *health equity*²⁰, community-centered decision-making, and empowerment, among others, related to CRI.

The case study project was approved in December 2022. Interviews and research were conducted from February to April 2023. Twelve individuals were interviewed, and 30 others were solicited through a questionnaire.

Methodology Strengths and Limitations: We gained valuable insights into CRI's work during the COVID-19 pandemic through interviews and document analysis. We got glimpses into the extent of work carried out by CRI members, UEOC, and their partners beyond what we had initially inquired about. Due to the chaotic nature of the pandemic, it was challenging to establish specific timelines for certain activities, as work was done swiftly, and memories faded quickly. While details on some activities will be available through future publications, we could not obtain other activities' details due to time constraints.

SHIFTING APPROACH WITHIN UEOC

Including the now-CRI members in the UEOC working meetings resulted in various shifts in how the group operated. The already organic nature of the dynamics continued shifting. In particular, the changes increased *community collaboration*²¹ and added new voices to the decision-making processes. The impacts that interviewees described created conditions that fostered increased effectiveness and a more profound effect on the overall work. The shifts were in two key areas: community collaboration and decision-making.

COMMUNITY COLLABORATION

One interviewee who wasn't part of CRI said that if the original UEOC members were more diverse from the beginning, they might not have needed CRI because the gaps filled by CRI wouldn't have existed.²² Instead, the people in charge were primarily white and held decision-making positions in government, medicine, and public health, which created these gaps. Even though they wanted to do a good job, these gaps made it harder to handle the COVID-19 pandemic effectively.

As illustrated in the Collaboration Continuum,²³ community collaboration deepened significantly when CRI members joined because their voices were included in the real-time decision-making processes. Work moved from Networking and Coordinating to Collaborating and, in some respects Integrating. For this case study, we are emphasizing the work in the Collaboration sphere.

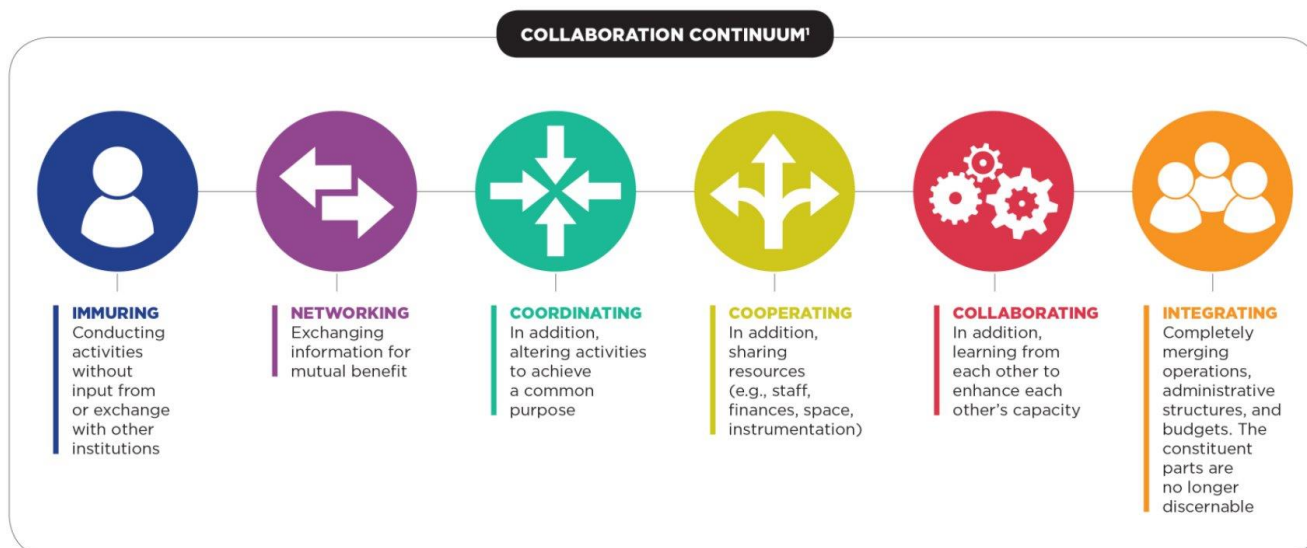
¹⁹ The degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others

²⁰ The attainment of the highest level of health for all people

²¹ Collective effort for shared goals.

²² Interview with Sumaiyah Clark

²³ The original Collaboration Continuum, which included Networking, Coordinating, Cooperating, and Collaborating, comes from Arthur T. Himmelman, *Collaboration for a Change: Definitions, Decision-making Models, Roles, and Collaboration Process Guide*. January 2002, Himmelman Consulting, Minneapolis, MN.



Source: ©2015 Debra Mashek. Shared under Creative Commons License (Attribution 3.0 Unreported). Please cite as Mashek, D. (June, 2015). Capacities and Institutional Supported Needed along the Collaboration Continuum. A presentation to the Academic Deans Committee of The Claremont Colleges, Claremont, CA

In this degree of collaboration, the community engagement moved to a more complex and more impactful point on the flowchart shown earlier. This approach differs from how communities are often involved, where residents participate in separate meetings less connected to the ongoing work. And in those meetings, frequently only specific parts of the project are considered. Interviewees said CRI was involved throughout, operating both as a subcommittee and participating in discussions of the whole.

Further, one interviewee mentioned that having CRI members present opened the pathway to a new way of thinking, calling it a *reflection space*²⁴. For example, when UEOC or sub-groups looked at data from focus groups, CRI helped them understand the important trends and relate more deeply to what residents were saying. The original UEOC members didn't have the same connections, knowledge, and experiences as CRI members, so they didn't have the context necessary for complete understanding. For collective impact specialists, this crucial way of engaging data with a racial equity lens is frequently called a *data walk*.

