

City of Milwaukee Health Department Budget Hearing

Presented to the Members of the Finance & Personnel Committee

City of Milwaukee Common Council

Alderman Michael J. Murphy, Chair
Alderman Michael S. D'Amato
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By

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Good morning, Mr. Chair and members of the Finance and Personnel Committee. I thank you for the opportunity to share with you a report on the City of Milwaukee Health Department's activities and 2008 proposed budget. During my tenure as Commissioner of Health, I have had the pleasure and honor of working with over 300 of the most dedicated public health professionals in this state... While we are faced with many challenges, the staff of the City of Milwaukee Health Department continue to demonstrate unwavering commitment to improving our city's health status. We know the many unique qualities of Milwaukee, but are also well aware of the health disparities many citizens in community face each day. Both Mayor Barrett and I have been very clear in our commitment to bridging the health disparity gaps in our community and it is my hope to provide a thorough update of our health priorities. The three main topics I'll discuss today:

- 1) Key accomplishments of the department
- 2) Emerging health trends and status
- 3) Public health goals and objectives for 2008 related to the adopted Health Department budget

Section 1. Key Accomplishments

IMPROVING BIRTH OUTCOMES and BACK-TO-SCHOOL READINESS

Public Health Nursing has been the cornerstone of public health. This budget includes funding for 20 public health nurses to visit newborns and other at-risk residents that are referred for nursing services. The city no longer has the resources to offer public health nursing services to every newborn, so we must carefully review each of the more than 11,000 annual births and select the highest risk infants for public health nursing services. For 2008 we have estimated we will be able to visit approximately

2,400 infants and their mothers. Reducing infant mortality in the city continues to be a top priority for Mayor Barrett and my office. In 2006, the infant mortality rate among non-Hispanic Blacks was 18.04 per 1,000 compared to a non-Hispanic White rate of 7.23 per 1,000. I've said this before: these rates will not be changed overnight or within the foreseeable future, but we are working every day towards that change. That change includes shifting the way we target, fund and deliver services to families in Milwaukee. The first step to this targeted approach involved securing significant grant funding from both the public and private sector. The second step is leveraging these investments in evidence-based primary prevention programs.

Nurse-Family Partnership Update

Thanks to almost \$1 million invested by Columbia St. Mary's and the University of Wisconsin Healthier Wisconsin Partnership Program (NFP) to the City of Milwaukee Health Department, our Nurse Family Partnership program is fully staffed and enrolling clients. This intensive home visiting program will service first-time low-income mothers during their pregnancy and until their child's second birthday in zip codes 53204, 53212, 53210, 53218. The latest infant mortality figures show a disproportionate percentage of infant deaths within these four target zip codes in 2006, although these 4 zips contained only 28.6% of all births in the city, they had 34.5% of the infant deaths. We recently held our official kick-off of the program, which was attended by national officials of the program along with dozens of community partners that learned more about the program to assist in the referral process.

Empowering Families of Milwaukee Update

The \$5 million grant from the Wisconsin Department of Health and Family Services for the intense home-visiting program called Empowering Families of Milwaukee (EFM) has completed its first year of client enrollment and is showing very

positive outcomes for the families served. Like NFP, EFM provides intensive home-visiting to high-risk pregnant women and their children. EFM has 167 families enrolled, and we have exceeded our goal of enrolling 200 by December 31st. This home-visiting program targets zip codes 53204, 53205, 53206, 53208, 53212, 53233.

These two home visitation programs cover each aldermanic district with the exception of District 9. The concentrations of these programs are in areas where we have the highest rates of infant mortality and prematurity: Aldermanic Districts 2, 6, 15, 4 and 12.

Infant mortality reduction efforts are imbedded in activities throughout the department. Pregnancy testing is offered at all of our health centers, on a walk-in basis, with an emphasis on getting women into prenatal care early and adapting a healthy lifestyle. In collaboration with many of our hospitals and the Milwaukee Fire Department we distribute Pack-N-Play portable cribs to families that do not have a crib or a safe sleep environment for their infant. We are involved in research, policy initiatives, grants and collaborations with numerous community agencies aimed at reducing infant mortality and improving overall birth outcomes. We maintain a comprehensive geocoded master birth file that allows us to generate birth outcome and maternal risk factor data for small geographical areas and racial and ethnic groups that is widely used by researchers and our community partners. The department devotes significant resources for outreach to medical and social service agencies that have an opportunity to reach at-risk families and newborns.

Back-to-School Readiness

An example of a very successful community relations program that I'm proud to share with you was the Seventh Annual Health Fair at South Division High School held on August 17, 2007. The MHD partnered with Milwaukee Public Schools and numerous

community agencies to provide immunizations, health screenings and back packs full of school supplies and personal hygiene supplies to over 575 families and 3,000 low-income individuals. Planning is underway for 2008 as we will look for corporate sponsorship to increase the number of families and individuals we serve.

