

City of Milwaukee Health Department

2017 Annual Report

to the Mayor and Common Council



This report was prepared by the City of Milwaukee Health Department in accordance with Ch.59 of the City of Milwaukee Code of Ordinances.

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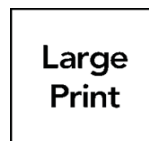
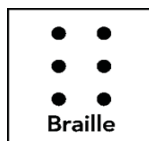








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150th Anniversary

In 2017, the City of Milwaukee Health Department celebrated its 150th year of service. The milestone was celebrated on April 11, 2017 with a community celebration.



Message from the Commissioner

On behalf of the Milwaukee Health Department (MHD) I am happy to present the City of Milwaukee Health Department 2017 Annual Report. While this is only the second year that the department has undertaken such an initiative, there is clear indications that the staff is beginning to understand the need for such examination and introspection of the work that they do.

Examination of one's work from its inception, during the process and the final work can seem at times to be laborious and questionable. But the work of public health requires scrutiny and movement towards better outcomes. We must also be accountable to the Milwaukee tax payers for what we do. The Health Department has an added responsibility to account for the well-being of the Milwaukee community. It cannot be just a job, but a commitment to excellence. The lives of families, their infants and children depend on a department that understands its mission.

There are a lot of dedicated people in this department who take pride in the work they do. While this document will indeed show there is still a great deal of work to do, it has improved over the last year and will continue to improve. The importance of good health in the Milwaukee community cannot be underscored. The attainment of good health must be a partnership with the community. Let us work together to attain this goal.

Thank you for the pleasure of serving you.

Patricia McManus, RN, PhD.

Commissioner of Health



Launch of MKE Elevate

In 2017, the City of Milwaukee Health Department released MKE Elevate, a community-driven plan to elevate the health of Milwaukee

Message from the Office of Planning and Policy

We are pleased to present to you this year's Milwaukee Health Department (MHD) 2017 Annual Report. 2017 was both a challenging and exciting year for the Department. The MHD experienced several transitions within its leadership team and continued to struggle with staffing vacancies as well as limited funding. Despite these challenges, the MHD provided critical services to thousands of Milwaukee residents and released two major community health plans—the Community Health Improvement Plan, MKE Elevate, and the Violence Prevention Plan, Blueprint for Peace. Various sections of this report provide examples of how the department excelled in responding to community needs. This report also includes how the MHD continues to tackle negative public health trends at the local and national level.

The MHD is committed to improving community health and promoting health equity in Milwaukee. To improve the quality of our programs and services, and to enhance our internal structure and efficiency, the MHD continues to work vigorously towards national accreditation. In 2017, several major milestones were accomplished to contribute to this goal. With the release of MKE Elevate, the MHD concluded an extensive year-long community engagement process that helped community residents articulate the city's primary public health issues. The MHD also underwent its department-wide strategic planning process that resulted in a new vision, mission, values and strategic directions for the department. Lastly, the department completed a Quality Improvement Plan and drafted a Workforce Development Plan and Performance Management System.

This document is the MHD's second annual report and is different from the first. As the Office of Planning and Policy continues to add much needed data evaluation and analysis capacity to the department (a strategic direction identified in the MHD Strategic Plan), it is working with division directors and managers to provide technical assistance around data needs and help managers better reflect the work they do in their performance measures. This technical assistance has included meetings over the fall of 2017 to select performance metrics as well as voluntary meetings to discuss the annual report metrics selected in 2016. As the MHD moves towards becoming more data driven—by using data to understand our most pressing challenges and our impact in the community—it will continue to refine its performance metrics and better communicate data trends to the public. To that end, this year's report has eliminated metrics previously reported that did not inform the public of program performance and it has added metrics where data is not yet available, but for which program managers and directors have committed to collecting for 2018. This report also includes call out boxes to help the public understand the driving forces behind data trends.

The Office of Planning and Policy strongly believes that the Health Department can help prevent disease by defining the public health challenges faced in our community, understanding the primary drivers through research and data analysis, and using our internal data more effectively to understand our own performance and impact. We are committed to enhancing this department's data capacity in order to help our local leaders understand our service impact and make better policy decisions and resource allocations.



Empowering Families of Milwaukee Graduation
The City of Milwaukee Health Department Empowering Families of Milwaukee program celebrating families who have successfully completed the program.

How to Use the Annual Report

The City of Milwaukee Health Department's 2017 annual report is comprehensive and includes information on each division, office, and program within the department. As a result, the report is dense with information and lengthy. Unlike traditional annual reports, this report is most useful when used as a reference document to learn about a specific division, office, or program within the department. It is not a report that is designed to be read cover-to-cover.

Program information is organized under six primary sections: Consumer Environmental Health, Disease Control and Environmental Health, Family and Community Health, Office of Violence Prevention, Public Health Laboratory, and Office of Planning and Policy. Two divisions, Disease Control and Environmental Health and Family and Community Health, each have several programs or special initiatives embedded in them. Use this report to:



Learn about each program in the department

Each program or special initiative includes a brief description of the program, the target population, target geographic area, priority health areas, and evidence-based practices utilized.



Get 2017 operations information on each program

Operations data, including 2017 expense information, staffing structure, and active grant received over the course of the year, is included for each program.



Review data on each program's performance

Each program includes five years of performance measure data which highlights key deliverables offered by the program. Most programs also include population or program outcome data to describe the impact of the program on Milwaukee or the clients served. Some performance measures will be new in 2018 and are blank in the report.



Learn about each program's 2017 accomplishments, challenges, and their action plans for 2018

Health department programs celebrated a number of accomplishments in 2017; however, programs also experienced a number of challenges. Learn about each programs accomplishments and challenges in addition to exploring each programs goals for 2018.



Understand which community-based organizations each division or office partners with

Divisions and offices partner with hundreds of community-based organizations to implement their work. Each division or office includes a list of these partners.

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Executive Summary

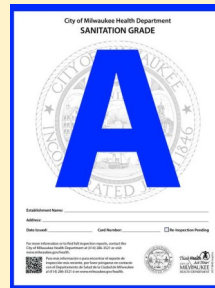
Since 1867, the City of Milwaukee Health Department (MHD) has served the residents of the city of Milwaukee by seeking to improve and protect the health of all who live, work, and play within the city. 150 years later, the MHD remains steadfast in this mission. As the largest local health department in the state of Wisconsin, it now serves nearly 600,000 citizens through direct services, evidence-based programs, partnerships, and policy development.

2017 was both a challenging and exciting year for the Department. The MHD experienced several transitions within its leadership team and continued to struggle with staffing vacancies as well as limited funding. Despite these challenges, the MHD provided critical services to thousands of Milwaukee residents. This information below summarizes key accomplishments in 2017.

2017 IMPACT AND HIGHLIGHTS

Development of Food Grading System

In 2017, the MHD partnered with the University of Wisconsin-Milwaukee to create an algorithm that powers a new food grading system. Upon inspection, food establishments will now receive a letter grade indicating how well the establishment meets health and safety standards.



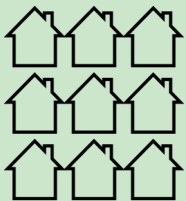
4,563

Inspections of food establishments, mobile vendors, and temporary events.



37,140

Sexually transmitted infection tests performed at the Sexual and Reproductive Health Clinic.



387

Housing units made lead-paint safe through the Home Environmental Health Program.

1,695

Water filters certified to remove lead distributed to vulnerable populations in Milwaukee.

92.0%

Compliance rate with Wisconsin immunization law.

4,611

Face-to-face home visits to Milwaukee families to support healthy birth outcomes, child development, and family economic self-sufficiency.

3,891

Individuals received assistance completing full applications for health care coverage through BadgerCare Plus.



86,515

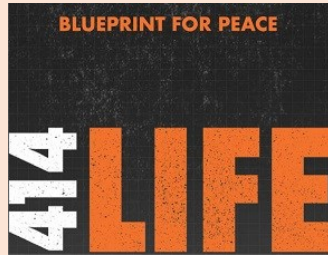
Visits to the MHD Women, Infants, and Children (WIC) Program through a monthly case load of 7,361 patients.

49,035

Sexually Transmitted Infection specimens processed by the MHD Laboratory.

Soil Screening

The MHD Laboratory began offering soil screening for lead and nutrients to the public through it's "Growing Healthy Soil for Healthy Communities" grant.



Development of the Blueprint for Peace

The Milwaukee Blueprint for Peace is a community-driven agenda for addressing the complex factors that drive violence in Milwaukee. Rooted in a public health approach to violence prevention, this Blueprint was shaped by more than 1,500 individuals, elevating the voices of youth, community residents, and key stakeholders to call for strategic, aligned, and sustained investments and action to prevent violence, build resilience, and create a safer, healthier city.

236



Referrals made to the City-County Trauma Response Initiative. In 2017, the initiative expanded to Police District 5.



Launch of MKE Elevate

In 2017, the City of Milwaukee launched MKE Elevate, the City's first Community Health Improvement Plan.

The planning process engaged thousands of community members through data collection, community events, and planning meetings. The plan outlines strategies to create safe and healthy neighborhoods by addressing three priority areas: Positive Mental Health, Economic Security, and Fair & Inclusive Society.

Advancing Accreditation

Four Department-wide committees were convened to ensure that the MHD is on track to meet accreditation standards and measures. Committees focused on workforce development, performance management, quality improvement, and academic affairs.

About the City of Milwaukee Health Department

Since 1867, the City of Milwaukee Health Department (MHD) has served the residents of the city of Milwaukee by seeking to improve and protect the health of all who live, work, and play within the city. 150 years later, the MHD remains steadfast in this mission. As the largest local health department in the state of Wisconsin, it now serves nearly 600,000 citizens through direct services, evidence-based programs, partnerships, and policy development.

The MHD's work centers around four goals – control and prevent disease; promote health and wellbeing across the lifespan; assure safe and healthy living environments; and conduct public health planning and policy development.

Vision

The City of Milwaukee Health Department envisions a Milwaukee where individuals, families, and communities are able to live their healthiest lives.

Mission

The City of Milwaukee Health Department is dedicated to improving, promoting and advocating for the health of its residents and advancing health equity through collaborative leadership, effective partnerships, strategic thinking and innovative practice.

Values

Innovation: We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.

Equity: We acknowledge historic and current injustices in our community and strive to cultivate an environment where everyone in our community has equal opportunity to be healthy.

Collaboration: We convene community members, partners, and elected officials to meet the needs of our community.

Courage: We take strategic risk and bold initiative to advocate for and prioritize the needs of our community.

Accountability: We act with transparency and integrity to advance the health of Milwaukee.

Quality: We continuously improve and adapt to create sustainable and positive health outcomes.

The MHD carries out its mission through the provision of direct services, evidence-based programs, partnership development, and policy development implemented through five divisions (Administration, Consumer Environmental Health, Disease Control and Environmental Health, Family and Community Health, Public Health Laboratory) and two offices (Planning and Policy, Violence Prevention).

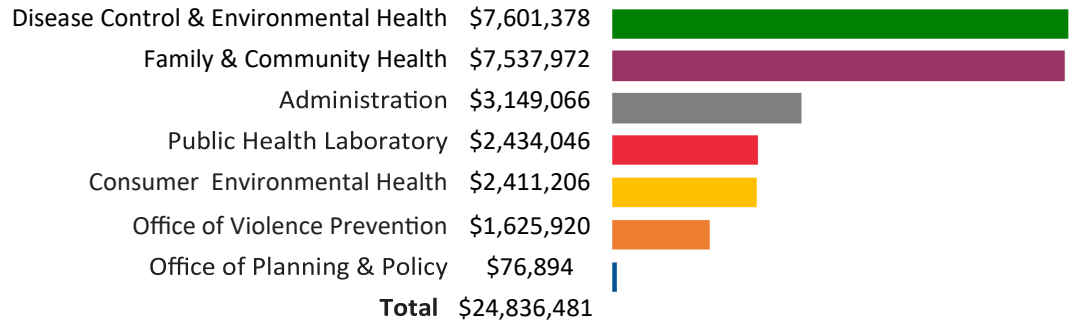
Expenses & Workforce

The operations of the MHD are funded through City Operations and Maintenance (O&M), grants, capital, and to a lesser extent, reimbursable funds.