Some people interviewed noticed how they talked to the public changed after CRI members joined due to the shifts happening with the UEOC. The messages became more positive and focused on people's strengths, which worked better with the groups they were trying to reach. Before, the messages were more negative and *othered*²⁵ the focus population. You can learn more about this in the Impact section.

²⁴ Interview with Dr. Mara Lord

²⁵ Excluded or marginalized due to differences. Those interested in learning more, please, see: [Othering & Belonging Institute \(berkeley.edu\)](https://www.berkeley.edu/othering)

DECISION-MAKING AND POWER-SHARING

The UEOC was, by design, intended to be a mutual space for decision-making and included structural approaches to help ensure that societal hierarchies of power were minimized or disrupted. In UEOC meetings, the facilitator rotated each time to ensure the positional power of the role was decentralized. UEOC's operation evolved as dynamics evolved. Key to mention is that interviewees noted that the unifying, singular goal was essential.

Also significant was the ability and necessity of naming racism and its effects throughout the work. Several interviewees noted that the county's declaration of racism being a public health crisis set a pivotal context for the work. It began normalizing conversations about how racism is a factor that must be recognized and considered. We heard from multiple interviewees that this was particularly difficult early on, and while never easy, it became easier as the group worked together.

Throughout the case study interview process, it was clear that grappling directly with racism as a factor was crucial and challenging work. Individuals from the CRI held a distinct viewpoint that was not easily accessible to many others. Sharing this perspective was challenging because white societal conventions consider conversations surrounding racism as controversial and *polarizing*.²⁶

For example, understanding the Black experience of how both historical and current racism shapes Black Milwaukeeans' medical care within the United States, and Milwaukee County specifically, was crucial. As another example, understanding how othering happens in systems such as public health enabled UEOC to choose new and different ways of working.²⁷ Dealing with these issues became a multi-tiered, more profound experience for many in the UEOC work, shaped as well by the protests of 2020 and 2021.

The CRI integration and subsequent conversations increased the understanding and awareness of when and where racism was in play, shaping the decision-making and power-sharing within UEOC. More on this follows in the next section.

INTERVIEW REFLECTIONS

Throughout the interview process, several topics emerged repeatedly. Together they offer insights and detail into key moments, how work was approached, and significant activities. In each, a significant underlying and explicit dimension is the way racism shaped the conditions for Milwaukee County residents.

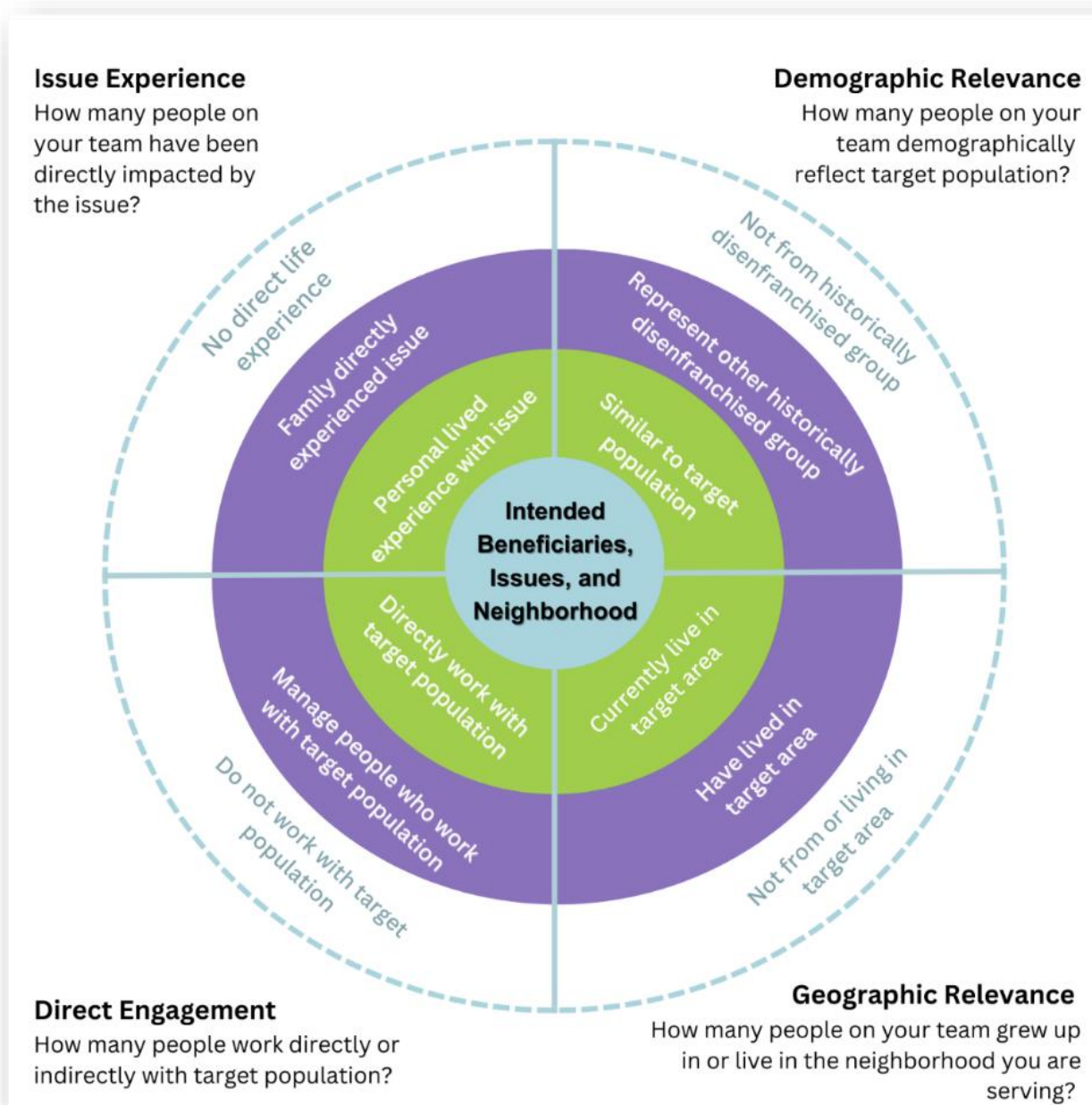
²⁶ Divisive, contrasting, stirring strong opinions

