



# REPORT

LEGISLATIVE REFERENCE BUREAU

[WWW.MILWAUKEE.GOV/LRB](http://WWW.MILWAUKEE.GOV/LRB)

---

# 29. Health Department, 2014

**Proposed Plan and Executive Budget Review**

## 29. Health Department

### I. EXECUTIVE SUMMARY.

**Table 29.1. Statement of Changes in Operating Budget, 2013 to 2014.**

2012 Actual Expenditures	\$11,903,828
2013 Adopted Budget	\$12,626,673
Personnel Costs	
Salaries & Wages	(\$34,840)
Fringe Benefits	(\$88,310)
Total Changes	(123,150)
Operating Expenses	\$76,806
Equipment Purchases	\$0
Special Funds	\$85,750
Total Changes	\$39,406
2013 Proposed Budget	\$12,666,079

**1. Total O&M expenditures increased 0.3%.** The 2014 Proposed Budget for the Health Department provides \$12,666,079 in total O&M funding, an increase of 0.3% from the amount provided in the 2013 Adopted Budget. The small increase reflects offsetting decreases in salaries, wages and fringe benefits and slightly larger increases in operating expenses and special funds.

**2. Personnel costs decreased 1.2%.** The 2014 Proposed Budget provides \$10,523,348, a reduction in personnel costs of \$123,150 (-1.2%); Salaries & Wages decrease \$34,840 (-0.5%), and Fringe Benefits decrease \$88,310 (-2.6%). One new position for a Human Resource Analyst is reflected in the 2014 Proposed Budget.

**3. O&M plus non-O&M grant and aid funding totals \$20.5 million.** Anticipated grant and aid funding in 2014 is

approximately \$7.9 million; the 2014 Proposed Budget Grant and Aid Deduction is \$4,757,441 and reduces salaries and wages otherwise totaling more than \$11.9 to the amount of \$7,187,059 in tax-levy funding in the 2014 Proposed Budget.

**4. STD rates remain high.** The incidence and rates of serious infection from sexually transmitted diseases (STDs) remains comparably higher in the Milwaukee metropolitan area than the majority of other large metropolitan areas.

**5. Infant mortality disparity remains high.** Latest annual figures find infant mortality disparity remains high in Milwaukee with Non-Hispanic Blacks experiencing 14.6 deaths per 1,000 in a rolling 3-year average for 2010 to 2012, Hispanic residents experienced 6.1 deaths per 1,000 and White residents experienced 5.2 deaths per 1,000. The overall rate has decreased from 11.9 per 1,000 in 2006 to 9.6 per 1,000 in 2012 and is approaching the 2017 goal of 9.4 per 1,000.

**6. Grant Funding For Lead Screening and Abatement Reaches a 20-year Low.**

Federal funding for lead hazard control has been significantly reduced in recent years and 2 awards are expected in 2014 for a total of \$417,000 grantor share funds. The number of residential units abated in 2013 will likely fall below 450.

**7. Capital projects.** The 2014 Proposed Budget includes \$425,000 in capital funding to maintain the Health Department's buildings. The Department retains \$925,000 in carryover borrowing authority. The window replacement project planned for 2013 is expected to be completed by October 31.

## II. INITIATIVES AND PROGRAMS.

### 1. Department Overview.

The mission of the Health Department is to improve and protect the health of individuals, families and the community. A widely-accepted definition of 'public health' is "...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" (1920, C.E.A. Winslow).

Per capita health care costs calculated by the Kaiser Family Foundation suggest that more than \$4.5 billion is spent annually on health care of City of Milwaukee residents. The annual \$20 million program of the Department amounts to less than ½ of 1% of this total health care expenditure. The role of the Department in such a large and complex health care environment is to identify the most serious unmet needs and to develop policies, programs and strategies that leverage available resources and community strengths to meet these needs.

The department has defined its objectives for 2014 to include:

- Control the spread of communicable disease.
- Reduce lead poisoning in children.
- Reduce injuries, disabilities and deaths due to violence.
- Prevent the spread of food borne disease.
- Reduce the infant mortality rate.
- Improve immunization compliance within the Milwaukee Public Schools to 90% by 2014.

The following sections will address each of these initiatives further:

### 2. Sexually Transmitted Infections and HIV.

The incidence and rates of serious infection from sexually transmitted diseases (STD) remains stubbornly high in the Milwaukee area. At the same time, the Health Department's Keenan STD clinic has experienced a decrease in the numbers of clients presenting for STD screening and treatment. From 2004 through 2009, an average of more than 6,500 clients were seen annually. Numbers of clients seen since 2010 are averaging approximately 5,500 per year.

The Department continues to partner with Diverse & Resilient to develop new community outreach strategies, including the launch of the "Acceptance Journeys" campaign aimed at reducing community stigmatization associated with gay and bisexual orientation in minority communities. HIV infection among young Black Males continues to be a major concern. A newly-funded collaboration with the Zilber School of Public Health led by Dr. Lance Weinhardt, PhD, (Common Council Resolution File Number 130584, adopted September 4, 2013) is designed to develop new interventions that address life issues (employment, housing, domestic violence, substance abuse), and individual behaviors, in order to reduce risk among people highly vulnerable for HIV infection.

### 3. West Nile Virus.

In 2012, Milwaukee and the nation experienced the largest outbreak of the West Nile Virus since the initial outbreak of the disease in 2002. A number of cases resulted in hospitalizations and one death in the Milwaukee area. It appears that, though testing of mosquito pools found a higher incidence of virus this year (18 of 330 mosquito pools tested), only one confirmed case has been reported of a city resident in 2013, and only 2 confirmed and 9 probable cases

statewide. The Department placed 8,440 long-acting doses of larvicide in combined sewer catch basins in 39 City quarters targeted by location near vulnerable populations.

#### **4. Pertussis and Mumps.**

The Department reports lower levels of pertussis (“whooping cough”) infections in 2012, but the infection rate remains high enough to remain officially designated as an epidemic approaching 24 months duration. In response, the Department has promoted and is providing booster vaccine shots (“Tdap”) especially for adolescents. The mumps outbreak in the fall of 2012 has subsided.