City of Milwaukee Health Department Expenditures by Funding Source, 2013-2017

	2013	2014	2015	2016	2017
O&M	\$12,531,707	\$12,269,405	\$12,606,226	\$13,524,425	\$13,726,808
Grant	\$11,046,889	\$10,160,753	\$9,778,593	\$10,531,949	\$10,823,306
Reimbursable	\$37,562	\$44,937	\$45,950	\$65,631	\$68,440
Capital	\$523,709	\$107,977	\$622,312	\$386,708	\$217,926
Total Expenses	\$24,139,867	\$22,583,072	\$23,053,081	\$24,508,713	\$24,836,481

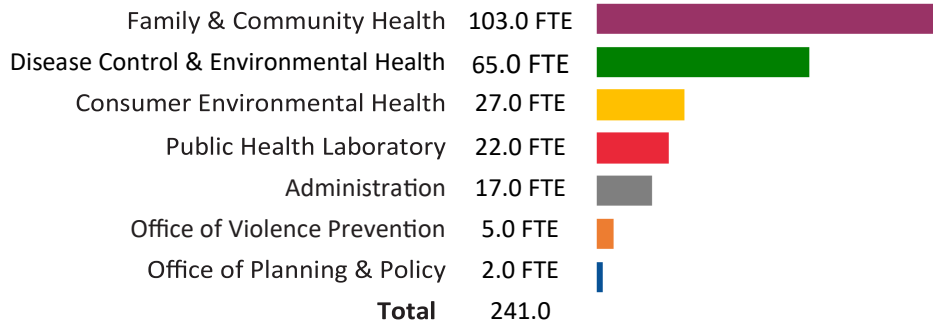
2017 Expenses by Division or Office



City of Milwaukee Health Department Personnel, 2013-2017

	2013	2014	2015	2016	2017
O&M FTE:	141.94	139.30	139.79	139.18	138.20
Non-O&M FTE:	100.73	101.45	100.45	102.65	102.80
Total Positions:	242.67	240.75	240.24	241.83	241.00

2017 Personnel by Division or Office







Health Center Open Houses

In 2017, the City of Milwaukee Health Department hosted a health fair at each of the department's health centers.

Department
www.milwaukee.gov/health

-  **Consumer Environmental Health**
-  Disease Control and Environmental Health
-  Family and Community Health
-  Office of Violence Prevention
-  Public Health Laboratory
-  Office of Planning and Policy



Consumer Environmental Health

The City of Milwaukee Health Department (MHD) works to promote safe food preparation and service, safe tattooing and body art practices, and protect consumers from fraudulent practices in commercial transactions involving determinations of quantity through its Food Inspection, Tattoo and Body Art Inspection, and Weights & Measures programs.

Each year, the Food Inspection Program conducts annual and periodic inspections of the nearly 3,000 food service establishments along with more than 650 mobile vendors and temporary events such as neighborhood and citywide festivals. Along with regulating establishments, specialists train food service managers on safety and sanitation, investigate complaints and illnesses associated with establishments, review plans and conduct pre-occupancy inspections of new or remodeled establishments, provide food safety consultations, and develop and implement policies to support food safety.

In 2017, the program continued regular and required inspections and services while joining the City Development Center in reviewing plans for approximately 190 food establishments regulated by the MHD, assisting walk-in customers, and coordinating with other City departments to support food establishment operators in the city.

Along with the prevention of foodborne illness, inspectors work to decrease the risk of blood-borne diseases such as Hepatitis B, Hepatitis C, or HIV from tattoo or body art practices by conducting inspections to assure that tattoo, permanent makeup, and/or body piercings are done in a sanitary and sterile manner. The MHD's Weights & Measures Program also works to protect Milwaukee consumers' pocketbooks by monitoring retail businesses to assure that devices such as scales and scanners are accurately determining the price of goods sold by weight.



Photo: Fox 6 Interview regarding the upcoming Sanitation Grading System (pictured Lindy Wiedmeyer, Environmental Health Specialist)

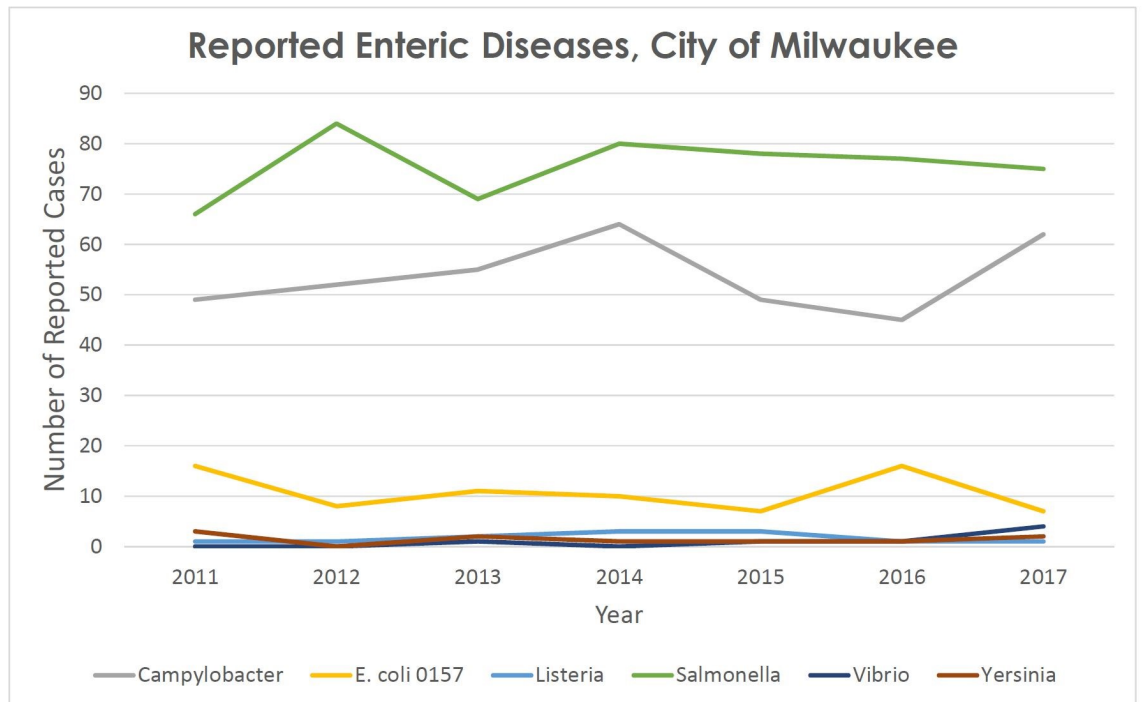
PROGRAM OPERATIONS

Division:	Consumer Environmental Health
Established:	Food inspections began in 1890, Consumer Environmental Health formed in 2012 (previously under Disease Control and Environmental Health Division)
2017 Expenses:	\$2,411,206
O&M Expenses:	\$2,259,895
Grant Expenses:	\$151,311
2017 Staffing:	27.0 FTE
O&M FTE:	26.5 FTE
Grant FTE:	0.5 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Food Inspection Grant	Food and Drug Administration	7/1/16-6/30/17	\$70,000
Food Inspection Grant- Advancing Implementation and Refinement	Food and Drug Administration	7/1/16-6/30/17	\$70,000
Food Inspection Grant- Advancing Implementation and Refinement	Food and Drug Administration	7/1/17-6/30/18	\$82,980
Verification Audit Grant	Association of Food and Drug Officials	6/1/17-12/31/17	\$3,000

POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Food Inspection					
Routine inspections	6,475	6,294	6,770	5,963	3,626
Percent of Routine Inspections with one or more critical violations	24%	26%	25%	31%	34%
Complaints	585	815	1,013	598	577
Revenue generated (food only)	\$2,315,852	\$2,390,020	\$2,508,788	\$2,499,221	\$2,199,443
Food Sampling					
Number of samples tested	480	459	613	337	144
Violation rate	25%	23%	14%	25%	19%
Temporary Events					
Number of Inspection				717	615
Number of Priority Violations				277	207
Mobile Restaurants					
Number of Mobile inspections	640	537	658	463	322
Percent of Occurrences with a Priority Violation	10%	13%	15%	17%	15%
Food Safety Education & Outreach					
Operator Training Sessions Performed	59	167	207	189	341
Number of Food Handlers Trained	191	1,484	1,362	1,235	1,463
Tattoo & Body Art					
Number of tattoo/body art inspections	99	101	113	104	186
Number of Violations	216	193	281	129	107
Revenue generated (tattoo & body art licenses)				\$11,031	\$14,718
Weights & Measures					
Number of devices or inspections tested	5,250	7,263	7,780	8,259	1,505
Revenue generated				\$403,271	\$388,827

In 2017, the program implemented new compliance software which resulted in fewer, but higher quality, inspections. The program still fulfilled all of its statutory requirements

Critical violations increased due to changes in compliance software. The new software more accurately captures violations.

CEH temporarily stopped collecting food samples during the software transition.

CEH previously inspected and licensed all mobile restaurants operating in the City of Milwaukee. WI State Statute no longer requires mobile restaurants to be licensed by the jurisdiction they operate in.

Body Art Inspections have shown a continuing decrease in sterilization related violations as the industry has transitioned to pre-sterilized, disposable needles and ink tubes.

Due to changes in compliance software, data collection is compiled differently.



Photo: CEH partnered with the University of Wisconsin-Milwaukee's Executive MBA program to create the algorithm that powers the new food grading system. Pictured is Claire Evers (CEH), Alderman Michael Murphy, Adam Wickersham (UWM), and Andrew Lochowicz (UWM).

2017 KEY ACCOMPLISHMENTS

1. CEH successfully transitioned from an old software system (CHILI) to a new State of Wisconsin system (Health Space). The software is customized to meet the needs of the division.
2. The division has made significant progress in meeting the 9 FDA Retail Program Standards.
3. The division successfully completed the development and implementation of the Food Sanitation Grading System as a way to provide greater transparency to consumers and provide an incentive for operators to improve compliance and food safety.

2017 KEY CHALLENGES

1. CEH transitioned from an old inspection and invoicing software system (CHILI) to a new system (Health Space). This transition required significant staff training and impacted some sampling during the transition, as mentioned in a previous call out box.

2018 ACTION PLAN

1. Working through the first year of the Food Sanitation Grading System will be challenging as there will be a need to identify any changes or improvements required. There is an increase in operators requesting training sessions and consultations which will increase food safety in the City of Milwaukee but will be a staffing challenge.
2. Manageable work loads for both inspectors and coordinators must be established through a review of inspection frequency and cross training.
3. Developing a more robust food sampling program to include bacterial swab testing to further protect consumers from food borne illness and critical risk factors.
4. Wisconsin Administrative Codes 74 and 75 will be updated this year requiring program policy and procedure changes for compliance.
5. Mobile food operations and temporary food events continue to grow year after year. It will be essential to evaluate and properly use resources to provide the most effective regulatory inspections.



As a retail regulatory agency the focus is on regulating processes and facilities ensuring compliance with the Wisconsin Food Code and applicable City ordinances. A large part of the everyday job of the inspector is to provide food safety education and training.

As a division the goal is to develop programs to aid in reducing food borne illness and critical risk factor, which includes the development of the food sanitation grading system. An incredible amount of resources went into properly educating operators on the Wisconsin Food Code requirements and ways to increase compliance. One operator in particular had a lot of problems with compliance, many structural problems, food handling problems, and sanitation issues on premise. During their routine inspection in January 2016 they had 12 violations and the inspector conducted a training session. During their routine inspection in February 2017 there were 15 violations identified and another training session was conducted by the inspector. In addition the inspector calculated what that score that inspection would have been in the following year's sanitation grading system, a 60% which is near closure status.