²⁷ Interviews with Curtis Marshall, Dr. Mara Lord, David Muhammad, Melissa Ugland, and steering committee members

WHO IS AT THE TABLE?

DHHS staff member TJ Cobb asked, "Who is missing?", to determine what needed attention. The Collective Impact Forum's Community Engagement diagram illustrates the gaps UEOC found when Cobb asked this critical question regarding how to fill these vital perspectives, "Who is missing?" At first, UEOC's members were mainly system leaders (shown in the outermost circle), far from those affected by COVID-19. To fix this, the UEOC added members who were more connected to the affected communities.

Source: [Collective Impact Forum - Community Engagement Toolkit](#)



MISSION, PRINCIPLES & APPROACH

The CRI's mission is "eliminate racial and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all *social determinants of health*"²⁸ (SDoH).²⁹ The system change approach includes the following:³⁰

- | | |
|--|--|
| <ul style="list-style-type: none"> - BETTER UNDERSTANDING THE CURRENT LANDSCAPE - LEARNING BY TRIAL - INCREASING COORDINATION | <ul style="list-style-type: none"> - INNOVATING SERVICES - ELEVATING POLICY-CHANGE OPPORTUNITIES - CALLING OUT RACISM |
|--|--|

Under the agreed-upon operating principles, CRI members influenced the UEOC to meet the needs of community members most adversely affected by COVID-19. This was accomplished by employing authentic community engagement and collective impact strategies: transparency, inclusion, equitable resource distribution, accountability, and power sharing. CRI utilized communication strategies such as active listening, cultural sensitivity, and appropriate communication channels and messengers. Including community voices was the genesis of the shift to power sharing and community collaboration.

OPERATING PRINCIPLES

1. MAKE DECISIONS THAT ARE COMMUNITY-CENTERED
2. EXECUTE STRATEGIES THAT ACHIEVE EQUITY, DIVERSITY, AND INCLUSION
3. ENSURE ACCESSIBILITY OF ALL RESOURCES
4. HOLD ACCOUNTABILITY TO THE GREATER GOOD OF COMMUNITY
5. ADVOCATE UNAPOLOGETICALLY FOR OUR VISION
6. BE FLEXIBLE TO COMMUNITY NEEDS
7. ELEVATE COMMUNITY SUSTAINABILITY
8. PARTNER WITH RESPECT AND COMPASSION
9. MAINTAIN *CREDITABILITY*³¹ WITH TRUST WITH AUTHENTICITY
10. COLLABORATE WITH STRATEGY AND IMPACT

Active listening and creating an environment of inclusion were crucial to the work's success. Organizations such as Jump at the Sun Consultants facilitated question &

²⁸ Aspects in life that affect our overall health and well-being: education, neighborhood and built environment, safety and justice, health and wellness, economic stability and mobility, family, and community.

²⁹ [Milwaukee Community Resilience Imperative PPT](#)

³⁰ [Milwaukee Community Resilience Imperative PPT](#)

³¹ Worthy of belief

answer sessions and focus groups to receive feedback on what support and resources community members and residents wanted and desperately needed to become resilient and thrive in the face of adversity.³² By trying to understand the current landscape, it was clear that residents wanted and needed to be at the table where problem-solving and decision-making were being carried out. As noted earlier, the results from these sessions were brought back to the UEOC, and it became a reflective space where CRI members could contextualize and explain to those who didn't relate or understand.

INNOVATIVE RESOURCE ALLOCATION

The pandemic required new ways for *grassroots groups*³³ and other sectors to collaborate to meet the needs of the most affected by COVID-19.³⁴ Varied funding sources (government, philanthropy, non-profit) were leveraged because UEOC and CRI were able to be explicit about needs. More than \$2 million (in-kind, grants, and resources) was received to fund focus groups, community training, improved messaging, and more. This was an unprecedented amount of funding for under-resourced Milwaukee communities.³⁵ Through this, "*mutual aid*"³⁶ became a goal and strategy.³⁷ And utilizing *community-informed re-granting*³⁸ to guide distribution allowed organizations and other sectors to join hands and respond to COVID-19 in a way that more effectively met needs.