#### **5. Legionella.**

During 2013, Milwaukee has experienced an outbreak of Legionnaire’s Disease. Between early June and the end of July more than 2 dozen cases were confirmed in Milwaukee County, including at least one death. It appears that a combination of new cooling tower technologies, the need for cooling tower maintenance and the fluctuation of cool and warm temperatures this spring and early summer have contributed to an increase in Legionella infections across the state as well as in Milwaukee. A report of the Milwaukee experience is expected to be published by the CDC later this fall. One of the findings is that 6 of 12 different strains of Legionella identified in the state were identified in the City of Milwaukee, suggesting that no single source was responsible for the outbreak. The Department is planning a symposium on issues of cooling tower maintenance on large buildings.

#### **6. Reduce Child Lead Poisoning.**

The reduction since 1997 in the incidence of childhood lead poisoning following the initiation of a series of grants from the U.S. Department of Housing and Urban Development (HUD) is a major accomplishment.

Current (2012) prevalence of lead poisoning, the percent exceeding 9 micrograms per deciliter (9 mcg/dL) in children less than 6 years of age, is 3.3% in the City of Milwaukee. The 2014 Proposed Plan and Executive Budget Summary states that 2013 and 2014 performance measures are 3.4%. The Department reports, however, that this figure, due to decimal rounding, is comparable to the level already attained. The CDC announced in 2012 that preferred goals are now 5 mcg/dL due to research that finds lower levels of blood lead are significantly associated with poor health outcomes including mental and emotional deficits. On average, about 700 residential units have been abated (made “lead-safe”) under the Department’s programs in recent years. However, the projection under reduced funding in 2013 is that fewer than 450 units will be abated by the end of the year. This number is likely to be further reduced after 2013 as a result of federal funding limitations.

#### **7. Beach Water Quality Monitoring.**

In 2012, the Department collaborated with researchers from the Zilber School of Public Health and Great Lakes Water Research Institute on a comprehensive approach to beach water quality monitoring. This program was initiated upon introduction of a budget amendment providing \$40,000 in a new Special Fund account to the 2012 and 2013 Budgets. The collaboration has resulted in the development of new testing techniques at the Department’s Laboratory producing a more accurate real-time analysis of beach water contaminants.

Table 29.2 shows the increased numbers of tests performed in 2013 (adding May). The percentage of positive tests for contaminants requiring issuance of advisories remained statistically level for Bradford and South Shore Beaches between 2012 and 2013. Positive tests at McKinley increased. Actual advisory days at South Shore Beach appear to have been reduced due to more efficient testing turn-around.

**Table 29.2. City of Milwaukee Beach Monitoring Data Comparison.**

<b>2012 Beach Monitoring Data (June-August)</b>				
<b>Beach Name</b>	<b>Frequency</b>	<b>n=</b>	<b>%</b>	<b>Advisory days</b>
Milwaukee Bradford Beach:	5 times per week	68	16%	20
Milwaukee McKinley Beach:	5 times per week	68	7%	15
Milwaukee South Shore Beach:	5 times week	68	43%	47
<b>2013 Beach Monitoring Data (May- August)</b>				
<b>Beach Name</b>	<b>Frequency</b>	<b>n=</b>	<b>%</b>	<b>Advisory days</b>
Milwaukee Bradford Beach:	4-6 times per week	78	17%	20
Milwaukee McKinley Beach:	4-6 times per week	78	21%	27
Milwaukee South Shore Beach:	4-6 times per week	79	39%	44

## **8. Reduce Injuries, Disabilities and Deaths Due to Violence.**

The 2014 Proposed Plan and Executive Budget Summary provides a detailed update on activities of the Office of Violence Prevention. The 2014 Proposed Budget reduces the staff by one of the 3 existing positions due to loss of continued private funding for the position of the Mayors Against Illegal Guns (MAIG) Regional Coordinator. The Office of Violence Prevention is home to the Milwaukee Commission on Domestic Violence and Sexual Assault, a 33-member commission that includes a broad spectrum of community participants. The Commission provides leadership as a partner in a \$400,000 U.S. Department of Justice grant to establish a “Safe Exchange” visitation site.

The Community Safety Data Repository Project was recently awarded a grant of \$400,000 from the Wisconsin Partnership Program (UW School of Medicine and Public Health) for a 3-year effort that supports the continuing work of the Milwaukee Homicide Review Commission. The Grant analysis (File Number 130051, adopted June 11, 2013) provides that the project will “increase safety for victims of domestic violence and their children and victims of sexual assault...” Approximately \$293,000 of the grant funds will support contracted services with Syslogic, UW Madison School of Medicine and Public Health and Marquette University (Dr. Mallory O’Brien, PhD). The first year of the project (July 1, 2013 to June 30, 2014) is described as a planning year.

## **9. Prevent the Spread of Food Borne Disease.**

The mission of the Consumer Environmental Health Division is to ensure safe food handling practices in retail and wholesale establishments, minimize food-borne illnesses, education business owners and members of the public about food safety and public health and to ensure the accuracy of weights and measures in retail establishments. This latter function includes consumer protection activities such as testing and sealing taximeters. The Department has received a 5-year, \$350,000 grant from the U.S. Food and Drug Administration (FDA) to revise its policies, programs and procedures to conform to current FDA standards.

The Department's Division of Consumer Environmental Health continues to undergo reorganization as reflected in the Job Evaluation Report and the classification and pay recommendations contained in Common Council File Number 130728. Twenty-four positions in the Division are recommended for changes that will be effective in the first pay period of 2014. More details are provided in Part IV, Personnel.

It is important to note that the Department's food establishment licensing function is performed as an agent for the State of Wisconsin's Department of Health Services under ch. DHS 196, Wis. Adm. Code, and the Wisconsin Department of Agriculture, Trade and Consumer Protection under ch. ATCP 70, Wis. Adm. Code.