In December 2017 the inspector provided a consultation to the operator to discuss their past inspection results and need for improvement going forward. The operator took seriously the past inspection reports and how they would fair in the food sanitation grading system, completed a structural remodel began quarterly audits. During their last inspection there was much improvement made and the establishment scored an A grade. The inspectors ability to communicate with the operator, provide several trainings and consultations along with the incentive of the food sanitation grading system has improved food safety in the City of Milwaukee.



Photo: Mike Starks, an Environmental Health Specialist, provides a training to operators at a local establishment.

PARTNERSHIPS

- Food Safety Advisory Committee
- The City of Milwaukee Food Council
- MilwaukeeAreaTechnical College
- Southeast Wisconsin Food Safety Task Force
- City of Milwaukee Pivot Meetings
- Council for Food Protection
- Wisconsin Association of Local Health Departments and Boards
- Wisconsin Environmental Health Association

The advisory committee is made up of restaurant operators and members of the Restaurant Association. The group meets a few times a year and provides feedback on inspection procedures.

- Consumer Environmental Health
- **Disease Control and Environmental Health**
- Family and Community Health
- Office of Violence Prevention
- Public Health Laboratory
- Office of Planning and Policy



Communicable Disease Control

Since its inception, the City of Milwaukee Health Department (MHD) has been a leader in the detection and response to communicable disease outbreaks. The reporting, surveillance, and control of reportable communicable disease is a core public health function and is mandated by Wisconsin State Statute and Wisconsin Administrative Code. Communicable diseases requiring follow-up include vaccine-preventable diseases such as mumps and pertussis, vector-borne diseases such as Zika and Lyme disease, and gastrointestinal diseases such as Shigella and salmonella.

Communicable Disease (CD) Control staff investigate reports of communicable diseases and outbreaks, conduct contact investigations, monitor communicable disease trends, provide educational interventions, and supply prophylactic medications to uninsured citizens. In addition, the program staff serve as a resource for other local health departments, health care providers, schools, child care facilities, and the citizens of the southeast region of Wisconsin.

The City of Milwaukee receives grant funds to support the Milwaukee County Communicable Disease Surveillance Network (SurvNet) activities. SurvNet centralizes communicable disease surveillance, provides epidemiology capacity and addresses shared concerns with the 13 local health departments in Milwaukee County. SurvNet serves Milwaukee County and other areas of southeastern Wisconsin by disseminating information on emerging health threats, outbreaks, and public health alerts to public health and health care partners.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1867
2017 Expenses:	\$1,254,035
O&M Expenses:	\$842,643
Grant Expenses:	\$411,392
2017 Staffing:	8.0 FTE
O&M FTE:	3.25 FTE
Grant FTE:	4.75 FTE

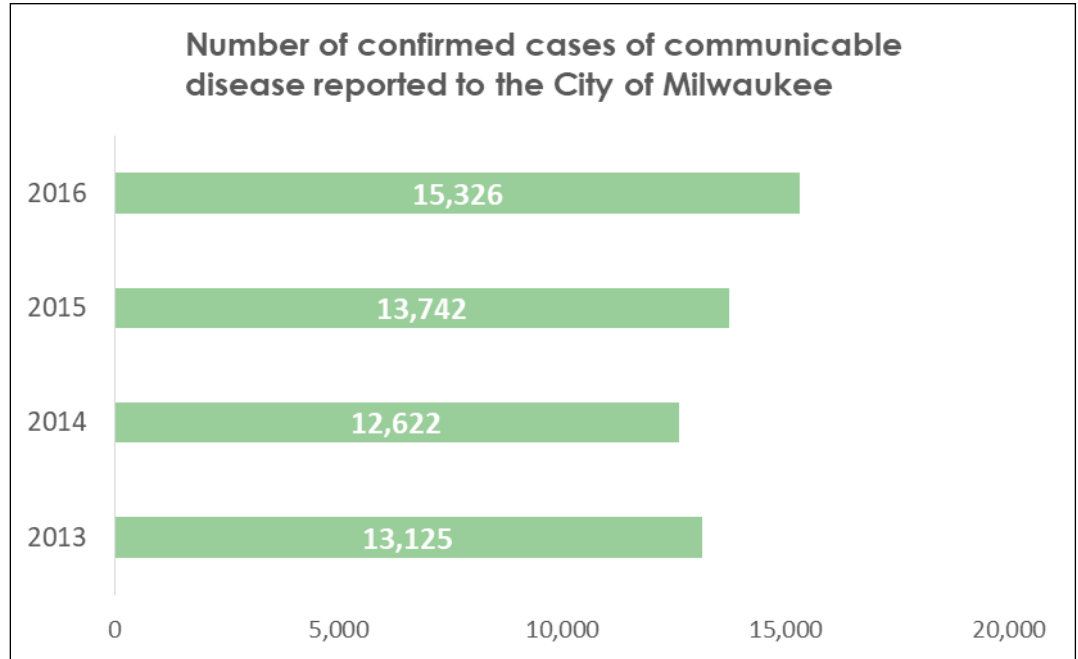
ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Survnet	State of Wisconsin, Department of Health Services	8/1/16-7/31/17	\$45,000
Survnet	State of Wisconsin, Department of Health Services	8/1/17-7/31/18	\$19,665
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/16-6/30/17	\$310,779
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	\$327,343
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/16-6/30/17	\$163,235
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	173,732

*Grant supports more than one MHD program or initiative.

POPULATION HEALTH OUTCOMES

Communicable diseases may be increasing for a number of different reasons including an increase in testing/reporting by physicians, community vaccination rates, and changes in our climate resulting in an increase in vector borne diseases.



There was a cluster of an old-world Hanta virus (Hanta-Seoul) identified in Northeast Wisconsin that originated in a battery. A contact investigation identified both human and animal links to Milwaukee. The Milwaukee Health Department Communicable Disease Program worked closely with the WI DPH epidemiologists to educate and test our residents. In addition we quarantined animals that were exposed to the virus. We also monitored several area pet stores and worked with other local public health departments to assist in their contact testing. Through diligent monitoring and surveillance there were no confirmed cases of Hanta-Seoul virus in the City of Milwaukee.



PERFORMANCE MEASURES

Each month, the Communicable Disease Program distributes reports with information on emerging health threats, outbreaks, and public health alerts

Measure	2013	2014	2015	2016	2017
Number of Milwaukee County surveillance reports distributed	12	12	12	12	12
Prepared and distributed annual surveillance report for Milwaukee County	Completed	Completed	Completed	Completed	In Process
Prepared and distributed annual surveillance reports for all 13 Local Health Department jurisdictions in Milwaukee County	Completed	Completed	Completed	Completed	In Process

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Number of disease case reports from providers and labs processed for Milwaukee County	17,170	16,531	17,496	19,106	20,469
Number of respiratory illness reports prepared and distributed for Milwaukee County during flu season	27	31	16	15	19
Number of gastrointestinal outbreaks investigated in long-term care facilities	15	19	18	14	17
Number of non-long term care facility outbreaks investigated	5	4	2	6	3
Number of special messages/alerts distributed through SurvNet to enhance awareness and/ or provide guidance to partners in Southeastern Wisconsin	12	15	16	16	12

This includes all outbreaks occurring outside of long-term care facilities (i.e. respiratory disease outbreaks, acute gastroenteritis outbreaks, etc.).

2017 KEY ACCOMPLISHMENTS

1. MHD hosted a Communicable Disease Symposium that focused on emerging infectious diseases and how private and public sectors can work more collaboratively to prevent and control communicable diseases within the community.
2. MHD participated in a table top exercise with the Milwaukee General Mitchell Airport to help improve local and regional coordination related to potential communicable disease issues on domestic flights.

2017 KEY CHALLENGES

1. The Immunization Program went through a re-organization which resulted in staff reductions, including a reduction of .5 FTE Immunization Coordinator.
2. Recent changes to mandates from the Wisconsin Department of Health Services resulted in a decrease in the number of clients MHD can serve.

2018 ACTION PLAN

1. Investigate and respond to reports of communicable diseases and outbreaks and monitor communicable disease trends.
2. Disseminate information on health threats/issues to partners.
3. Provide monthly reports on communicable disease cases in Milwaukee County.
4. Communicable Disease staff to participate in trainings to increase competencies around communicable disease issues.



Environmental Health

MHD's Environmental Health Program provides education to the public about environmental health issues such as air quality, chemicals and hazards, mold, weather and climate, and drinking water. MHD also implements and enforces local, state, and federal environmental laws. The three main areas of the program include Beach Monitoring, Climate Change and Health, and West Nile Virus: Mosquito Surveillance and Control.

Beach Monitoring

To assure that Milwaukee beach-goers have safe, healthy summer fun at the beach, the City of Milwaukee Health Department (MHD) operates from Memorial Day through Labor Day to monitor water quality at each of the city's three public beaches and issues daily water quality notifications to the public.

Through a continued partnership with the University of Wisconsin-Milwaukee Zilber School of Public Health's Miller Laboratory (ZSPH), water samples are collected and analyzed at both ZSPH and City of Milwaukee Health Department laboratories. Analysis determines the levels of E. coli, a micro-organism, present in the water. While E. coli is normally found in bodies of water, elevated levels can raise health concerns.

In addition, combining test results with a model that looks at a variety of beach conditions such as water temperature, wind direction, wave height, and more allows MHD staff to predict the E.coli value and issue public notifications daily online and at each beach.

Climate Change and Health

In partnership with Reflo, MHD has worked to support climate change adaptation and promote community health and health equity by sustainably improving food security, decreasing storm-water runoff, and decreasing carbon emissions associated with transportation of food, water treatment and transmission.



Photo: Climate Change and Health Symposium, November 17, 2017

Through a collaborative project, Reflo has partnered with several Milwaukee community gardens to provide rainwater harvesting structures. The goal is simple: To use rainwater to provide a sustainable water source for Milwaukee's community gardens and reduce dependence on City water. This simple step can help reduce the likelihood of local flooding, basement backups, and combined sewer overflows which are all potential consequences of more frequent and intense storms associated with climate change. The lessons learned at these locations helped create a resource guide for the replication of these efforts.

West Nile Virus: Mosquito Surveillance and Control

The City of Milwaukee Health Department's (MHD) WNV Surveillance and Control Program consists of public education and outreach and surveillance (monitoring human, wild bird, mosquito, and other animals for viral activity).