Government funding allocation processes were innovated because residents had a seat at the table where spending decisions were being made. Residents were working with the government to decide which community needs were being prioritized.³⁹ The results of those conversations were used to create a simplified application for the Coronavirus Aid, Relief, and Economic Security (CARES) Act⁴⁰ Recovery Assistance funds. Grassroots groups that didn't have the financial infrastructure were able to apply for funding and be provided a fiscal agent at no cost to them.⁴¹ In providing external fiscal agents to facilitate the funding to grassroots groups, the delay in resources reaching communities was eliminated.⁴²

Throughout the case study, the importance of community collaboration and authentic community engagement is highlighted. Resident involvement in COVID-19 care and education were pivotal in bringing care into neighborhoods where it was needed the most. The Advancing a Healthier Wisconsin Endowment (AHW) announced a \$230,000

³² Interview with Dr. Mara Lord

³³ Community-led organizations, representing those affected by issues addressed and advocating for change

³⁴ Interview with Ian Bautista

³⁵ Interview with David Muhammad and [\\$86M in federal funds awarded to organizations helping underserved community businesses, entrepreneurs | Wisconsin Public Radio \(wpr.org\)](#)

³⁶ Collaborative and voluntary approach in which individuals or communities come together to provide support, resources, and assistance to one another

³⁷ Interview with David Muhammad

³⁸ Process that allows community members to directly participate in deciding how to allocate a portion of public funds

³⁹ Interview with Sumaiyah Clark

⁴⁰ A bill to provide emergency assistance and health care response for those affected by the COVID-19 pandemic. Those interested in learning more, please, see: [Text - S.3548 - 116th Congress \(2019-2020\): CARES Act | Congress.gov | Library of Congress](#)

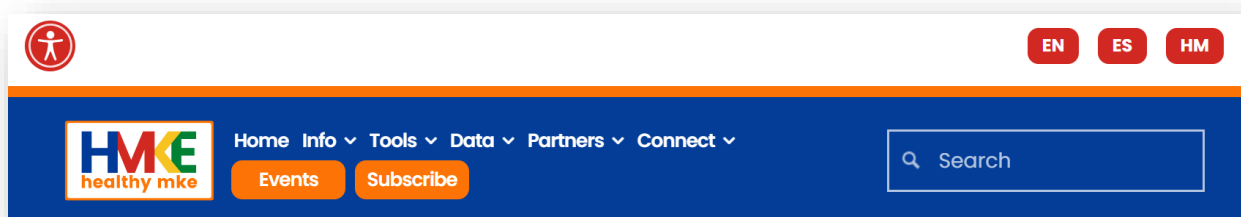
⁴¹ Interview with Sumaiyah Clark

⁴² Interview with David Muhammad

funding award to support COVID-19 care efforts underway.⁴³ This six-month funding went to UEOC partners, such as, Medical College of Wisconsin, Milwaukee Health Care Partnership and Jump at the Sun Consultants. Investment was made in low vaccination, high vulnerability areas by recruiting residents to participate in the community mobilizer program. Participants were paid \$17-\$20 per hour to canvas neighborhoods with medical professionals, such as Alverno nursing students trained by Jump at the Sun Consultants, to inform residents about COVID-19 vaccines and care and other resources available to them.⁴⁴ This funding was also allocated to groups like Inpower to align COVID-19 care messaging.

ALIGNING COVID-19 MESSAGING

More culturally sensitive messages and messengers were necessary to influence resident decision-making processes. Lack of trust was a recurring theme in barriers to community members and residents receiving COVID-19 care. The viral spread of *misinformation*⁴⁵ and *disinformation*⁴⁶ made it hard for people to make informed medical decisions for themselves and their families. Milwaukee Healthcare Partnership (MHP) and Inpower banded together to develop more appropriate, trusted communication channels and messages. David Muhammad credited MHP and Inpower for shifting the tone of messages away from that of condemnation and disparity focused.⁴⁷ Healthy MKE (HMKE) is a COVID-19 health education and navigation platform. It was developed to share accurate and up-to-date information on COVID-19 health resources. Its content is offered in several languages, increasing its accessibility. HMKE's key focus areas are COVID education and mitigation, or reduction of severity, immunization and access, health insurance education and access, and community access to healthcare services. It uses bright colors, encouraging language, and diverse faces to share information transparently, with little to no pressure, and is easily accessible.



Other areas of messaging were innovated or developed as well. Videos were being shared on Milwaukee County websites where relatable speakers would share information on COVID-19-related questions, social media campaigns were spotlighting

⁴³ [Funding News: AHW Awards Funds to Support COVID-19 Vaccination Outreach in Milwaukee County \(ahwdownment.org\)](https://www.ahwdownment.org)

⁴⁴ Interview with Dr. Mara Lord

⁴⁵ False or inaccurate information

⁴⁶ False information knowingly spread with intentions of misleading to influence public opinions

⁴⁷ Interview with David Muhammad

people in more dignified ways, and credible messengers were out on foot delivering information – meeting residents where they felt most comfortable: home.⁴⁸

BRINGING VACCINES TO THE PEOPLE

Milwaukee County was one of the first jurisdictions to align COVID-19-related data with the nationally available social vulnerability index, displaying the data on the County COVID-19 dashboard. In conjunction then UEOC, CRI, Public Health departments and others were able to identify the zip codes where residents had the highest vulnerabilities. The data-informed conversations, focus group findings reports and CRI-influenced understanding led to significant impacts in the vaccines (and previous testing) that were distributed through the community.

To start, debriefing on barriers to COVID-19 care identified transportation, accessibility, and trust as key factors to address in COVID-19 interventions. For example, concentrating early work at sites on Milwaukee's Southside missed a portion of the intended recipients due to a mix of transportation and trust dynamics.