The most recent regular report to the Common Council on sanitary conditions, required in s. 68-03 of the Code of Ordinances, is included in Common Council Communication File Number 121600.

**Table 29.3. Food Inspections and Critical Violations Citywide, 2010-2012.**

Number of Inspections by Type	2010	2011	2012
Food Establishment	2,659	2,315	2,378
Restaurant	4,920	4,455	4,484
School	714	703	775
Total Number of Inspections	8,293	7,473	7,637
Number of Routine Inspections	5,188	4,954	4,836
Routine Inspections with Critical Violations (%)	1,419 (27%)	1,694 (34%)	1,748 (36%)

The Department can provide information for each Aldermanic District upon request.

### 10. Reduce the Infant Mortality Rate.

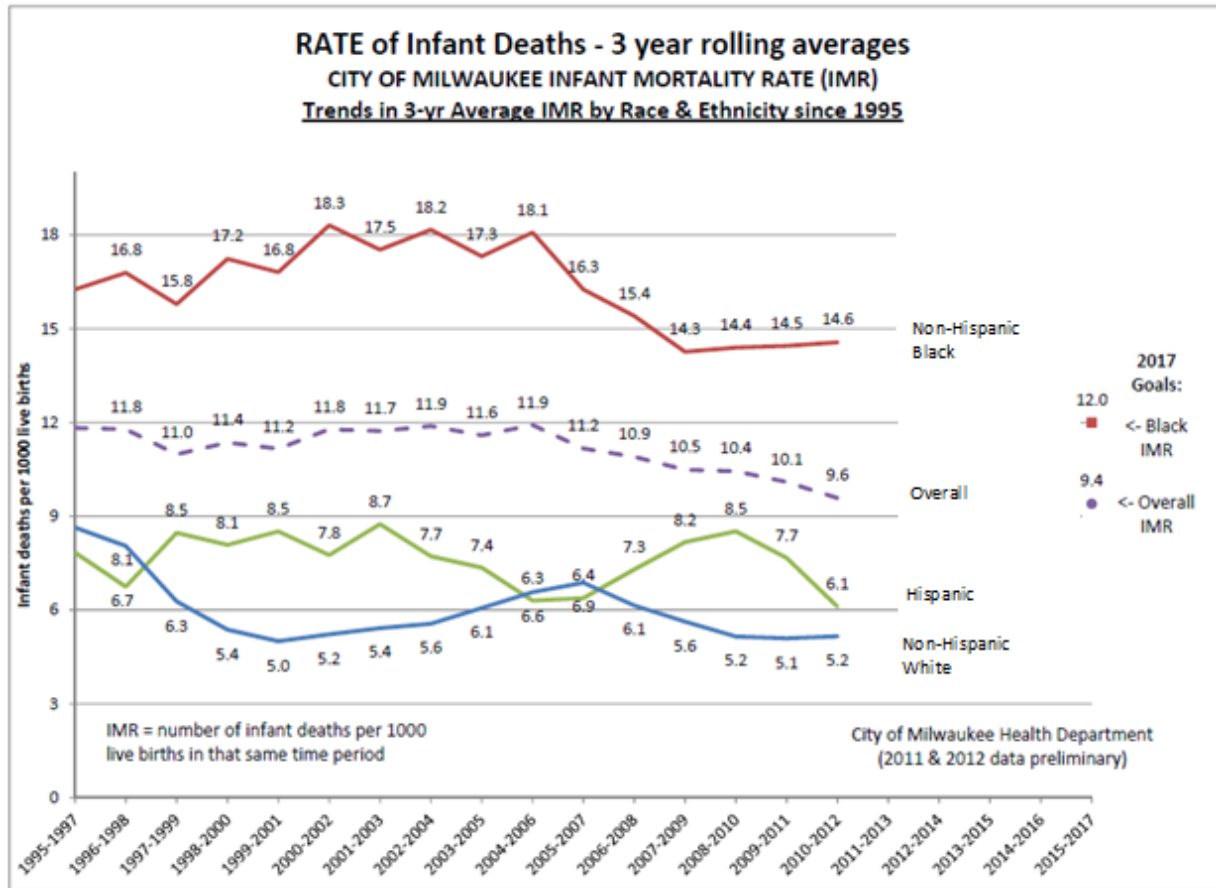
The infant mortality rate is an indicator of the overall health of infants, mothers and mothers-to-be in a community. The overall health of the community is affected by a wide variety of socio-economic, behavioral and environmental factors.

Latest annual figures find infant mortality disparity remains high in Milwaukee with Non-Hispanic Blacks experiencing 14.6 deaths per 1,000 in a rolling 3-year average for 2010 to 2012, Hispanic residents experienced 6.1 deaths per 1,000 and White residents experienced 5.2 deaths per 1,000.

- The trend over the last decade shows some narrowing of the African-American and White mortality rate disparity from approximately 3 to 1 to a little more than 2.5 per 1, but the trend toward disparity reduction appears to have stalled as the single year rate for Non-Hispanic Blacks rose from 14.0 in 2011 to 15.1 in 2012.
- However, the targeted reduction of the overall infant mortality rate to 9.4 per 1,000 in 2017 appears to be within reach given the 3-year overall average of 9.6 per 1,000 reported for 2012. The target for overall infant mortality rate reduction should be reassessed given the trends and especially the continuing racial disparity.

In 2011, the Commissioner of Health provided the Common Council’s Public Safety Committee with extensive information related to infant mortality and the costs of intensive programming to reduce infant mortality and promote healthy births. Common Council File Number 101244 includes information and a presentation showing that City expenditures related directly and indirectly to Infant Mortality over the period 2007 to 2011 totaled approximately \$17.1 million, of which \$6.5 million (40%) is from the Tax Levy, \$7.0 million is from state and federal grants and \$2.6 million is from private grants and contributions. Using these figures as a baseline, overall spending on Infant mortality reduction and prevention since 2007 now exceed \$23 million.