IMPROVING IMMUNIZATION RATES

MHD has made great strides on immunizations in Milwaukee through strong collaborations with MPS, the Milwaukee County District Attorney's office, the State Division of Public Health, and the Medical Society of Milwaukee County that include work on database reconciliation, letter notification to parents and increased social marketing on the importance of immunizations. The most recent statistics show that 62% of MPS students met minimum immunization requirements, as compared to 45% in the prior year. However, this figure still remains considerably lower than the statewide completion rate of 92%. In addition, the MHD continues to secure federal funding to address immunization disparity rates.

For example, the MHD was recently awarded the third year installment of a \$900,000 grant by the Centers for Disease Control and Prevention to reduce racial disparities in immunizations and to prepare younger children to get immunized prior to entering school.

TEEN PREGNANCY PREVENTION

For over a year, Betsy Brenner, President and Publisher of the Milwaukee Journal Sentinel and I have served as Co-chairs of the United Way Teen Pregnancy Oversight Committee. This Committee was given the task of implementing the recommendations of the highly-touted "If Truth Be Told" report to the community. The first major recommendation we tackled was to increase awareness of the problem of teen pregnancy in our community. The provocative media campaign that resulted from

the recommendation has been well received and has garnered extremely positive reaction from the community. The return on investment from the phone campaigns to the “pregnant boy” ads has been tremendous with over \$1 million in donated services and media has truly increased momentum for the cause. The problem of teen pregnancy in our community did not happen overnight. It will not be solved overnight either. This is going to take a long-term, multi-year effort before we can start seeing results.

CITY’S CONTINUED FIGHT TO ERADICATE LEAD

Toys tainted with lead has been a major media focus lately; however, the emphasis of the department’s Childhood Lead Poisoning Prevention Program continues to be lead paint in deteriorating housing stock in our city. Lead poisoning affects thousands of Milwaukee children, and most get it from paint chips and dust in pre-1950 buildings. In terms of response to other, secondary sources of lead and potential poisoning, the MHD balances its roles in public health advocacy and public health assurance, delivering the response most warranted by the circumstances.

As such, the department facilitated awareness and communication with its staff, the WI Department of Health and Family Services, and community partners throughout Milwaukee. MHD also worked with the Milwaukee Journal Sentinel on an article regarding testing leaded products, and is collaborating with USA Today on an article that will further increase awareness of the dangers of lead and the importance of prevention.

Earlier this year the Health Department was awarded \$3.9 million by the US Department of Housing and Urban Development (HUD) to create an additional 1,775 lead-safe housing units over the next 3 years. HUD funds will subsidize 1,100 units, and matching funds from Milwaukee’s Community Development Block Grant will assure

another 675 lead-safe units. Milwaukee's Childhood Lead Poisoning Prevention Program has been recognized by HUD as one of their MOST productive grantees. This is possible due to well-developed partnerships and a strong commitment by Milwaukee rental property owners, who pledged almost 1.5 million additional dollars in support of this grant. Overall, since the inception of the Lead Program Primary Prevention in 1997, we have abated 12, 211 homes in the city of Milwaukee. Nonetheless, almost 41,000 remain to be abated in the targeted areas. For that reason, the MHD has developed a citywide lead strategic plan that clearly lays out the necessary steps needed to reach our goal and one clear objective is for the department actively pursue public/private partnerships with local-area businesses and private foundations to increase resources.

SCHOOL OF PUBLIC HEALTH

Behind-the-scenes work on the establishment of an accredited school of public health continues to move forward. Through the leadership of Mayor Barrett, University of Wisconsin-Milwaukee (UWM) Chancellor Carlos Santiago – and most recently with the \$10 million-dollar gift made by Joseph Zilber – we are one step closer to an accredited school of public health in Milwaukee. This school will provide invaluable contributions to public health workforce development, and to policy analysis and research into the causes of, and solutions to public health issues and disparities in Milwaukee.

Section 2. Emerging Health Trends and Status

INCREASED AWARENESS OF FOOD SAFETY

Food safety is something we safeguard and promote every day at the Milwaukee Health Department through the work of our food inspectors, laboratory and communicable disease staff. These professionals ensure that the restaurants and

grocery stores we shop at provide clean and healthy products, and ensure that food-related illnesses are closely monitored to prevent outbreaks and spread in our community. The number of food recalls on a national level is certainly on the rise. In 2007, there have been 79 food recalls issued by the United States Department of Agriculture and the Food and Drug Administration (that's an average of 2 per week).

Almost half of these recalls were due to contamination or possible contamination from E. coli, Salmonella or Listeria – pathogens that may result in very serious illness, including death.

The department's response to these recalls includes phone calls or visits to food establishments, to ensure that the establishments know about the recall and that the product is removed from sale. In two of this year's highly publicized recalls (Castleberry and other brands of canned chili products; Banquet and other brands of pot pies), over a two week period for each recall, staff:

- Visited or contacted 112 stores
- Provided recall information statements to the Milwaukee Journal Sentinel;
- Posted recall and manufacturer information on the MHD website;
- Mailed notification letters to over 1,000 food store licensed operators in the City of Milwaukee about the importance of disposal or returning product to the manufacturer in order to minimize risk to customers and employees; and
- Found 1,808 of the recalled products available for sale;

Through the assistance of Alderman Michael Murphy and the City's Information Technology and Management Division, one major efficiency that I am pleased to report on is the launch of the Food Inspection Reporting website. We have documented over 670 hits to the website each month since the rollout in June. This system has increased the public's access to information at their fingertips and has reduced the number of open records requests manually processed by staff.