PROGRAM OPERATIONS

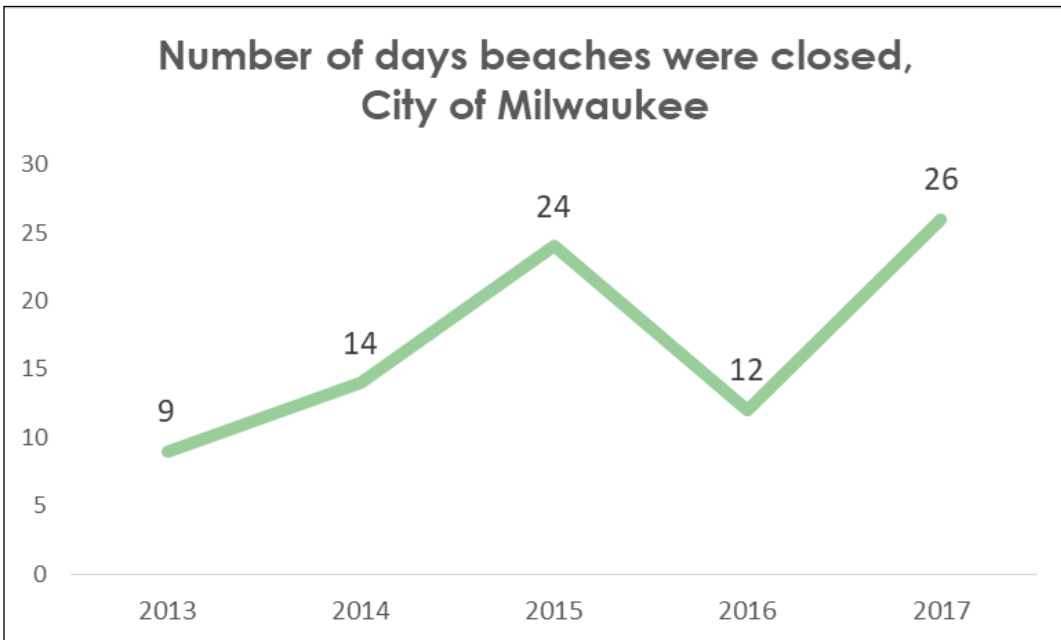
Division:	Disease Control and Environmental Health
Established:	Beach Monitoring (2008); Climate Change (2016); West Nile (2002)
2017 Expenses:	\$43,281
O&M Expenses:	\$43,281
Grant Expenses:	\$0.00
2017 Staffing:	2.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	0.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Beach Monitoring*	State of Wisconsin, Department of Natural Resources	4/1/17-11/15/17	\$11,000
Climate Change and Public Health Learning Collaborative	Kresge Foundation and the Center for Climate Change and Health	1/1/16-12/31/17	\$40,000

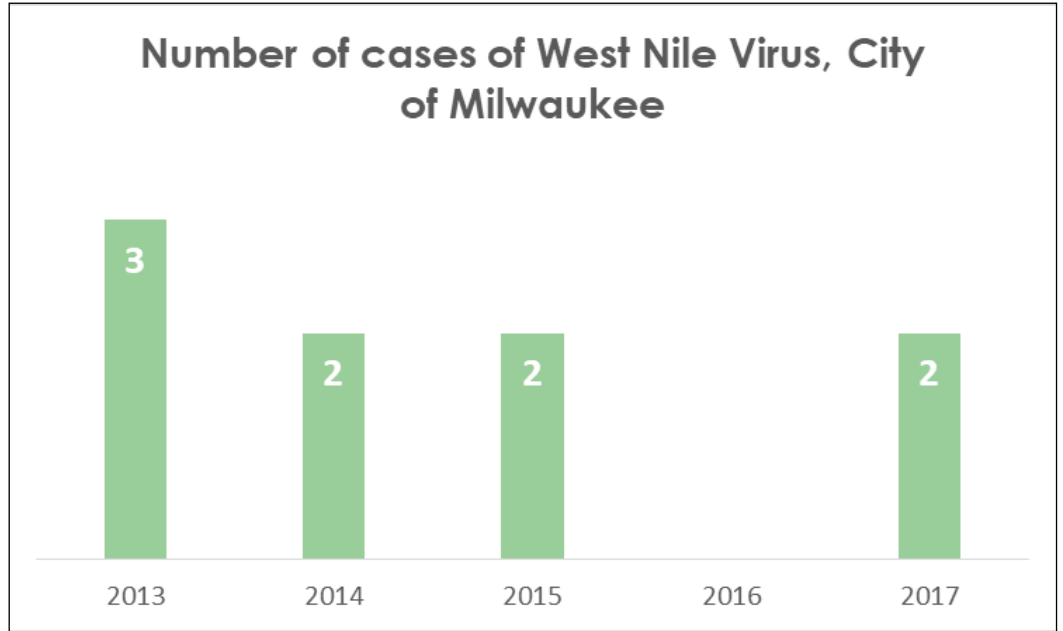
*Grant supports more than one MHD program or initiative.

POPULATION HEALTH OUTCOMES



South Shore Beach was closed more than any other beach in 2017, with 19 of the 26 closures.

POPULATION HEALTH OUTCOMES, Continued



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Beach Monitoring					
Number of water samples collected	244	450	245	229	183
Percent of samples received that resulted in a beach posting	100%	100%	100%	100%	100%
Climate Change and Health					
Number of educational sessions completed	NA	NA	NA	4	3
West Nile Virus: Mosquito Surveillance and Control					
Number of mosquitoes collected in Milwaukee County	4,343	1,312	2,243	588	4,037
Number of larviciding doses delivered in the City of Milwaukee	8,440	5,521	5,382	5,089	NA

A variety of factors influence the number of mosquitoes collected each year (i.e. precipitation, number of mosquito traps, etc.)



Photo: A buoy at Bradford Beach that is collects continuous water quality parameters to ensure that water quality is safe.

2017 KEY ACCOMPLISHMENTS

Beach monitoring

The ZSPH deployed a water quality monitoring buoy at Bradford beach in 2017 to test the system and make any necessary adjustments. The buoy should be fully operational for the 2018 beach season. This buoy collects continuous water quality parameters at one minute intervals and provides more real-time water quality data. In addition, a second water quality monitoring buoy constructed by ZSPH was deployed at South Shore Beach for part of the 2017 beach season.

Climate Change and Health

MHD hosted the first Climate and Health Symposium in Milwaukee in November 2017. Approximately 550 individuals from a variety of organizations were invited to the symposium, and approximately 90 people attended the event including those from other local health departments, healthcare organizations, academic faculty and staff, and local non-profit organizations. The goal of this event was to reframe climate change as a public health and equity issue. This symposium included speakers from the Wisconsin BRACE program, MHD, Environmental Collaboration Office, and the Public Health Institute's Center for Climate Change and Health. This event helped build new partnerships to work toward building a more sustainable future for our region.

West Nile Virus

MHD partnered with the University of Wisconsin-Madison Department of Entomology to collect and test a total of 239 mosquito pools.

2017 KEY CHALLENGES

Beach Monitoring

A numerical regression model developed by ZSPH was used to predict concentrations of E. coli at Bradford Beach using the Environmental Protection Agency's Virtual Beach 3.1 software. This model uses data from the USGS Environmental Data Discovery and Transformation Service (EnDDaT). While, overall, this model trended well with measured concentrations of E. coli, the ZSPH experienced occasional interruptions in EnDDaT service which prevented the models from running on several days.

Climate Change and Health

Staffing and capacity for this climate and health project was a major challenge. When MHD was initially awarded the grant there was a full-time intern that provided significant support to this project. Once the internship ended, MHD staff had to take on additional work. Also, the DCEH division went through a reorganization which took time away from MHD's lead on this project.

In addition, changes had to be made to our project plan. Due to timing and funding constraints, funds for the Guest House rainwater harvesting project had to be reallocated to two medium scale projects: Maryland Avenue Montessori School and the Hepatha Orchard project.

2018 ACTION PLAN

Beach Monitoring

- Collaborate with ZSPH to collect and analyze beach water samples and deploy buoys that provide real-time water quality conditions.
- Develop and implement a sampling plan for Veteran's Park Lagoon to monitor harmful algal blooms and cyanotoxins.

Climate Change and Health

- The Climate and Health grant ended in December 2017. Our goal in 2018 is to secure additional funding to address climate change and health.

West Nile Virus

- MHD will be partnering with the University of Wisconsin-Madison Department of Entomology to conduct a catch basin larvicide study in Milwaukee. The objective of this study will be to determine the effectiveness of larvicide use within catch basins at reducing adult mosquito populations.
- In addition, MHD will continue to provide public education and outreach and West Nile Virus surveillance activities.



Home Environmental Health

The City of Milwaukee Health Department (MHD) has long been a leader in the development and implementation of standards and programs to reduce and prevent childhood lead poisoning, protecting children and providing better housing conditions in over 17,000 housing units in Milwaukee since its inception. The reporting, surveillance, and control of lead poisoning and lead hazards are a core public health function and are mandated by Wisconsin State Statute and Wisconsin Administrative Code.

The Home Environmental Health Childhood Lead Poisoning Prevention Program (CLPPP) lead-related activities and coordinated approach, focuses its programmatic efforts around Primary Prevention (mitigating lead hazards before a child becomes exposed), and Secondary Prevention (mitigating lead hazards and minimizing adverse effects of health after a child has been lead poisoned) efforts.

There are many potential sources of childhood lead exposure. The most important are deteriorating lead-based paint (and its associated dust), lead in drinking water (in homes with lead service lines or plumbing), and lead in soil. The MHD prevention efforts include all three of these sources, and the Departments recommendations regarding prevention, including recommendations for blood lead testing and the prevention of lead exposure through paint, water, soil, and other sources remain consistent with national recommendations.

Despite significant progress in the overall prevalence of childhood lead poisoning in the City of Milwaukee, the department has identified several service failures throughout this program, and has identified multiple areas for improvement in the structure, operations, primary and secondary prevention activities, and policy development.

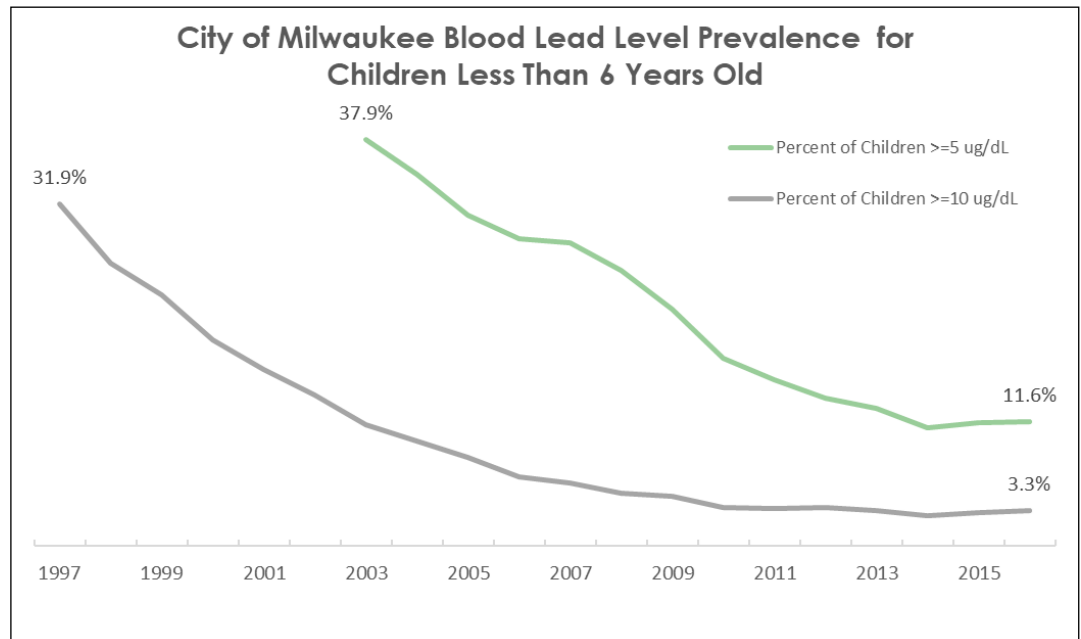
PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1997
2017 Expenses:	\$2,949,908
O&M Expenses:	\$94,614
Grant Expenses:	\$2,855,294
2017 Staffing:	21.5 FTE
O&M FTE:	0.65 FTE
Grant FTE:	20.85 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Lead Hazard Reduction Demonstration Grant	US Department of Housing and Urban Development	9/12/14-11/30/17	\$3,900,000
Lead Hazard Reduction Demonstration Grant	US Department of Housing and Urban Development	9/1/16-8/31/19	\$3,399,998
Lead Detection Grant	State of Wisconsin	1/1/17-12/31/17	\$250,489
Lead Abatement Grant	City of Milwaukee Community Development Grant	1/1/17-12/31/17	\$755,000
Lead Prevention Grant	City of Milwaukee Community Development Grant	1/1/17-12/31/17	\$603,000

POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Primary Prevention					
Number of Housing Units Made Lead Safe	478	449	401	335	387
How many properties were EBL's					100
How many properties were primary prevention					11
How many LIRA's completed					11
Healthy Homes completed					10
Outreach activities					10
Secondary Prevention					
Number of Lead Tests Received and Entered into Database					
Number of Children Tested for Lead Poisoning	27,752	26,099	24,616	24,478	Not yet available
Letter and Outreach materials provided (5-9ug/dL)					1500
Number of PHN Cases Referred (20-40+ug/dL)					67
Number of PHN Cases Completed					67
PHN Outreach Attempts					20
Number of HSA Cases Referred (10-19+ug/dL)					113
Number of HSA Cases Completed					64
Number of HSA Blood tests (HUD)					77
HSA Outreach Attempts					Not captured
Number of Development Screenings completed					138
Number of units that received Hepa vacuuming					Not captured
Number of units that received Wet Washing.					8*
Case Management Services -9 µg/dL					
5-9 µg/dL Case Rate			1,902 (7.5%)	2,042 (8.3%)	2,078 (8.1%)
Letter and Educational Materials Provided					1,500 (72.2%)
<i>*HSE reports that she has done 111</i>					

2017 KEY ACCOMPLISHMENTS

1. The program was able to begin to bring on more lead risk assessors by the middle of the year.

2017 KEY CHALLENGES

1. Over the past years, a break-down in the data collection process led to a gap in the timely follow-up of elevated lead levels to a significant number of families with young children. The cause of this service delivery failure to this cohort has been traced to human error and multiple internal systems failures. These breakdowns are being addressed to include regular process evaluation with follow-up markers, along with comprehensive tracking, documentation, and accountability measures to assure that services are conducted appropriately and timely.
2. Program capacity was limited due to insufficient staffing and existing staff responsibilities not reflecting functional duties. Staffing has been a difficult hurdle as openings for new lead risk assessors have been open for some time but are now being filled. The department's Primary and Secondary Prevention activities were not fully coordinated. Applications had been coming in at a slow pace during 2017 but had picked up toward the end of the year. A lack of focus on EBL units contributed to low intake numbers.
3. Program training of the newly hired LRAs and other new staff has taken time away from reviewing lead inspection risk assessments, coordinating contractors and completing units. Due to the new processes and lack of comprehensive policy and procedures to support the recommendations from our grantors, state statutes, and local ordinances, time amongst existing staff have been divided to cover all aspects.
4. The backlog that was created due to the MHD's service delivery failure has caused additional pressure on an existing fragile infrastructure, as the program is trying to balance the backlog as well as the incoming new cases. The morale of the employees is low.
5. Planning for the 2018 action plan has been the biggest challenge, as the MHD was placed on a work stop order, and given a high risk designation by HUD, which affects our ability to pay for these units with grant dollars. This significantly slowed productivity, as we are adjusting to new standard, expectations, and accountability.

2018 ACTION PLAN

1. In 2018, we experienced a stop work order and high risk designation by HUD. With HUD's guidance, we have changed our focus from a Primary Prevention focus to a Secondary Prevention focus. We will only allow certified lead abatement contractors to perform work that the program was allowing home owners to perform. Because of the expanded scope of these projects, our goal for the grant will be adjusted to 200 units, down from 600. We are currently at 102 units complete and have well over a 100 unit backlog. With this many available units we should be able to hit our revised grant benchmarks.



Immunizations

One of the most important tools to protect our community from disease is immunizations. Sustaining high childhood immunization rates in the city, along with reducing disparities within racial groups, remain primary objectives of the City of Milwaukee Health Department (MHD) Immunization Program. Improving immunization rates helps suppress outbreaks of various vaccine preventable diseases. While the Immunization Program continues to receive funding for childhood vaccinations, recent grant funding has been targeted to increasing HPV and influenza immunization rates in adolescents and adults.

The MHD not only provides immunizations during weekly walk-in clinics at its three health center locations, it partners with community agencies to provide clinics throughout the city. In addition, the Program partners with the Communicable Disease and Preparedness programs to respond to communicable disease outbreaks while also conducting educational symposiums and events directed toward schools, day cares, and clinicians to increase compliance with Wisconsin immunization law and coordinate delivery of immunizations in the community.

As a partner in the Immunize Milwaukee! Coalition, the Program provides education for area providers at an annual symposium and continues to develop partnerships to coordinate the delivery of immunizations in the community. Through this work, compliance with Wisconsin immunization law has reached its highest rate.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1866
2017 Expenses:	\$738,702
O&M Expenses:	\$309,326
Grant Expenses:	\$429,375
2017 Staffing:	3.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	3.0 FTE

ACTIVE GRANTS

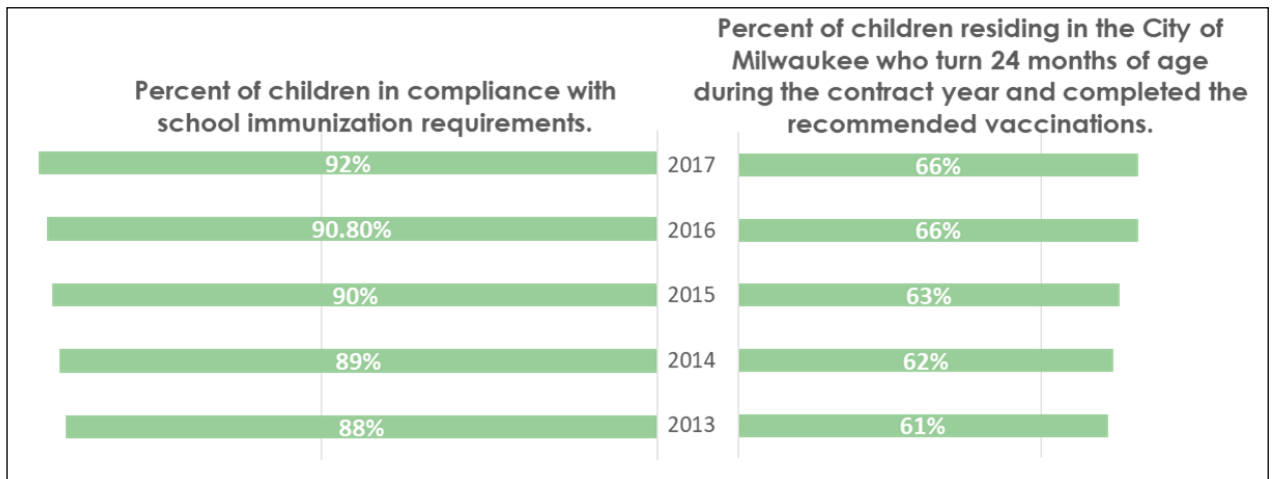
2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Adult Immunization	State of Wisconsin, Consolidated Contract	5/1/16-6/30/17	\$56,833
Increasing Adult Immunization Rates	State of Wisconsin	7/1/16-6/30/17	\$8,000
Immunization Action Plan	State of Wisconsin, Consolidated Contract	1/1/17-12/31/17	\$262,221



At the 2018 Immunization Symposium Ms. Patricia Stinchfield, a nationally known infectious disease expert, presented an overview of the 2017 Minnesota Measles Outbreak. Ms. Stinchfield provided a summary of the course of events, most notably a failure to vaccinate, that led to this completely avoidable epidemic. Participants were also provided practical resources and suggestions to address any local outbreaks. This information is extremely important for local health departments and providers as our next epidemic is only 1 missed vaccination away.



POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of off-site immunization opportunities and clinics held after 6 pm or on Saturdays to increase access for children of working parents	21	26	24	34	23
Number of school site visits conducted	24	19	27	23	18
Number of vaccines administered	16,417	10,912	10,558	8,359	8,271
Number of clients immunized	6,247	4,397	3,937	3,151	2,905
Number of educational meetings held with schools, daycare providers, and medical providers				5	5

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Number of attendees at the school educational meetings					21
Number of attendees at the child care providers meetings				30	30
Number of attendees at the immunization symposium for medical providers		177	154	160	130
Number of 2-year old reminder/recall mailings	4,340	3,690	3,437	3,094	3,207
Number of 2-year old reminder phone calls made	3,058	2,358	2,163	1,930	2,031

2017 KEY ACCOMPLISHMENTS

1. MHD held 23 separate offsite immunization clinic events in 2017 and immunized a total of 796 clients.

2017 KEY CHALLENGES

1. The Immunization Program went through a re-organization which resulted in staff reductions, including a reduction of .5 FTE Immunization Coordinator.
2. Recent changes to mandates from the Wisconsin Department of Health Services resulted in a decrease in the number of clients MHD can serve.

2018 ACTION PLAN

1. Work with Milwaukee Public Schools and Private schools in the City of Milwaukee to increase the City immunization compliance rate by 2% from 91% to 93%.
2. MHD will provide at least 10 offsite immunization opportunities.
3. MHD will hold 3 immunization requirement educational meetings; one with schools and with childcare providers.
4. MHD will do quarterly reminder mailings and calls to remind caregivers to get their child(ren) vaccinated.



Lead and Drinking Water

Years ago, lead was used in paints, plumbing, and other products. While the most common source of lead in Milwaukee is from paint in buildings built before 1978, lead may also enter the water as a result of the wearing away of materials containing lead in service lines or internal plumbing. When water stands for several hours in fixtures or pipes that contain lead, the lead may leach into the water. With approximately 70,000 properties in Milwaukee with lead service lines (the pipes that connect the houses to the water main), MHD has coordinated a response to this public health concern by conducting public outreach and filtration device distribution.

In coordination with Milwaukee Water Works, the City of Milwaukee Health Department (MHD) provides information to the public regarding lead in drinking water and coordinates with community organizations to provide drinking water filters to low-income vulnerable populations (i.e. children under 6, pregnant women, breastfeeding women, and women planning to become pregnant).

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	2015
2017 Expenses:	\$227,008
O&M Expenses:	\$227,008
Grant Expenses:	\$0.00
2017 Staffing:	1.0 FTE
O&M FTE:	1.0 FTE
Grant FTE:	0.0 FTE

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of filtration devices distributed				1,700	1,695
Number of lead in water community outreach events				11	48

2017 KEY ACCOMPLISHMENTS

MHD has created and established community partnerships to distribute drinking water filters to our vulnerable populations. MHD also has attended 48 community events to provide the public information regarding all lead hazards.

In addition, MHD contacted and outreached to approximately 294 property owners of licensed childcare facilities. Of the 294, 146 licensed childcare facilities received their lead service line replacement in 2017. MHD successfully conducted drinking water sampling after construction at all 146 licensed childcare facilities.

2017 KEY CHALLENGES

The filter distribution program started later than anticipated in 2017, with filter distribution to community partners beginning May 2017. This was largely due to challenges with the BID for drinking water filters and getting MOUs in place for community partners. Another challenge for 2017 was handling requests for drinking water filters at community events. There are logistical challenges to consider when transporting drinking water filters to community events.

2018 ACTION PLAN

1. Establish and create additional community partners to distribute drinking water filters to vulnerable populations.
2. Find logistical solutions to distribute drinking water filters at community events.
3. Continue outreach to the approximately 50 remaining property owners of licensed childcare facilities for enrollment in the full service line replacement project.
4. Continue to provide education about all lead hazards at community events and presentations.

Occupational Health, Safety and Public Health Preparedness



Photo: Table top “Planning and Response to Communicable Disease on U.S. Domestic Air Flights”

The Occupational Health, Safety and Preparedness Program strives to assure the safety of the departments workforce and workers in the community. Program staff work to reduce workplace related injuries or incidents through the development and maintenance of occupational health and safety plans, policies and procedures, evaluation of workplace hazards, issuance of proper personal protective equipment and assurance of employee training. The second area of emphasis for the program is to enhance community resiliency to recover from a disaster. Program staff advance this overarching goal through the development and maintenance of emergency response planning; ensuring access to public health expertise and capacity to investigate contain and/or mitigate public problems; and enhancing the departments ability to provide public health information and warnings. The department leverages preparedness funding to enhance routine communicable disease and environmental hazards response.