Work refinements led to neighborhood-based services, such as deploying Alverno College nursing students or firefighters accompanied by neighborhood residents to go door-to-door offering vaccines and information in real-time.⁴⁹ Lorraine Lathan, the founder and president of Jump at the Sun Consultants, pointed out that many students were entering areas that were unfamiliar to them. On-going trainings were provided to Alverno nursing students by Jump at the Sun Consultants in advance that



supplemented the traditional nursing curriculum. The trainings provided valuable communication skills that allowed them to converse with diverse groups of residents and share resources that would foster well-informed decision-making.⁵⁰

Lorraine Lathan, left, president and founder of Jump at the Sun Consultants and Dr. Mara Lord, right, senior vice president, university engagement and strategic planning at Medical College of Wisconsin

Photo credit: Angela Peterson, Milwaukee Journal Sentinel

⁴⁸ Interview with Melissa Ugland

⁴⁹ [Milwaukee is going door-to-door with COVID-19 vaccine info and shots \(jsonline.com\)](https://www.jsonline.com/story/news/health/2021/05/11/milwaukee-is-going-door-to-door-with-covid-19-vaccine-info-and-shots/7411112002/)

⁵⁰ Interview with Lorraine Lathan

As another example of leveraging expertise with opportunity, Ericka Sinclair, Founder & CEO of Health Connections Inc., set up testing and vaccination booths for more accessible healthcare resources for Milwaukee residents and others.^{51, 52}

These activities resulted in mitigating COVID-19 transmissions and death as shown in the next section. In addition, the kind of showing-up that this represented resulted in pride.⁵³ One interviewee noted that in some cases, people traveled from multiple states to receive care here because of the work the CRI and partners did in Milwaukee.⁵⁴

IMPACT

Authentic community engagement and power-sharing strategies proved highly effective in positively impacting Milwaukee residents during the COVID-19 pandemic. Establishing trust and rapport across sectors allowed communities to collaborate with other residents and healthcare professionals and develop deep connections. This increase in trust saved lives. Residents were receiving accurate information from trusted messengers, which led to increased rates of vaccinations and testing, and severe cases and deaths decreased in more vulnerable communities.⁵⁵

"One of the most meaningful and impactful experiences that I've had is when I arrived at a person's door and they stated that they would never have gotten the vaccine if it wasn't for me showing up and ringing his doorbell," said Porsha Brown, a nursing student at Alverno College and part of the team of mobilizers.⁵⁶

Dr. Benjamin Weston, Medical Director for the Milwaukee County Office of Emergency Management (OEM), illustrated the impact via the [County COVID-19 dashboard](#) data. Under the EVE Model tab on the Percentage of First Doses by Vulnerability, the growth of those who are most showed that vaccination efforts improved for vulnerable populations, with the percentage of first doses administered increasing significantly. The vaccine rate for this group increased from 1 in 20 to 1 in 2 due to the interventions. The rate increase was attributed to the impacts of having CRI in the meetings and helping to shape the processes.

⁵¹ Interview with Sumaiyah Clark

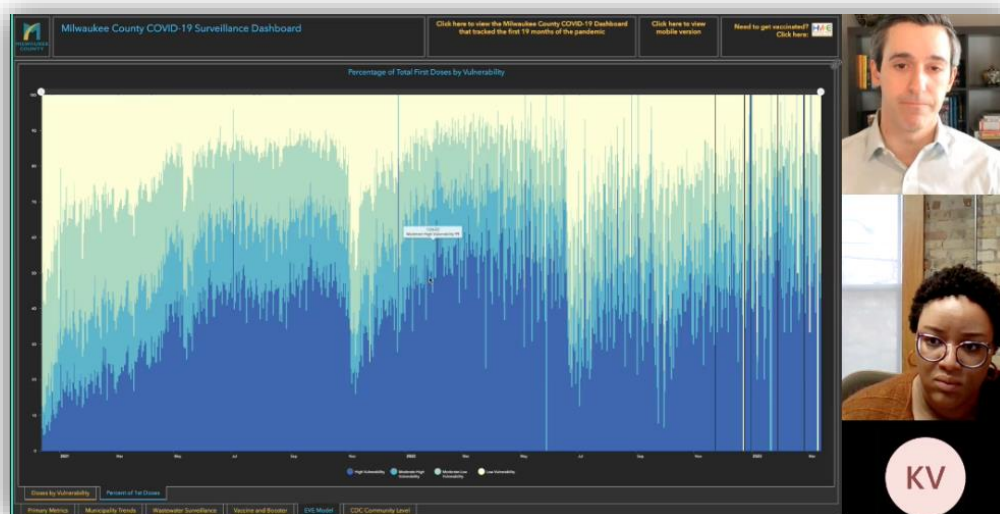
⁵² [Health Connections Inc. is Participates in Project Finish Line \(healthconnectmke.org\)](#)

⁵³ Interview with Dr. Mara Lord

⁵⁴ Interview with Melissa Ugland

⁵⁵ Interview with Dr. Benjamin Weston

⁵⁶ [MKE COVID-19 program will go door-to-door to build vaccine confidence \(tmj4.com\)](#)



Source: Dr. Benjamin Weston CRI Case Study Interview video

Of particular significance, community members reported feeling a sense of pride in doing something for their community. Goodwill was generated through residents seeing the presence of those representing government and healthcare going door-to-door with their neighbors, demonstrating care and concern.⁵⁷ The impact of community feedback to the UEOC was invaluable. Broadening the scope of community engagement allowed UEOC members to shift and to adopt what communities needed: representation and a seat at the table where decisions are being made. Two interviewees referenced how groups' operating practices shifted due to the CRI's formation. The unique *intersectionality*⁵⁸ of the ecosystem enabled funding structures to change.

Small organizations and grassroots groups were asked about their needs, and processes were modified to meet them. This community informed re-granting process made funding more accessible by adopting applicants' language and streamlining the funding applications.⁵⁹ An example of where this restructuring and streamlining was demonstrated was in how CARES Act applications and funding were processed. The shift in how funds were applied for and allocated allowed more diverse providers to be brought into the equation to serve more communities.⁶⁰ One stakeholder shared, "The connection that was established [was significant]".