**Figure 29.4. Infant Mortality Trends in Milwaukee Since 1995.**



The Department proposes to continue 2 intensive home visitation programs, the Empowering Families of Milwaukee Program and the Nurse Family Partnership. The Department reports over 530 families enrolled in the 2 programs last year. This number is lower for several reasons. First, the Department experienced significant staff turn-over in 2012, leading to fewer new family enrollments. Second, families remained in the program for longer periods.

A new Fetal Infant Mortality Review report is due to be published by the end of the year to follow up on the report issued in 2010 analyzing fetal and infant mortality for the years 2005 through 2008. The Department reports that the City experienced 96 fetal and infant deaths in 2012, 98 in 2011 and 98 in 2010. These are the lowest numbers of deaths reported since nearly 140 deaths were reported in 1995. The multi-year trend has continued to decline through this period.

**Table 29.5. Comparison of Infant Mortality Experience in Other Cities.**

<b>Selected Cities*</b>	<b>Overall Rates</b>	<b>Black Rates</b>	<b>White Rates</b>	<b>Hispanic Rates</b>
Milwaukee	9.5	14.8	4.7	5.7
Baltimore	11.0	14.8	4.0	**
Detroit	13.5	14.4	8.5	9.0
Louisville	7.5	12.9	6.7	**
Memphis	11.2	13.3	5.9	7.6
New York City	4.9	8.6	2.8	4.3
Philadelphia	10.7	14.8	5.5	8.9

Information Provided by Milwaukee Health Department, Public Safety, 6/20/13.

\*2010 data from cities reporting city-only data and having comparable racial-ethnic and socio-economic populations. \*\* Birth numbers too low to calculate meaningful mortality rates.

### **11. Improve Immunization Compliance Within Milwaukee Public Schools to 90% by 2014.**

Vaccine Preventable Diseases continue to challenge local public health agencies in the region and state with recent increased reports of pertussis (whooping cough) as well as outbreaks in recent years of measles and mumps among City residents.

As of December 31, 2012, 55% of children residing in the City of Milwaukee had completed the recommended vaccinations for children at 24 months of age. The Department's goal is to increase this to 56% by December 31, 2013. The Department reports progress toward achieving its 90% school immunization compliance rate for City of Milwaukee schools.

School Year	Compliance Rate
2009-10	81%
2010-11	85%
2011-12	88%
2012-13	87%
2013-14	88% (projected)

Current MPS student immunization rates are 87% in compliance and 79 to 80% meeting minimum requirements. The Department continues conducting special vaccination clinics in the community along with outreach to both parents and healthcare providers related to the importance of childhood and adolescent immunizations.



## 12. Laboratory Services.

The Laboratory processes more than 80,000 tests annually. Many of these tests are reimbursed by other agencies. The Laboratory projects that in 2014 it will conduct 7,000 tests for communicable diseases, 1,600 tests for water quality including beach water, 500 tests for blood lead poisoning (down from 3,200 projected for 2013), and 17,000 tests for environmental lead.

**Table 29.6. Comparison of Tests Processed from 2008 to 2012.**

Laboratory Service	2008	2009	2010	2011	2012
Communicable disease tests (e.g., influenza, Salmonella, mumps, rubella)	4,640	10,480	6,966	8,207	5,525
Sexually transmitted disease tests	35,882	36,216	27,767	45,400	36,591
Environmental (e.g., water, food, lead, asbestos)	26,241	35,468	26,919	29,959	22,000

## 13. Childhood Obesity.

One objective of the Department identified in Plans from 2009 to 2012 was to maintain or decrease childhood obesity rates. The objective was removed from the 2013 Plan and is not mentioned in the 2014 Plan. The issue of obesity, and particularly childhood obesity, is nevertheless a continuing focus of several programs. Efforts to improve the “corner store” grocery options in underserved neighborhoods is one example. The Women Infant and Children’s (WIC) program continues to address obesity in a variety of nutritional objectives.

## 14. WIC and Obesity.

The Wisconsin WIC Program statistics show that 27.4% of MHD WIC children ages 2–4 years old are overweight (14.0%) or obese (13.4%). Overweight children stayed at 14.0% for each age group; however, obesity among children in these age groups was 11.5% in 2-year olds, 12.7% in 3-year olds and 16.1% in 4-year olds.

The Department reports that the epidemic of overweight and obesity is directly connected to lack of physical activity and poor diet. In 2011, the MHD WIC program was accepted to participate in the Fit Families Supplemental Nutrition Assistance Program (SNAP)-Ed program. The Fit Families program is an individualized program for low-income families to improve eating and activity behaviors, measured by behavioral outcomes.

WIC recruits about 110 families who have children that are at-risk for becoming overweight or obese to participate in this program. The families participating have monthly contacts with the WIC counselor to work on the individual goals that they set for their families. The goals coincide with the Centers for Disease Control and Prevention and federal and state health plans to increase consumption of fruits and vegetables, decrease consumption of sweetened beverages, decrease television viewing time, increase physical activity, and encourage parents/guardians to be positive role models

In addition to the Fit Families Program, WIC promotes the consumption of fruits and vegetables in a family's daily food intake. WIC participates in the Farmer's Market Nutrition Program (FMNP) annually. Only produce grown in the state of Wisconsin can be purchased with these checks. WIC issues the FMNP checks from June 1 through September 30 and each year the family receives a one-time issuance of checks, totaling \$17.00 that can only be used at farmers' markets that have been approved by the state. The number of checks cashed at the MHD WIC farm stands have grown from around 2,000 in 2011 to 4,018 in 2012.

The Department's WIC program also collaborates with the Extended Food and Nutrition Education Program (EFNEP) to bring additional nutrition education into Department waiting rooms. The program includes food demos along with a variety of nutrition information topics covering increasing fruits and vegetables, decreasing sweetened beverages and healthy snack choices for children.

### **15. Public Health Media Campaigns.**

The Department reports that media campaigns in recent years such as the Strong Babies and Olympic Babies campaigns, which have been privately funded and supported, are not currently planned for 2014 due to lack of identified funding sources.