Occupational Health was added in 2016

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	2004
2017 Expenses:	\$262,148
O&M Expenses:	\$58,942
Grant Expenses:	\$203,207
2017 Staffing:	2.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	2.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/16-6/30/17	\$310,779
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	\$327,343
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/16-6/30/17	\$163,235
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	173,732

*Grant supports more than one MHD program or initiative.

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
# of chemical storage plans reviewed as part of the LEPC			1	1	1
# of emergency preparedness exercises or events in which an AAR was completed	3	5	6	8	7
# of Strategic National Stockpile (DSNS) drills completed	3	3	3	3	3
# of PODS identified (open and closed)	33	33	33	33	33
# of pro-active policy briefs developed / prevent message maps developed or reviewed (NEW)	0	0	0	0	0
# of employees who have completed required ICS training	130	50	16	2	4
A risk communication plan reviewed and updated within the last 12 months	No	No	No	Yes	Yes
A risk communication plan reviewed and updated within the last 12 months	No	No	No	Yes	Yes
# of staff who responded to quarterly emergency notification exercise	7	7	12	15	15
A continuity of operations / plan has been reviewed in last years (NEW)	No	No	No	No	No
A surge capacity plan that has been reviewed an updated within the last 12 months (NEW)	No	No	No	No	No
Public health emergency operations plan reviewed and updated within the last 12 months	Yes	Yes	Yes	Yes	Yes

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
# of health fairs and outreach events conducted/participated where preparedness or safety materials	4	7	5	13	9
# of employees provided fit testing				56	65
# of employees requiring fit testing				123	125
# of employees who completed radiation safety training in previous 12 months					14
# of employees required to complete annual radiation safety training					14
# of staff receiving annual BBP training				60	0
# of staff requiring annual BBP training				150	150
# of safety committee meetings				5	11
# of safety concerns reviewed by the safety				3	7
# of safety drills conducted				4	3
A bloodborne pathogens exposure control plan	No	No	No	No	No
A field safety policy reviewed and updated	No	No	No	No	No
A radiation safety plan reviewed and updated	No	No	No	No	No
A respiratory protection plan is reviewed and	No	No	No	No	No
A written needlestick policy has been reviewed	No	No	No	No	No

2017 KEY ACCOMPLISHMENTS

The Occupational Health, Safety and Preparedness Program main accomplishments for 2017 include conducting its annual partner symposium. The topics change each year. This year the topic was on Emerging Infectious Diseases. Having this symposium helps MHD learn how the private and public sectors can work more collaboratively to prevent and control communicable disease within the community. The program also successfully completed both a table top and full scale exercises to prepare for emergency situations as well as coordinated the department's Back to School Health Fairs PHEP full scale exercise. The program also worked to strengthened relationships with community partners (including private businesses) through proactive engagement. This includes attending community meetings and providing feedback on emergency plans to ensure appropriate response in the event of a public health emergency.

2017 KEY CHALLENGES

1. Lack of consistency in federal funding makes it difficult to plan from year-to-year.
2. Employee turnover in the health department makes it challenging to ensure that all staff are adequately trained in emergency preparedness.
3. Internal competency around incident command system.
4. Out of date Continuity of Operations and Continuity of Government plan.

2018 ACTION PLAN

The Occupational Health, Safety and Preparedness Program will continue to participate in State and Regional exercises/drills, build partnerships, and participate in the regional health care coalition to further preparedness efforts for the City of Milwaukee Health Department. Beginning in mind-2018 Occupational Health and Safety activities will be emphasized in order to assure compliance with all OSHA requirements.



Sexually Transmitted Diseases

The Sexually Transmitted Disease (STI) Program provides confidential testing and follow-up services to uninsured and under-insured residents of Milwaukee and the surrounding communities. Services are provided at the City of Milwaukee Health Department Keenan STI/HIV Specialty Clinic to anyone who is at least 12 years of age, at no cost to the client. The STI/HIV Program Disease Intervention Specialists (DIS) also perform epidemiological investigations, provide partner services and follow-up for clients known or suspected of having Syphilis, HIV, Gonorrhea (GC) and Chlamydia (CT) in the city, and also conduct follow-up for HIV cases in Milwaukee County and syphilis cases across the six-county area of southeastern Wisconsin.

Individuals who contract STIs may not show any signs or symptoms. Others may experience temporary discomfort and inconvenience, but STIs may also result in impaired fertility, long-term morbidity, and shortened life. Untreated STIs also facilitate HIV transmission. In addition to the physical and psychological consequences, STIs pose an economic burden as well.

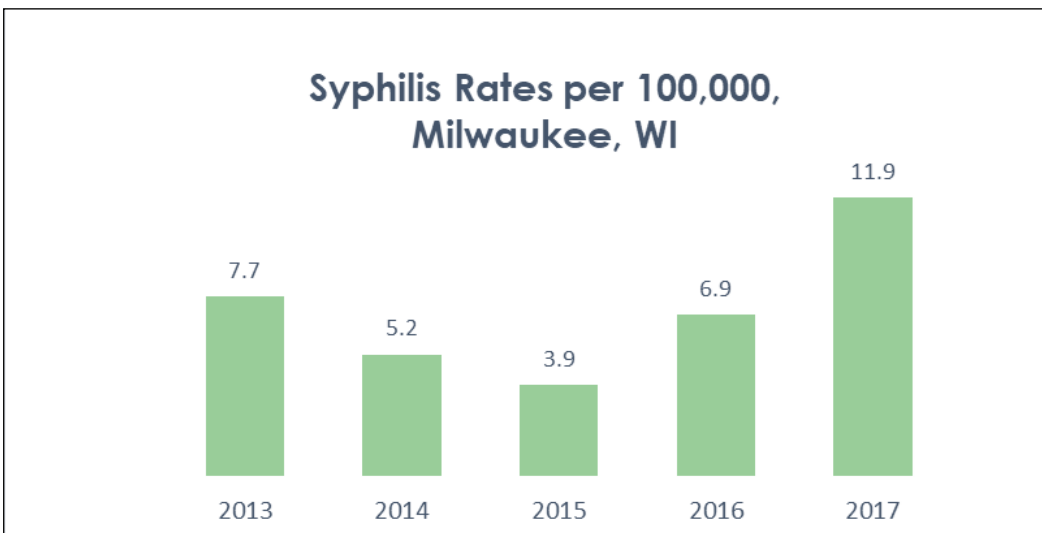
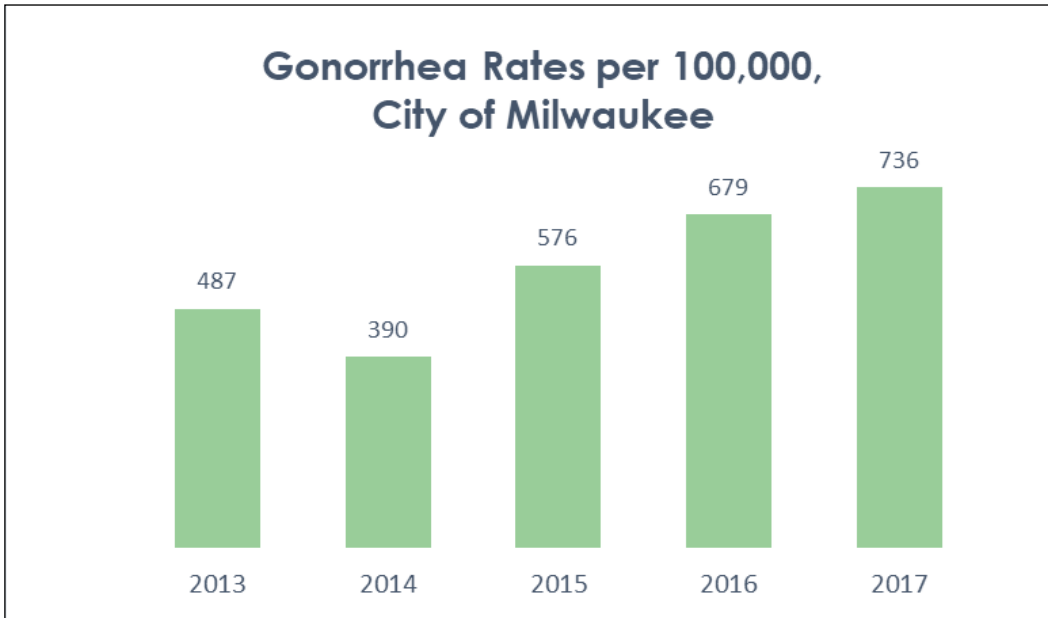
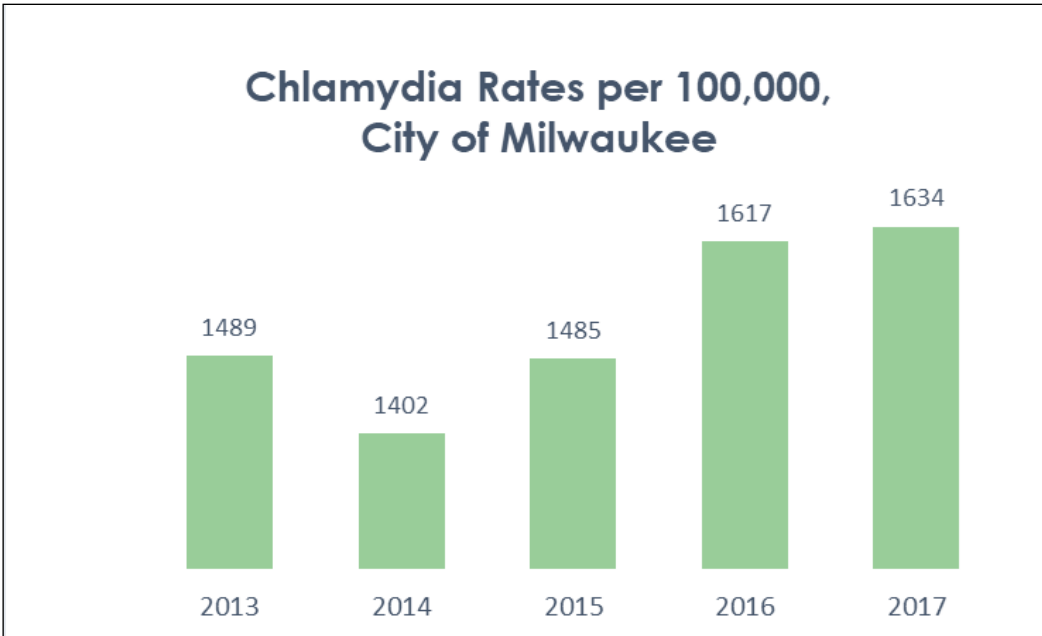
PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	Venereal Disease Clinic Opened in 1920, renamed Social Hygiene clinic in 1977, and renamed "STD Clinic" in 1989
2017 Expenses:	\$1,838,105
O&M Expenses:	\$1,057,150
Grant Expenses:	\$780,995
2017 Staffing:	21.0 FTE
O&M FTE:	11.3 FTE
Grant FTE:	9.7 FTE

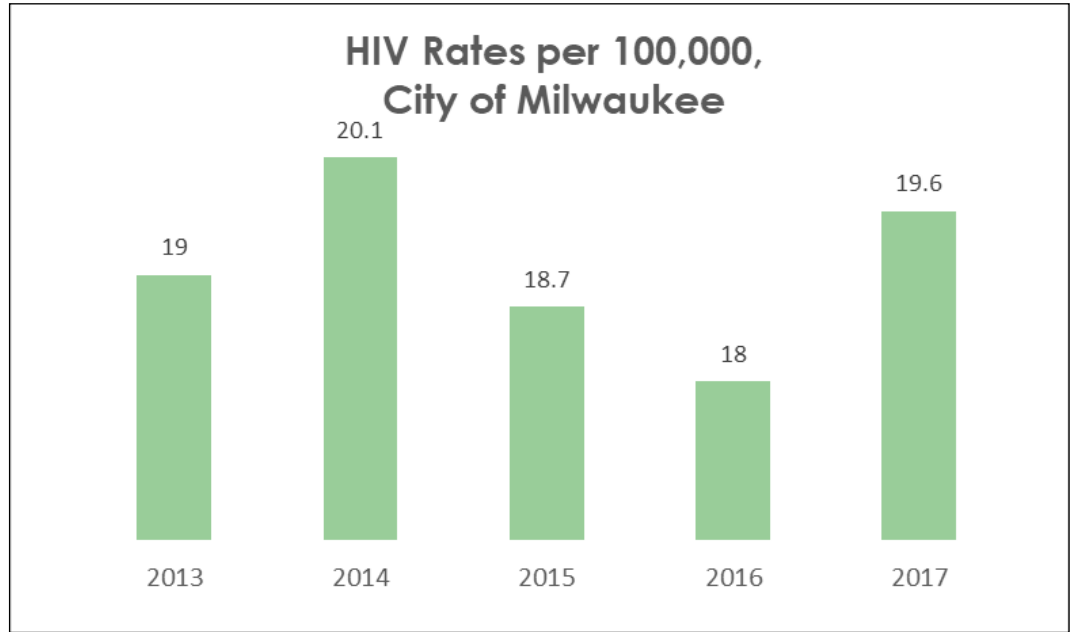
ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Duel Protection Partnership Initiative	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$80,000
HIV Prevention*	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$197,000
STD Infertility Prevention*	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$383,814
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity*	State of Wisconsin, Department of Health Services	8/1/16-7/31/17	\$474,519
*Grant supports more than one MHD program or initiative.			