***"We finally opened the gates to our resources and shared them in the most efficient manner possible. It was no longer a fight for resources."*⁶¹**

Multiple individuals noted the shifts in understanding that occurred personally during the work and the protests of 2020, and which continue to shape how they and their

⁵⁷ Interview with Dr. Mara Lord

⁵⁸ A lens through which you can see where power comes and collides, where it interlocks and intersects

⁵⁹ Interviews with Sumaiyah Clark and David Muhammad

⁶⁰ Interviews with Sumaiyah Clark and David Muhammad

⁶¹ Comment from Justin Roby of the non-profit Diverse and Resilient

organizations work. One organization reported having overhauled its mission, vision, and ways of operating considering the experience and has continued leveraging the partnerships that started through the connections CRI facilitated. Some individuals reported a new depth of understanding of racism and how structural racism can be countered. Finally, one individual spoke eloquently about her shift in understanding. Dr. Mara Lord shared:

“And you know, we can talk about messaging, and we can talk about representation, but what was pivotal to me was that equity has to be everywhere. And that equity is not just in the faces that you see or the messages or you know... equity is in the people who are at every point in that journey. That. There's equity through all of that. That was pivotal for me....I was really thinking about health equity and what it really means. And I was thinking; I used to think of health equity as a noun, as a thing. But I guess I learned -- and cri was part of this, right? My whole work was... health equity has to be a verb, right? It has to be. It's action. It's action through and through. There's no noun in there at all.”

Looking ahead to what comes next for the Community Resilience Imperative, interviewees mentioned their interest in exploring priorities through strategic planning, policy development, identifying new areas for mutual support, and engaging in county participatory budgeting activities. Many interviewees hope that sharing about CRI's work will serve as a resource for systems change and collective impact with other sectors. It is hoped that improved visibility will further promote efforts for transformation in Milwaukee County, so that we become the healthiest county in the state.

CONCLUSION

The evidence shows Milwaukee County created a deep impact through authentic community engagement and power sharing. Authentic community engagement that drew on all five dimensions in the Harvard Catalyst image was necessary to navigate the COVID-19 pandemic's severity. The work empowered residents, cross-sector partners, and grassroots groups to come together for the good of Milwaukee communities. Applying the CRI's operating principles to the system change approach was a strategy that connected people, improved work processes and products, and saved lives. CRI presence and involvement in the Milwaukee County pandemic response catalyzed advanced the hopes and charges voiced by Chairwoman Nicholson and County Executive David Crowley (noted in the introduction) to empower residents, demonstrate respect & dignity for all citizens, and set a new standard in how the County operates.

FOR THOSE LOOKING TO START APPLYING NEW APPROACHES TO COMMUNITY ENGAGEMENT

1. DEVELOP DEEP RELATIONSHIPS WITH COMMUNITY GROUPS AND RESIDENTS.⁶²
2. IDENTIFY YOUR MOTIVATION AND THE DIFFERENCE YOU WANT TO MAKE.⁶³
3. INCLUDE, ELEVATE, AND AMPLIFY THE VOICES OF THOSE THAT YOU ARE SERVING.⁶⁴
4. SPEAK TRUTH TO POWER – STAND UP FOR WHAT IS RIGHT.⁶⁵
5. UNDERSTAND WHERE AND HOW COMMUNITY MEMBERS WANT TO BE INVOLVED.
6. MAINTAIN ACCOUNTABILITY – MEET EXPECTATIONS, BE TRANSPARENT AND RECOGNIZE YOUR RESPONSIBILITIES.
7. REMOVE BARRIERS BY SEEKING SUPPORT FROM THOSE ALREADY DOING THE WORK.⁶⁶
8. BE AN ADVOCATE FOR HEALTH EQUITY.

⁶² Interviews with Curtis Marshall and Dr. Benjamin Weston

⁶³ Interview with Dr. Mara Lord

⁶⁴ Interview with Ian Bautista

⁶⁵ Interviews with Curtis Marshall and Sumaiyah Clark

⁶⁶ Interview with Melissa Ugland

ACKNOWLEDGMENTS

Thank you to the Community Resilience Imperative members for your willingness to let us tell the story and impact of your work. We know the work was both difficult and rewarding. We are confident that more people need to understand the difference it made so that others can follow the path of deep and authentic community engagement.

Thank you to T.J. Cobb for straddling community and government, leaning into being fully of both, and being the catalyst for saving many lives in Milwaukee County during the COVID-19 pandemic. May we all realize we are all fully both and seize the power that it brings.

Thank you to all the interviewees for your participation in providing the rich stories used to develop this case study. Your insights, advice, and accounts have been invaluable. Your enthusiasm and desire to work hard on health and racial equity issues is greatly appreciated.

Thank you to Milwaukee County residents. We do this work best together.

Thank you to the leadership in the OOE and County. Without top leaders' deep buy-in and commitment, this work would have much less impact by having much less traction.

Thank you to our colleagues in the Milwaukee County Office of Equity. Your support, input, and camaraderie in doing this work are invaluable.

PARTICIPANTS

Ian Bautista is the Senior Director of Civic Engagement at the Greater Milwaukee Foundation. He joined the CRI steering committee several months into the work.

Sumaiyah Clark currently serves as the Director of Systems Integration at the Milwaukee County Department of Health and Human Services. At the onset of the COVID - 19 pandemic, her role was Enterprise Project Administrator. Her role included tracking departmental work on the County's racial and health equity priority; therefore, she intersected with and collaborated with the UEOC lead, T.J. Cobb.

T.J. Cobb led the Milwaukee County UEOC and facilitated the launch of the CRI by forming the community response team of the UEOC. Her position at that time was Enterprise Projects Manager. She is the Director for Enterprise Quality within the Milwaukee County Department of Health and Human Services.

Dr. Quinton Cotton, social work scientist, is a founding member of the CRI steering committee. He is a Managing Member of QDC Research and Policy Consulting Group LLC. He is also a co-founder of the MKE Black Grassroots Health Care Network, along with Ericka Sinclair and others.