### **16. Health Care Reform and Medicaid.**

Access to primary care is an important element of the core public health function of 'assurance.' Two major changes in health care law and policy have a direct impact on thousands of city residents. The Department has established a Community Healthcare Access program (CHAP). A series of grants from public and private sources supports an ongoing enrollment and assistance effort to enroll and assist individuals in obtaining benefits under the Affordable Care Act and BadgerCare.

Common Council Resolution File Number 130696 is on the Common Council agenda for October 15, 2013 and will authorized acceptance of a grant of \$50,000 from the Greater Milwaukee Foundation to assist clients in the Affordable Care Act's Marketplace Open Enrollment program from October 1, 2013, to September 30, 2014.

Common Council Resolution File Number 130580, adopted September 24, 2013, authorized acceptance of a grant of \$50,000 from the United Way of Wisconsin which is also designed to assist clients in the Affordable Care Act's Marketplace Open Enrollment program; the period is from September 1, 2013, to August 31, 2014.

Common Council Resolution File Number 130579, also adopted September 24, 2013, authorized acceptance of an increased award from the Wisconsin Department of Health Services for assistance in outreach and access related to enrollment in the state's Medical Assistance programs. The new award provides a total of \$379,205 grantor-share funds to this program initially authorized in Common Council Resolution File Number 121065.

## 17. Accreditation.

The Department's 2014 plan includes initiating an application for accreditation with the Public Health Accreditation Board (PHAB), established and incorporated in 2007. This non-profit organization is supported by the U.S. Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, among others, to promote and manage a national accreditation program for the more than 1,200 public health agencies across the United States.

The Wisconsin Department of Health Services awarded the Department a grant of \$37,667 in 2012 to cover the cost of consulting services to assist the Department in preparing for the accreditation process. Common Council Resolution File Number 120687 authorized the initial grant which has been extended for a second year at \$36,000 authorized in Common Council Resolution File Number 130578. The grant pays for the services of Strategic HealthCare Solutions, LLC (former Commissioner, Paul Nannis). The formal accreditation process is not projected to begin until notice of application is given in the summer of 2014; the process must then be completed within one year. A series of preliminary plans, assessments and documentation are expected to be completed prior to formal initiation of the process.

Of the first 14 local public health agencies accredited in the nation this past June, 3 were from Wisconsin: the City of West Allis Health Department and the Health Departments of Polk and Wood Counties.

The PHAB prescribes a 7 steps accreditation process beginning with a readiness assessment and orientation and proceeding to documentation of processes and measurements of objectives, site visitation and determination of accreditation status. Reporting is required for the 5 years following accreditation until a renewal application is required.

The potential benefits of accreditation - in addition to the actual impact on community and population health that this assessment and planning exercise affords - is to provide assurance to private and public funders that an agency meets operational and capacity standards to be a responsible steward of future grant funds. The elements of program quality, integrity and strategic planning that are evidenced by meeting these accreditation standards will assure both public and private funders that their investments and commitments will have positive results.

Over the last 2 decades, roughly half of the revenue and funding budgeted and expended by the MHD has been received from state, federal and private funding sources, most often in the form of grant awards and payments under contracts for services. Grantor-share funding has often exceeded \$10 million annually in the last decade, but has been reduced to approximately \$8 million annually in 2012 and 2013 and is currently projected to be approximately \$8.1 million in 2014. Competition for dwindling federal and state public health resources requires local agencies to demonstrate the highest-quality programming to maintain current program funding and to succeed in applications for new awards.

Accreditation does not guarantee new funding; state and federal resource allocations are subject to annual and other periodic adjustments. However, the opportunities and likelihood of future funding success may be significantly diminished for those agencies that do not seek and receive national accreditation.

Further information about the PHAB can be accessed at [www.phaboard.org](http://www.phaboard.org).

**III. EXPENDITURES.****Table 29.7. Changes in Expenditure Amounts by Account.**

<b>Expenditure Account</b>	<b>2012 Actual</b>	<b>2013 Adopted Budget</b>	<b>% Change</b>	<b>2014 Proposed Budget</b>	<b>% Change</b>
Salaries and Wages	\$6,613,667	\$7,193,580	8.8%	\$7,158,740	-0.5%
Fringe Benefits	\$3,247,513	\$3,452,918	6.3%	\$3,364,608	-2.6%
Operating Expenditures	\$1,731,986	\$1,707,077	-1.4 %	\$1,783,883	4.5%
Equipment Purchases	\$5,000	\$5,000	0%	\$5,000	0%
Special Funds	\$305,662	\$268,098	-12.3%	\$353,848	32.0%
<b>Total Operating Budget</b>	<b>\$11,903,828</b>	<b>\$12,626,673</b>	<b>6.1%</b>	<b>\$12,666,079</b>	<b>0.3%</b>

**1. Budget Summary.**

The total 2014 Proposed Budget is \$12,666,079 an increase of \$39,406 (0.3%) from the 2013 Adopted Budget amount of \$12,626,079. This increase reflects offsetting decreases in salaries, wages and fringe and increases in operating expenditures and special funds. A small amount (\$5,000) is budgeted for Equipment Purchases without change from the 2011 to 2013 Budgets.

**2. Personnel Costs.**

Personnel costs in the 2014 Proposed Budget are \$10,523,348, a decrease of \$123,180 (-1.2%) from the 2013 Adopted Budget amount of \$10,646,498. Salaries and wages decrease \$34,840 (-0.5%). Fringe benefits decrease \$88,310 (-2.6%).

**3. Operating Expenditures.**

Operating Expenditures in the 2014 Proposed Budget are \$1,751,883, an increase of \$76,806 (-0.1%) from the 2012 Adopted Budget amount of \$1,682,716.

The expenditure amounts that remain unchanged from the 2013 Budget in the 2014 Proposed Budget are: General Office Expense (\$373,937), Tools & Machinery Parts (\$500), Construction Supplies (\$1,000), Energy (\$86,000), Vehicle Rental (\$65,216), Non-vehicle Equipment Rental (\$26,200), Information technology Services (\$77,750) and Property Services (\$161,100).