SHIGELLA OUTBREAK

Monitoring and following-up on reportable communicable disease is an integral activity of public health. It's hard to project what may be around the corner, but for over six months the city has been involved in a shigella outbreak. In 2007 significant resources and efforts have been shifted to managing shigella cases. There have been 393 confirmed cases to date, which represents a 400% increase (fourfold) of cases from this time last year.

VIOLENCE AS A PUBLIC HEALTH ISSUE

Identifying violence as a public health issue is not a new idea. For nearly two decades, the medical and scientific communities have treated violence, especially gun violence, as they might treat any other epidemic: identifying risk factors--poverty, alcoholism, drug addiction, availability of guns--and seeking to prevent injuries and deaths by addressing root causes.

Although hundreds of public and private violence prevention projects have emerged, the policy world and the public have remained relatively isolated from these developments, continuing to view crime primarily from a law enforcement perspective.

A public health model of violence prevention could begin to build a bridge from science to programs that support primary prevention and early intervention efforts to reduce and prevent violence in our community. Included in this budget is a new position that will move the city in this direction.

The new O&M funded position of Violence Reduction and Prevention Initiative Program Coordinator will provide strategic direction and oversight for the City of Milwaukee's effort to reduce the risk of violence through a variety of linked strategies.

These include community policing, the development of a citywide comprehensive violence prevention strategic plan, and the development of community crime prevention collaborations for violence prevention. Placement of this position in the health department will support a public health model and will link city departments, academic partners and community-based initiatives. Responsibilities also include supporting the work of the Milwaukee Commission on Domestic Violence and Sexual Assault, and management of the Injury and Violence Prevention Program of the MHD. The staff will build on and manage the City's participation and response to successful violence and injury reduction initiatives such as the Homicide Review Commission and the Medical College of Wisconsin Injury Research Center, and will assist in the development of violence prevention and intervention programming in the School of Public Health

WEST NILE VIRUS

Since 2001, Milwaukee has conducted annual surveillance and larvacide application in the community to reduce or minimize risk or exposure to West Nile Virus. Funding for the city's West Nile Virus (WNV) program has decreased over the years. In 2002 grant funding was at \$159,000, this year funding was at \$41,000 (\$30,000 was O&M funded). While state and federal funds continue to be cut each year—it will have an impact on how MHD conducts surveillance and monitors WNV in our community.

Section 3) Public health goals and objectives for 2008 related to the adopted Health Department budget

This budget supports all of the MHD health priorities. I would like to highlight a few of those priorities in my comments today:

- 1) **Teen Pregnancy:** Once again, as I have previously stated, the department will continue to work with its community partners on program development and awareness around this issue.
- 2) **STD/HIV Reduction:** The MHD sees approximately 7,000 clients each year. We are at capacity. On average the MHD sees from 30 to 50 clients depending on staffing levels. The MHD provides follow-up on :
 - all Syphilis cases in the Southeast Region
 - All HIV cases in Milwaukee County
 - Gonorrhea and Chlamydia cases in the City of Milwaukee for
 - i. All pregnant women
 - ii. Clients 16 years of age and under

Our clinic services include:

- Free STD screening and treatment to clients 12+
- Free confidential HIV testing
- Hepatitis B vaccination with STD screening
- Partner referral and treatment services

The rates of sexually transmitted disease in Milwaukee are at epidemic status. The demand for services currently outweighs our capacity to deliver testing and treatment to all individuals who walk through our door. We must develop an innovative and comprehensive plan to address growing service demand at our STD/HIV clinic.

- 3) **Infant Mortality:** I have already discussed how our district public health nurses, the Empowering Families and Nurse Family Partnership projects will target pregnant women and newborns and would like to reiterate the department's commitment to this health priority.

4) **Vital Statistics:** Approximately 12,000 births and 6,500 deaths occur in the City of Milwaukee annually. The Vital Statistics office maintains birth records dating from 1893 to the present, and death records dating back to 1869. Birth and death certificates provide important information regarding the health status of Milwaukee residents. Birth data are used by public health nurses to identify at-risk infants and track immunization levels. Vital records data are widely used by other City department programs (Election Commission, Department of City Development Milwaukee Police Department), community based organizations and other health care providers. These data are also used to address public health issues such as teen pregnancy and infant mortality, reconcile voter eligibility lists, verify identity, and investigate fraud. Vital records data are also used for disease surveillance activities such as influenza, pneumonia, and HIV.

5) **Medical Assistance Outreach (MA):** The inclusion of O&M funds for MA outreach will allow us to be prepared for the significant increase in eligible persons under the recently-approved expanded BadgerCare Plus program, and will also allow MHD to attempt to leverage an additional nearly \$1million in grant funds from the two medical schools' Blue Cross Blue Shield grant programs.

Closing

In summary, we have much work to do, but appreciate the opportunity to improve and safeguard the health of our community. Thank you. I would be happy to answer any questions that you may have at this time.