Lorraine Lathen is the founder and president of Jump at the Sun Consultants, LLC. Her firm was a significant contributor during the COVID-19 response, particularly delivering training in the Community Mobilizer program.

Dr. Mara Lord is Senior Vice President, University Engagement and Strategic Planning at the Medical College of Wisconsin. During the pandemic, she was a highly active UEOC member, regularly engaging with T.J. Cobb and providers hired based on CRI input and feedback.

Curtis Marshall served as a State of Wisconsin liaison 2020-21, to the County UEOC due to his role as public health strategist for the State. As such, he observed CRI's formation and contributions to the work being done through UEOC members.

David Muhammad is the Deputy Director of Milwaukee County's Department of Health and Human Services (DHHS). As a member of the County's UEOC, he worked closely with DHHS staff, including T.J. Cobb, who was charged with launching UEOC with the County Executive's Office and the Office of Emergency Management (OEM).

PARTICIPANTS, CONTINUED

Jeffery Roman is a member of the CRI steering committee. He joined the Milwaukee County Office of African American Affairs as Executive Director in July 2020. He oversaw its transition to the Office of Equity, serving as the County's Chief Equity Officer.

Ericka Sinclair is the founder and CEO of Health Connections Inc. She is a founding member of the steering committee. Sinclair serves as a Board Member of the City of Milwaukee Board of Health, including past service as vice-chair. She is also a founder of the MKE Black Grassroots Health Care Network.

Joy Tapper is the Executive Director of the Milwaukee Healthcare Partnership. She participated in the meetings of the UEOC, intersecting with CRI members in that work. She volunteers, through the Medical College of Wisconsin, on the Healthiest Wisconsin Partnership Program Consortium Board.

Melissa Ugland, Principal at Ugland Associates, consulted for Milwaukee County, providing recommendations on creating a safe working environment for County employees. She was a regular attendee at the UEOC meetings and observed the formation of CRI.

Dr. Benjamin Weston is the Medical Director for the Milwaukee County Office of Emergency Management (OEM) and Associate Professor of Emergency Medicine at the Medical College of Wisconsin (MCW). As a member of the County's UEOC, Dr. Weston observed CRI's formation and participation in the COVID response work.

AUTHORS

Ciara Hartzog is the Research and Advocacy Manager for the [Milwaukee County Office of Equity](#). The foundation of her work is built on community-based research, ensuring that Milwaukee County residents are engaged in the work the County is advancing and that their voices are heard. Other work Ciara is contributing to are equity policy analysis, [Advancing Health Literacy](#) and supporting internal and external research.

Kristin Vogel is the FUSE Fellow in the [Milwaukee County Office of Equity](#). Her work as an executive fellow includes advancing the capacity of the County to address racial equity disparities through projects such as this case study, creating a [racial equity tool kit](#), serving as liaison to the Racial Equity and Inclusion Committee of the Intergovernmental Cooperation Council, and more.

CONTRIBUTORS

Zari Miller - Information and Outreach Coordinator

Tony Panciera - Senior Equity Policy Manager

Paula Phillips - Interim Executive Director

Jacqueline Zeledon - Strategic Communications Manager

APPENDIX

CRI Charter and Operating Principles

Community Resilience Imperative

After creating a sustained presence within the UEOC, this group redefined its efforts to focus on long-term commitment to community resilience. The Community Resilience Imperative is a collective impact group comprised of impacted residents, community-based organizations, faith partners, health clinics, municipal public health partners and health advocates committed to health equity and addressing health and social needs of the most vulnerable populations in Milwaukee County.

Vision | All Milwaukee County communities* have the ability thrive and to respond and heal in the state of a crisis.

Mission | Eliminate racial and social inequities through social cohesion in the face of oppression to drive system change by elevating protective factors across all social determinants of health

Community Resilience Imperative operates with the following **principles** to guide its work:

- Make decisions that are Community* Centered
- Execute strategies that achieve Equity, Diversity, and Inclusion
- Ensure Accessibility of all resources
- Hold Accountability to the greater good of Community*
- Advocate Unapologetically for our vision
- Be Flexible to Community needs
- Elevate Community* Sustainability
- Partner with Respect and Compassion
- Maintain Creditability with Trust with Authenticity
- Collaborate with Strategy and Impact

**Community: Various groups and individuals that are representative of all Milwaukee residents with an emphasis on those groups who are traditionally marginalized (i.e. communities of color, individuals with differing disabilities, aging individuals, etc.)*

Community Resilience Imperative Charter

(This is a living document and it will be updated as needed to shift with community priorities.)

Background

Since March 2020, public health agencies, governmental/municipal entities, and non-profit organizations across Milwaukee County have collaborated as part of a new entity, the “Unified Emergency Operations Center” (UEOC) / “COVID-19 Public Health Collaborative” to respond to the emerging COVID-19 crisis. The UEOC has been instrumental in coordinating efforts related to hospital capacity, PPE, media/information, data, testing, sector collaboration, and other aspects of COVID-19 response.