Approximately \$22,000 of the \$34,806 increase in Professional Services is in compensation increases for the Department's 2 contracted physicians. The \$22,000 increase in Infrastructure Services reflects increased costs of salt and plowing. The increase in Other Operating Services reflects increased costs of printing (\$10,000) and costs previously covered under bio-terrorism grants for laboratory equipment replacement and repair. The reduction in Reimburse Other Departments reflects a transfer of costs to other accounts.

**Table 29.8. Changes in Operating Expenditures.**

Expenditure	2013 Adopted Budget	2014 Proposed Budget	Change	% Change
Other Operating Supplies	\$88,501	\$92,801	\$4,300	4.9%
Professional Services	\$532,619	\$567,425	\$34,806	6.5%
Infrastructure Services	\$28,000	\$50,000	\$22,000	78.6%
Other Operating Services	\$99,254	\$129,254	\$30,000	30.2%
Reimburse Other Departments	\$167,000	\$152,700	(\$14,300)	-8.6%

**4. Equipment Purchases.**

Equipment purchases in the 2014 Proposed Budget are \$5,000, the same amount as provided in the 2012 and 2013 Adopted Budgets. No major equipment purchases are planned in 2014. Laboratory equipment costs increases are reflected in the increases in expenditures for Other Operating Services (\$20,000).

**5. Special Funds.****Table 29.9. Special Funds Changes.**

Special Fund	2012 Adopted Budget	2012 Actual	2013 Adopted Budget	2014 Proposed Budget	% Change
Computer Maintenance and Upgrade	\$150,000	\$133,955	\$31,250	\$0	—
Task Force on Domestic Violence & Sex Assault	\$11,000	\$17,530	\$46,424	\$46,424	0
AIDS Prevention	\$75,000	\$75,000	\$110,424	\$110,424	0
Birth Certificate/Voting Initiative	\$35,000	--	--	--	--
UWM School of Public Health Payment	\$40,000	\$40,000	\$40,000	\$40,000	0
Beach Water Quality and Advisory Program	\$40,000	\$39,177	\$40,000	\$40,000	0
Safe Sleep/Infant Mortality Initiative	--	--	--	\$47,000	new
Facility Maintenance	--	--	--	\$70,000	new
Total	\$351,000	\$305,662	\$268,098	\$353,848	32.0%

Special Funds in the 2014 Proposed Budget are \$353,848, an increase of 32.0% from the 2013 Adopted Budget amount of \$268,098. All Special Funds accounts are subject to Appropriation Control. There are 4 accounts that will continue with level funding and 2 new accounts totaling \$117,000 as reflected in Table 29.9. Notes about the Department’s Special Funds:

- The \$40,000 provided for the UWM School of Public Health represents the third of 5 annual installments totaling \$200,000 to satisfy a pledge to cover ongoing costs associated with the building and office space designated for the Health Department.
- Funding for the new Safe Sleep/Infant Mortality Initiative replaces the amounts currently provided through Community Development Block Grant funding for the provision of “Pack and Play” cribs and supplies.
- The new Facility Maintenance fund reflects amounts necessary for maintenance costs identified as appropriate for O&M funding rather than capital expenditures.

**IV. PERSONNEL.**

Full-time equivalent positions supported by the tax levy have been reduced modestly in each of the last 5 years from 164.24 FTEs in the 2008 Budget to 144.21 in the 2012 Budget, averaging approximately 4 FTEs reduced annually.

**Table 29.10. Changes in Full-Time Equivalent (FTE) and Authorized Positions.**

Position Category	2012 Actual	2013 Adopted Budget	Change	2014 Proposed Budget	Change
O&M FTEs	140.91	141.94	1.03	140.03	-1.91
Non-O&M FTEs	77.28	100.73	23.45	101.45	0.27
Total Authorized Positions	256	254	-2.0	252	-2

The number of full-time equivalent positions budgeted from other sources has fluctuated more widely as grant funding is received and expires. Actual expenditures for non-O&M-funded FTEs also vary greatly from anticipated budget levels. For example, the 2010 Budget anticipated 111.75 non-O&M FTE positions, but actual expenditures were for 96.47 FTEs (-15.28); and the 2011 Budget anticipated 115.80 non-O&M FTE positions, but actual expenditures were for 83.31 FTEs (-32.49).

**1. Personnel Changes.**

The total number of authorized positions in the department under the 2014 Proposed Budget is 252, 2 fewer than authorized in the 2013 Adopted Budget. Position changes are summarized in Table 29.11. The 2014 Proposed Budget reflects changes in the status of 21 positions through O&M vacancy elimination, grant reduction, grant changes and section reorganizations. One new O&M -supported position is authorized and funded for a Human Resource Analyst. This results in a net reduction of 1.19 FTEs (-1.91 O&M-funded, and +0.72 Non-O&M-funded).

**Table 29.11. Position Changes in the 2014 Proposed Budget.**

<b>3 Positions Transferred to DOA</b>		<b>1 Position Eliminated in Grant Expiration</b>	
-1	Information Technology Specialist	-1	MAIG Coordinator (Mayors Against Gun Violence)
-1	Telecommunications Analyst Associate	<b>3 Positions Eliminated in WIC</b>	
-1	Network Analyst Assistant I	-2	Breast Feeding Peer Counselors (2.0 Non-O&M FTEs)
<b>3 Positions Eliminated</b>		-1	Nutritionist (1.0 Non-O&M FTE)
-1	Public Health Nurse (1.0 Non-O&M FTE)	<b>2 Positions Created in WIC</b>	
-1	Program Assistant II (1.0 O&M FTE)	+1	Health Project Coordinator (1.0 Non-O&M FTE)
-1	Custodial Worker II (0.2 O&M FTE)	+1	1 Dietetic Technician Bilingual (1.0 Non-O&M FTE)
<b>3 Grant Funded Positions Created</b>		<b>1 New O&amp;M Funded Position Created</b>	
+1	Communicable Disease Supervisor (1.0 Non-O&M FTE)	+1	Human Resource Analyst* (1.0 O&M FTE)
+2	Communicable Disease Specialists (2.0 Non-O&M FTEs)		* The Human Resource Analyst position has been authorized in File Number 130434.