POPULATION HEALTH OUTCOMES



POPULATION HEALTH OUTCOMES, Continued



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of STD tests performed at STD clinic	32,968	33,569	36,305	37,016	37,140
Percent of individuals seeking STD services provided same day services at STD clinic	94.8%	93.9%	92.8%	91.7%	88.9%
Number of Syphilis contacts for primary and secondary cases interviewed	60	57	48	54	86
Percent of syphilis cases interviewed of the total number of syphilis cases assigned	93.8%	95%	84.2%	96.4%	94%
Percent of HIV cases received partner referral services of cases assigned to DIS	NA	88%	84%	88%	67%
Percent of HIV linked to care of total number of cases assigned to DIS	NA	63%	71%	84%	68%

Individuals receiving same day services has decreased while the number of STD tests performed has increased. Staffing of the clinic has remained consistent.

Syphilis rates in the city continue to rise. Disease Intervention Specialists (DIS) try to make contact with each case to identify other partners who may be exposed.

Vacancies in Disease Intervention Specialists have contributed to fewer partner referral services.

2017 KEY ACCOMPLISHMENTS

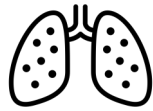
The Disease Intervention Specialists (DIS) in the STI Program, who through their epidemiological investigation identified an STI social network among youth associated with a local high school. The City of Milwaukee Health Department (MHD) coordinated a rapid response, working together with the school system, Planned Parenthood of Wisconsin (PPWI) and Diverse and Resilient (D&R), to hold all-school assemblies which promoted youth empowerment and STI screening to all high and middle schools in the system. At the schools, resources were left for students on where to receive sexual and reproductive health services in the City. Additionally, MHD and PPWI have worked with school nursing staff to provide continuing education on best practices for youth friendly STI services. The work is continuing to get youth the support they need to stay healthy and improve their sexual and reproductive health.

2017 KEY CHALLENGES

1. The program continued to experience a significant number of vacancies throughout the year.
2. An outdated electronic health record system creates inefficiencies that impact service.
3. The program does not have the epidemiological follow-up capacity to respond to, prevent, and control rising STI rates in Milwaukee.

2018 ACTION PLAN

1. Work with community partners to develop a five-year strategic plan to address rising STI rates in Milwaukee.
2. Begin work on the HIV prevention grant which includes holding educational sessions and distributing nasal Narcan to respond to the opioid epidemic and build capacity for condom distribution with Milwaukee Public Schools
3. Continue to foster mutually beneficial strategic relationships with other individuals, organizations, and networks that strengthen STI prevention and control, producing solutions that no individual entity working independently can accomplish.



Tuberculosis Control

The City of Milwaukee Health Department (MHD) has the primary responsibility for preventing and caring for those with Tuberculosis (TB) in the city. The Tuberculosis Control Clinic (TBCC) uses evidence-based interventions to assure that all persons needing TB evaluation are identified and treated, and that appropriate course of action is taken to mitigate the spread of TB. Every TB case is a potential outbreak, and the program must be prepared to promptly identify and treat persons who have TB disease, as well as identify and treat those exposed to TB. Anyone can get TB, however TB disproportionately affects minorities, foreign- born, and those with low socioeconomic status.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1912
2017 Expenses:	\$288,191
O&M Expenses:	\$288,191
Grant Expenses:	\$0.00
2017 Staffing:	4.0 FTE
O&M FTE:	4.0 FTE
Grant FTE:	0.0 FTE



Tuberculosis knows no boundaries and as such we face many challenges. As Public Health Nurses in Tuberculosis Control we adapt to meet the complex needs of the City of Milwaukee residents we serve. On March 2017, our clinic received a referral from a local hospital regarding a homeless individual with active pulmonary tuberculosis. Several hours a day, day after day and month after month, we searched the neighborhood this client frequented in order to provide not only medication but also other basic needs: food, water, clothing, and healthcare. Through the partnerships we have built with local shelters and free-clinics we managed to connect this client with additional resources and provide integrated care.

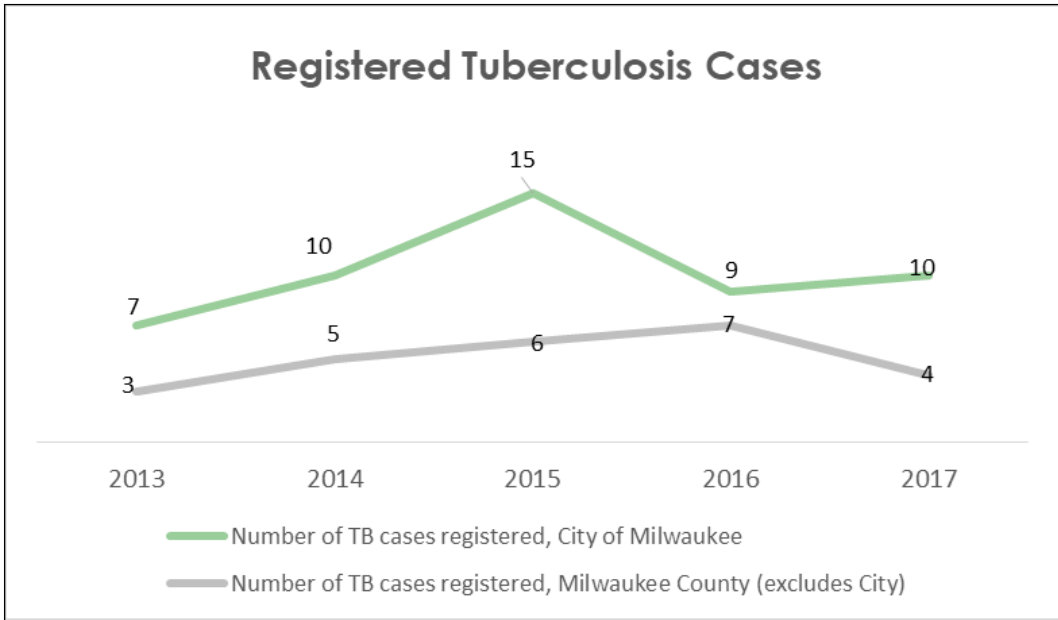
On December 2017, we began treatment on another client with pulmonary tuberculosis and through our contact investigation we discovered there were multiple household contacts, including children under the age of five. Many hours were spent doing home visits, assessing clients, monitoring for treatment tolerance, and providing education regarding Tuberculosis treatment and management. Having recently immigrated into this country, navigating the healthcare system was a challenge and so we worked tirelessly with local providers and clinics to seamlessly screen and treat these individuals recently exposed to Tuberculosis.

Our focus as City of Milwaukee Health Department Tuberculosis Control Nurses transcends providing clients with anti-tuberculosis medications, direct observation therapy, and Tuberculosis treatment management; we provide services that are instrumental for our patients to heal and recover. Given the length of therapy, we build rapport with our clients and their families, and we also learn first-hand of their individual needs. We face challenges head-on and help our clients overcome Tuberculosis. Simply put, we bring the care needed to those City of Milwaukee residents who need it most.

-Written by Erica Luna-Vargas, Public Health Nurse



POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of X-rays read (includes outside)	4,166	1,997	560	406	254
Number of X-rays performed at TBCC	1,545	1,044	375	578	253
Number of Clinic Visits	2,569	1,923	532	635	380
Number of DOT Home Visits (Including Suspects)	NA	NA	NA	1,849	1,907
Number of Class B Immigrants in Clinic	NA	NA	30	38	11
Presentations on TB	24	30	3	0	1
TB Student Learners	NA	NA	14	25	15
Class B Immigrant/Refugee Coordinator Follow-up	NA	NA	NA	97	34

At the end of 2014, the TB program stopped receiving a grant which screened a large number of refugees, contributing to a decrease in the number of X-rays performed.

Directly Observed Treatment (DOT) requires visits from a DOT worker or nurse to ensure that the client is taking their medicine. Some DOT require daily visits from MHD staff.

The TB program educates providers on TB. The program has given fewer presentations due to limited staff capacity.

2017 KEY ACCOMPLISHMENTS

1. The TB Program participated in a large contact identification with a local organization in 2017 which demonstrated a rapid, successful response while strengthening existing partnerships.

2017 KEY CHALLENGES

1. The program continued to experience challenges with an outdated documentation system. The program still utilizes paper charting which increases the amount of time a nurse spends documenting and increases inconsistency in documentation. The program also utilizes an outdated scheduling system.
2. Refugee resettlement agencies have limited capacity and connecting newly arriving refugees into a medical home continues to be a challenge. This means that there is a high likelihood that TB may be going undiagnosed in this vulnerable population.

2018 ACTION PLAN

1. Identification of settings in which high risk exists for transmission of TB and application of effective infection control measures.
2. Provide mentorship/training to healthcare professionals to increase TB awareness and decrease misdiagnosis/improper treatment of LTBI and/or TB.
3. Ensure tuberculosis screening of high risk groups, including but not limited to homeless persons; newly arrived immigrants; refugees identified with TB infection during pre-immigration medical examinations; persons with HIV/AIDS; persons with diabetes mellitus, and; persons undergoing substance abuse rehabilitation.

Partnerships

DISEASE CONTROL AND ENVIRONMENTAL HEALTH PARTNERSHIPS

- Advisory Committee on Immunization Practices (ACIP)
- AIDS Resource Center of Wisconsin
- Area child care facilities
- Area clinics, hospitals, providers
- Aurora UW Medical Group
- Black Health Coalition of Wisconsin
- Brady Street East STD Clinic
- Business Resilience Group
- Centers for Disease Control & Prevention (CDC)
- Chicago Metropolitan BioWatch
- Child care facilities
- City of Milwaukee Health Department Public Health Laboratory
- City of Milwaukee Office of Emergency Management & Homeland Security
- Civil Support Team
- Department of Administration
- Department of City Development
- Department of Homeland Security
- Department of Neighborhood Services
- Diverse and Resilient
- Dr. James Sanders, MHD TBCC Medical Consultant
- Federal Bureau of Investigation
- Fire and Police departments
- General Mitchell International Airport
- Greater Milwaukee Center
- Health & Human Services
- Holton Street Clinic
- Hospital Emergency Readiness Coalition
- Housing Authority
- Immunize Milwaukee! Coalition
- Law enforcement & emergency management
- Linkage to Care Specialist

- 16th Street Community Clinic
- Local Health Departments
- Local universities and colleges
- Milwaukee County District Attorney's office
- Milwaukee County Office of Emergency Management
- Milwaukee County Parks
- Milwaukee Fire Department
- Milwaukee Health Services
- Milwaukee Public Schools and Private Schools
- Outreach Community Health Center
- Outreach Health Services

- Consumer Environmental Health
- Disease Control and Environmental Health
- **Family and Community Health**
- Office of Violence Prevention
- Public Health Laboratory
- Office of Planning and Policy



Community Healthcare Access

The City of Milwaukee Health Department Community Healthcare Access Program (CHAP) assists individuals and families in accessing the health care coverage they need. CHAP helps residents determine eligibility for private insurance under the Affordable Care Act and BadgerCare (Medicaid), as well as assist in accessing Family Planning Only Services, and Express Enrollment for pregnant women and children. CHAP can also facilitate enrollment or provide referrals for enrollment in FoodShare, Elderly Blind and Disabled, Women, Infants and Children (WIC), dental services, Senior Care, Supplemental Security Income, and free and sliding-fee clinics.