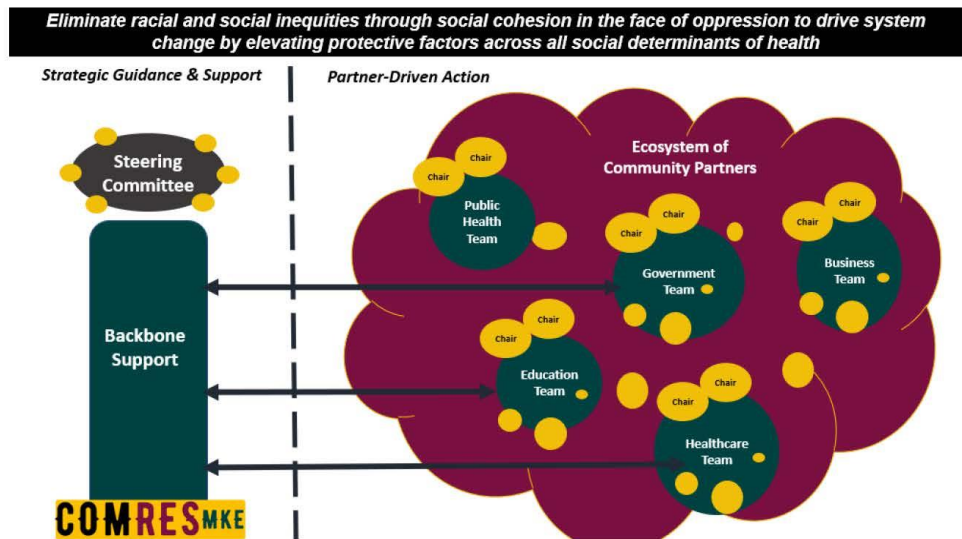
The emergency nature of the response to COVID-19 has meant that the community has not yet had a way to offer ongoing input into the response and planning associated with it. The Community Resilience Response Team (CRRT) was initially stood up to 1.) engage the voices and lived experience of communities most impacted by the COVID-19, Black and Brown Milwaukee County residents, 2.) offer input by reviewing documents and participating in meetings specific to various operation areas of the UEOC, and 3.) identify opportunities to leverage the UEOC’s position to address systemic inequities that further the disease burden of COVID-19 on Black and Brown residents across areas of social determinants of health.

Throughout 2020, CRRT was the driving force of community voice within the UEOC which resulted in successful execution of strategies that best served Milwaukee communities disproportionately impacted by the COVID-19 pandemic. These accomplishments including:

- Convened various community-based organizations and grassroots leaders to ensure coordination of COVID-19 resources
- Designed and allocated federal funds based on gaps identified by CBO and grassroots leaders
- Distributed approx. \$860,000 to CBO, small businesses and grassroots leaders serving black and brown communities in MKE Co. through the Community Resilience Fund
- Drove Milwaukee’s cross-sector regional COVID-19 response with community voice
- Coordinated various partners to secure a total of \$751,488 funds to support COVID-19 outreach efforts

System Change Approach

Guide vision and strategy	<ul style="list-style-type: none"> • Build a common understanding of the problem • Serve as a thought leader / standard bearer for the initiative • Ensure common agenda is updated as strategies unfold
Advance policy	<ul style="list-style-type: none"> • Advocate for aligned policy agenda to eliminate racial and social inequities • Stay on top of policy developments that impact racial equity efforts
Mobilize Resources	<ul style="list-style-type: none"> • Mobilize and align public and private resources to support racial and social equity and (the backbone itself)
Build community capacity/engagement	<ul style="list-style-type: none"> • Create a sense of urgency and articulate a call to action • Support community member engagement activities • Produce and manage communication (ie. Press release, reports ect.)
Support aligned activities	<ul style="list-style-type: none"> • Coordinate and facilitate partners' continuous communication and collaboration (ie. Lead meetings) • Recruit and convene partners and key external stakeholders • Seek out opportunities for alignment with other efforts • Ensure taskforces are being data driven
Established shared measurement practices	<ul style="list-style-type: none"> • Collect, analyze, interpret and report data • Catalyze or develop shared measurement systems • Provide technical assistance for building partners' data capacity



Backbone Support: Coordinate overall effort by executing system change activities

Steering Committee: Leaders of the Workgroups who champion various efforts with relevant stakeholders

Workgroup Chairs: Align member orgs' work to goals x strategies of teams where possible

Team Members: Boots-on-the-ground initiatives and leaders working on the issues at hand everyday

Deliverables

- Communication strategies are community-centered and provide timely, accurate and credible health information via outreach to various community organizations (incl. grassroots, faith-based, etc.) and small businesses.
- Resources are equitably deployed to grassroots organizations to meet immediate needs of individuals and families.
- Engage, provide training, and facilitate empowerment of community organizations (incl. grassroots, faith-based, etc.) and small business serving those most burdened by health and economic disparities through community capacity building
- Community* defines and names policy interventions necessary to achieve health equity and economic mobility and have the power to make it to law.
- Secure resources for the sustainability of collaboration and execution of Community Resilience efforts

Frequency of Meeting: Teams to meet 60 to 90 minutes monthly. Steering Committee to meet 60 to 90 minutes monthly.

Participants:

City of Milwaukee Office of Violence Prevention
 Wisconsin Black Health Coalition
 State of Wisconsin
 Progressive Baptist Church
 UW-Milwaukee Zilber School of Public Health
 Milwaukee County Department of Health Human Services
 Milwaukee County Office on African American Affairs
 Milwaukee County Resident(s)
 Health Connections Inc.
 INPOWER

Office of the Milwaukee County Executive
 Jump at the Sun Consultants
 United Community Center
 Aurora Walker's Point Community Clinic
 Core El Centro
 Near Westside Partners
 Milwaukee Health Department
 Office of U.S. Senator Tammy Baldwin
 Advocate Aurora Healthcare
 Metropolitan Milwaukee Alliance of Commerce
 True Skool
 Boys & Girls Club of Greater Milwaukee
 Sherman Park Community Association

United Neighborhood Centers of
Milwaukee

Others?

Staff Support:

1. TJ Cobb, DHHS (*temp*)
2. Jeff Roman, OAAA
3. TBD
4. TBD