Miscellaneous FTE reductions (-1.98) to O&M positions in the 2014 Proposed Budget account for the projected 1.91 reduction in O&M FTEs in 2014. Miscellaneous FTE increases (0.80) in Non-O&M positions in the 2014 Proposed Budget account for the projected 0.72 increase in Non-O&MFTEs in 2014.

## 2. Consumer Environmental Health.

The continuing reorganization of the Department's Consumer Environmental Health Division (food inspection, weights and measures) has included a reclassification of positions to be effective in the first pay period of 2014. These changes are not reflected in the 2014 Proposed Budget. Increases in salaries will be compensated from carryover funds, and a new appropriation will not be necessary. The currently-estimated carryover of funds in salaries and wages is between \$200,000 and \$300,000; some of these funds will also cover the costs of the new Human Resource Analyst Position in 2014. All of the anticipated new costs are planned to be included in 2015 cost-to-continue calculations.

Twenty-four Environmental Consumer Affairs positions are affected as reflected in Common Council File Number 130728 heard before the Finance & Personnel Committee<sup>9</sup>, 2013. Three of the changes involve conversion of 3 Lead Risk Assessor II positions.

### **3. Personnel Cost Adjustment.**

The Department's 2014 Proposed Budget provides a large increase of \$39,894 (10.4%) in the Personnel Cost Adjustment following a 45% increase provided in the 2013 Budget. The 2013 Adopted Budget amount is \$382,638. The 2014 Proposed Budget provides a Personnel Cost Adjustment of \$422,482 and appears to be calculated on the assumption of continuing high vacancy experience.

## **V. INFORMATION TECHNOLOGY.**

### **1. IT-related FTEs.**

The 3 IT positions identified in Table 29.11 were transferred to the DOA-ITMD Division in 2013.

### **2. CHILI System Replacement Delayed Until Late 2014.**

CHILI, the Consumer Health Inspection and Licensing data system, is nearing the end of its lifecycle. Health inspections will be migrated over to the new Land Management System currently in the RFP process, with an estimated timeframe for implementation now moved to the last quarter of 2014. Land Management was selected as the replacement to CHILI after a review of the options which included migration to a state-run system, purchase of a new inspectional system, overhauling CHILI, or creation of an inspection module within LIRA. The Department states that Land Management was selected due to the potential for integration with other departments, operational stability, program support and development available from a commercial system, and costs, both up front and potential yearly maintenance costs.

With CHILI becoming obsolete in 2014, activities until the transition will be focused on maintaining the system until the transition can be completed, that is if the cost/benefit is reasonable given Chili's limited usefulness. To that end, CHILI's current database is outdated and out of space, and will require updating to remain operational until the transition.

The Department has brought in consultants to perform the database migration. The assumption is that some of the system's current stability issues will be addressed by this database migration. If it is found that more extensive programming is needed due to the application's programming language becoming outdated, the Department may be required to return to paper-based inspections until the transition to Land Management can be completed.

## **VI. SPECIAL PURPOSE ACCOUNTS (SPA).**

None.

## **VII. REVENUES.**

The 2014 Proposed Plan and Budget estimates that the Department's revenues will exceed \$1.5 million in 2014. The Department receives revenues from a variety of sources. In addition to receipts traditionally reported and accounted for as revenues, this section includes an overview of the Department's receipts from grants and similar aids. In the last 10 years, the Department has been responsible for generating between \$7 million and \$13 million annually in grant awards from federal, state and other public and private sources. The figures provided in Table 29.12 do not include amounts received from grant awards.



**Table 29.12. Changes in Budgeted Revenue.**

Revenue Account (Charges for Services)	2012 Actual	2013 Adopted Budget	% Change	2014 Proposed Budget	% Change
Charges for Services	\$1,100,937	\$927,200	-15.8%	\$957,200	3.2%
Licenses & Permits	\$594,936	\$522,400	-12.2%	\$602,400	15.3%
Total	\$1,695,873	\$1,449,600	-14.5%	\$1,559,600	7.6%

The 2014 Proposed Budget estimates that \$1,559,600 will be received in revenues: \$927,200 in Charges for Services and \$522,400 in fees for Licenses and Permits. The projected increase of \$110,000 in revenues reflects estimates that Charges for Services will increase \$30,000 and Charges for Licenses and Fees will increase \$80,000.

Table 29.13 provides estimates for the 5 revenue sources with the highest anticipated revenues in 2014. Additional revenue sources include environmental lead inspection fees, ambulance license fees, record duplication fees, bad check charges and Medicaid reimbursements for home visitation.

**Table 29.12 2014 Estimated Revenues by Source for Top 5.**

Source	Services	2013 Estimate	2014 Estimate	Change
License Fee	Commercial Scales and Meters	\$485,000	\$500,000	\$15,000
Medicaid Reimbursement	HIV testing	\$250,000	\$325,000	\$75,000
Issuance Fees (Vital Statistics)	Birth and Death Certificates	\$190,000	\$180,000	(\$10,000)
Health Provider Reimbursement from Medical Examiner, Veterans Administration, 16 <sup>th</sup> St. Clinic, etc.	Lab Tests	\$100,000	\$90,000	(\$10,000)
Preventive Health Care Services	Tuberculosis Clinic Dispensary	\$100,000	\$100,000	\$0

### Grant and Aid Funding

The Department's Grant and Aid funding fluctuates from year to year and has been as high as \$12.5 million in recent years. Revenues, though reported in the same year for multi-year awards, are reflected more appropriately in the Grant and Aid Deduction cost adjustment to salaries (which is projected to be \$4,757,441 in 2014).

Nearly one-half of the annual budget of the department has been funded in recent years by non-O&M grants from federal and state sources, and private foundations. These grants typically designate a period of time during which grant activities may be funded. These periods vary from portions of a calendar year to periods that coincide with federal and state fiscal years (October through September and July through June). In some cases, a grant award may be made for

activities covering periods greater than a year. In these cases, the Comptroller recognizes the total income in the year that the award was made. As a result, the estimate of resources available in a given year is a moving target.

Table 29.13 provides a summary of grant funding anticipated in 2014 and a comparison with current projections for 2013. Many of these grants involve continuing support. Grants already authorized are described more fully in Common Council resolution files identified in the table. Grants under \$25,000 may not require Common Council authorization if changes to the Positions Ordinance are not required.

**Table 29.13. Primary Grant and Aid Requests, 2014.**

Project Title	Projected 2013 Grantor Share	Projected 2014 Grantor Share	Most Recent File Number
Bioterrorism Grant - PH Preparedness	\$332,000	\$332,000	130698
Bioterrorism Grant - CRI/Pandemic Flu	160,000	180,000	130229
Breast Cancer Awareness – Milwaukee Foundation	100,000	50,000	110708
Breast Cancer Well Women Health Initiative	716,425	770,000	130223
CHIMC: Save Lives – Immunize	8,790	18,423	130583
Congenital Disorders Grant	142,026	142,000	130224
End AIDS--Diverse and Resilient –(MAC Fund, etc)	55,000	100,000	121211
Hepatitis B Immunization Grant	45,000	45,000	121069
HIV Women's Grant	145,000	73,000	130227
HIV – Seek, Test, Treat (STT) Grant	70,000	70,000	120244
HIV-Weinhardt	96,414	100,000	130584
Immunization Action Plan Grant	284,000	285,000	121064
LAUNCH (Linking Actions for Unmet Needs –Child)	612,000	612,000	130581
Lead Detection Grant	262,000	260,000	121064
Lead SDC HUD Grant (Weatherization)	157,000	157,000	120130
Maternal and Child Health Grant	420,000	420,000	121064
Medical Assistance Grant (miscellaneous grants)	320,000	340,000	--
Milwaukee Champion Award	1,500	1,500	--
Milwaukee Comprehensive Home Visiting Program	900,000	900,000	130697
Newborn Hearing Screening Grant	62,614	60,000	121658
Plain Talk Initiative (miscellaneous grants)	50,000	50,000	121212
Preserving Infant & Child Health	0	48,500	121659
Public Health 101	7,500	7,500	130050
Refugee Health Services Grant	440,000	330,000	130585
Sexually Transmitted Diseases Grant	528,000	583,000	121070
STD-Dual Protection Program	200,000	200,000	121210
Survnet Grant	60,680	82,000	130699
Women's Infants and Children's Grant	1,400,000	1,404,000	130048
Projected Primary Grant Totals	\$7,575,949	\$7,620,923	

The Department estimates that the Homicide Review Commission may receive \$200,000 in miscellaneous funds in 2014 (this appears to include funding from the Wisconsin partnership Program described in Part II, section 4, at p. 5). Additional small amounts projected by the Department, the Budget Office and the Comptroller will bring 2014 projected totals to approximately \$7.9 million total in likely Grant and Aid revenue in 2014.

## VIII. CAPITAL PROJECTS.

**Table 29.14. Capital Program Summary, 2014.**

Program	2014 Proposed Budget	2013 Actual Budget	Increase (decrease)	% Change	6-year Request
Health Facilities Capital Projects	\$425,000	\$435,000	(\$10,000)	-2.3%	\$3,565,000

The 2014 Proposed Budget includes \$425,000 in funding for 1 capital project, a decrease of \$10,000 (2.3%) from the 2013 Budget.

### 1. Currently-Funded Projects.

#### Health Facilities Capital Projects, \$425,000.

This program provides funding for interior, exterior and mechanical repairs and improvements in the Health Department's 3 facilities. The program has \$925,000 in carryover borrowing authority. Projects for 2014 include the installation of interior security cameras at the Northwest Health Center (NWHC), Southside Health Center (SSHC) and Keenan; the installation of elevator Smart Controls at NWHC and SSHC; maintenance of the lab ventilation system; building access and security upgrades; and the installation of a sprinkler system. The window replacement project that was previously funded started in mid-September and is expected to be completed by October 31, 2013.

### 2. Unfunded Capital Requests.

None.

### 3. Project Updates.

#### Data Repository.

This project initially received \$50,000 of funding in 2010 to consolidate various sources of Health Department data. No additional funding has been provided. The consolidation of data will allow for more timely and consistent data retrieval and reporting. Because of the amount of data and the complexity of the system, the project is being implemented over several years.

The Health Department anticipated requesting \$50,000 in each of the next 5 years. However, no request was submitted in 2013 or 2014. This project is supported by the cash levy so there is no carryover borrowing authority. Actual expenditures are \$509, \$31,559 and \$17,932 in 2010, 2011 and 2012, respectively.

#### **4. Future Capital Requests.**

There are no anticipated capital requests that are not part of an on-going capital program.

#### **IX. ISSUES TO CONSIDER.**

1. The high number of continuing vacancies in both O&M and non-O&M-funded programs appears likely to create operational challenges. Strategies should be in place to accelerate filling authorized positions. This effort may be advanced by the addition of the new position for Human Resource Analyst
2. Changes in Medical Assistance enrollment and the introduction of insurance exchanges under the Affordable Care Act make planning and projections for the needs of uninsured and underinsured residents. The long-range impact on programs and services of the Department should be carefully monitored
3. Opportunities for collaboration with the Zilber School of Public health should be fully explored.
4. New approaches to addressing STD and HIV infections - including planned research by Dr. Weinhardt and continued efforts by Diverse and Resilient - hold promise for impacting Milwaukee's continuing high rates of infection. New resources may become potentially available to pursue these developing approaches.
5. Efforts to implement transition of data systems – especially the CHILI system for food inspection data and reporting – to the Land Management system to improve efficiencies and to promote accurate, complete and timely public reporting.

Prepared by: Richard L. Withers, Legislative Fiscal Analyst—Lead  
Contributor: Kathy Brengosz, Fiscal Planning Specialist  
Budget Hearing Date: October 16, 2013  
Last Updated: October 14, 2013