While CHAP can serve the entire city of Milwaukee and the State of Wisconsin, there is a particular focus on residents in ZIP codes where infant mortality rates are high. CHAP staff provide services at community organizations, and are also open to community walkins on weekdays at the Southside Health Center and Keenan Health Center.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1999
2017 Expenses:	\$567,542
O&M Expenses:	\$263,612
Grant Expenses:	\$303,930
2017 Staffing:	10.0 FTE
O&M FTE:	4.0 FTE
Grant FTE:	6.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Medical Assistance Outreach- Forward Health	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$377,292



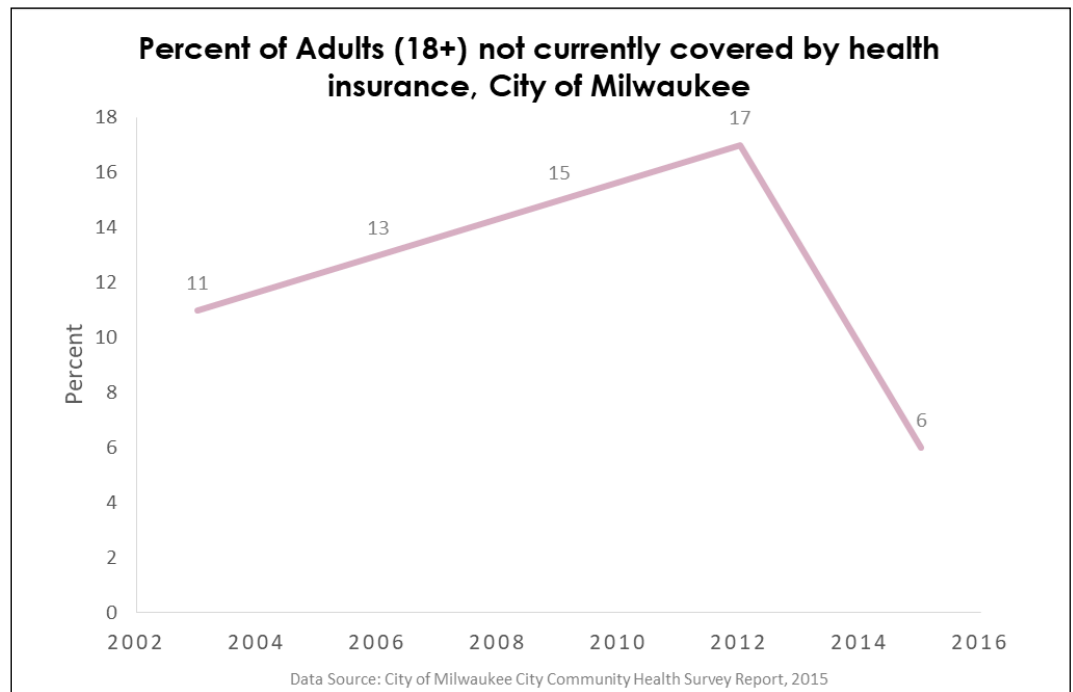
I had a client at one of my outreach sites (Milwaukee Rescue Mission) who had been suffering from a stomach ailment. He was in a lot of pain and felt hopeless because he had no insurance to follow up with a doctor.

I assisted him in applying for food share and medical benefits. He was very happy as the ACCESS program was able to give us a response in real time. He was approved for medical coverage immediately. The fact that he would be able to go to a doctor that same day gave him such relief and ease of mind. We also called MILES to complete his food share interview that same day. He was approved for that as well. The client left feeling that positive things were ahead for him.

In all, I was able to provide a complete service to this client making it easier for him to focus on getting himself better. -Lorena Rodriguez, Health Access Assistant



POPULATION HEALTH OUTCOMES



The program is trying to connect clients with long-term coverage, rather than temporary coverage provided through express enrollments. As a result, the program has enrolled few clients through the express process, which is positive for clients.

This service enrolls undocumented mothers in insurance coverage that lasts through delivery.

Technical assistance services have increased through word-of-mouth. Technical support includes helping clients finish enrollment applications, understanding benefits, and helping with communication with the insurance provider.

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of express enrollments in BadgerCare Plus - Children	200	58	55	46	13
Number of express enrollments in BadgerCare Plus - Pregnant Women	141	79	37	35	30
Number of individuals who complete full applications for BadgerCare Plus	5,063	5,032	3,735	3,793	3,873
Number of full applications for BadgerCare Plus (new applications only)	3,104	3,699	2,283	2,631	3,084
Number of Non-Qualified Immigrant Pregnant Women enrolled in BadgerCare Plus	128	116	112	92	86
Number of requests for trouble shooting/technical assistance	2,907	2,323	3,223	3,554	3,891

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Number of FoodShare Applications and Six Month Renewals	2,418	1,868	1,520	1,480	1,161
Number of new Community Based Organization (CBO) partnerships	2	4	8	5	5
Number of clients enrolled in Family Planning Only Services	197	212	114	404	304
Number of childless adults enrolled in BadgerCare Plus	133	227	300	518	907

More outreach at the Keenan Health Center has increased the number of clients enrolled in Family Planning Only Services.

2017 KEY ACCOMPLISHMENTS

1. The program met it's goal of establishing at least five new community partnerships.
2. The program nearly met its goal (97.8%) of completing 4,000 Badger Care Plus online applications.
3. The program nearly met its goal (97.3%) of completing 4,000 technical assists.

2017 KEY CHALLENGES

1. The program continues to add community partners, as required by the State of Wisconsin, which limits how frequently CHAP can do on-site enrollments with each partner.

2018 ACTION PLAN

1. In 2018, the program will target the childless adult population by enrolling students from local colleges and universities, recently released parolees, food pantry participants, and Milwaukee Rescue Mission clients.



Direct Assistance for Dads

The Direct Assistance for Dads (DAD) Project is a long-term home visiting program that engages fathers in intensive, evidence-based home visiting services. The program works to strengthen fathers' involvement in their child(s) and partners' lives, by providing services intended to improve parenting skills, increase awareness of child development, and improve relationships with their partner and children.

DAD Project home visitors partner with fathers to complete individualized, strengths-based care plans, and track progress towards participant-driven goals. Case management services provided include mental health screenings; referrals for mental health consultation, education, employment, financial and legal services; and facilitating access to health services. Home visitors also provide fatherhood coaching and support fathers in co-parenting with the child's mother.

The DAD Project adheres to the Parents as Teachers (PAT) evidence-based home visiting model and utilizes the PAT child development and parenting curriculum. In addition, the program employs the 24/7 Dad curriculum, a comprehensive fatherhood curriculum developed by the National Fatherhood Initiative.

PROGRAM OPERATIONS

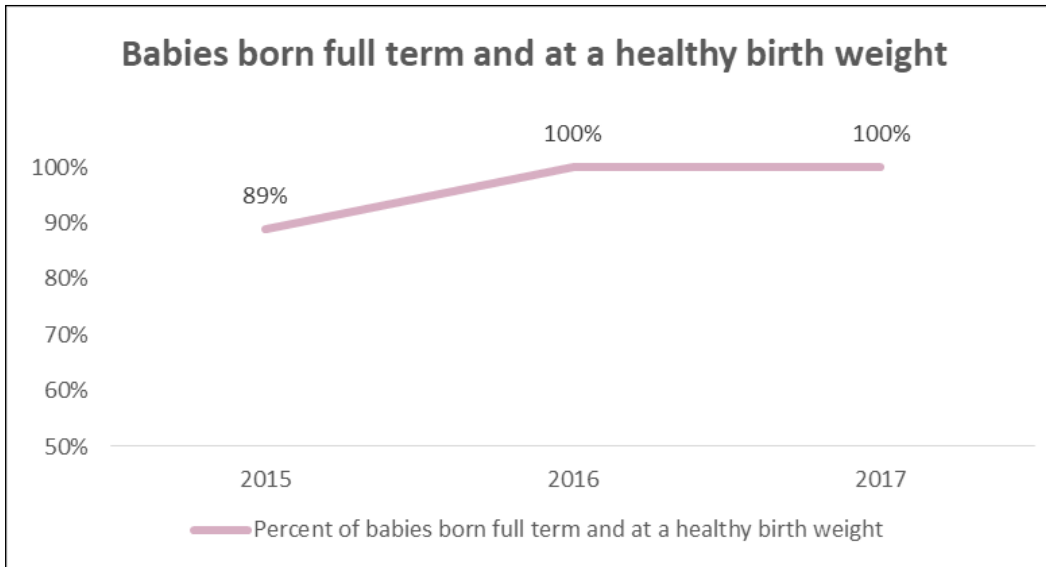
Division:	Family and Community Health
Established:	2013
2017 Expenses:	\$640,064
O&M Expenses:	\$243,489
Grant Expenses:	\$396,575
2017 Staffing:	4.0 FTE
O&M FTE:	4.0 FTE
Grant FTE:	0.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Healthy Birth Outcomes	United Way of Greater Milwaukee and Waukesha County	7/1/16-6/30/17	\$35,000
Healthy Birth Outcomes	United Way of Greater Milwaukee and Waukesha County	7/1/17-6/30/18	\$40,000
Home Visiting Family Foundations*	State of Wisconsin, Department of Children and Families	10/1/16-9/30/17	\$1,181,026
Home Visiting Family Foundations*	State of Wisconsin, Department of Children and Families	10/1/17-9/30/18	\$1,497,320
Direct Assistance for Dads Grant	Wisconsin Partnership Program	7/1/15-6/30/17	\$136,076

*Grant supports more than one MHD program or initiative.

PPROGRAM OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Home Visits					
Successful face-to-face visits by DAD Project staff		374	764	468	369
Clients who received visit from Mental Health Consult		0	6	0	
Clients					
New clients enrolled		34	38	18	18
New clients enrolled prenatally		12	13	4	6
Clients enrolled in 1st trimester		1	0	1	0
Clients enrolled in 2nd trimester		2	8	2	4
Clients enrolled in 3rd trimester		7	5	1	2
Total clients served this year in DAD Project		33	61	56	41
Families who left through attrition (did not complete full program)		10	19	20	15
Families who left program due to program completion and/or goals met.			5	11	4

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Screenings and Services					
Fathers who received Mental Health screening (EPDS and PSS)		44	70	49	22
Child ASQ screenings completed		2	9	13	10
Father group meetings held		0	1	2	2
Referrals					
New referrals received by DAD Project		67	105	57	50
Community resource referrals given by DAD Project staff to clients		27	124	39	50

2017 KEY ACCOMPLISHMENTS

1. 369 successful face to face visits made by DAD project staff
2. 243 successful encounters using approved curriculum
3. Introduction of Early Language and Literacy CQI Component to increase the number of fathers who read or sing to their children every day
4. Established and maintained a multidisciplinary team of home visitors, health educators, and a public health nurse to provide client centered home visitation and health center interaction
5. Introduced DAD Project information to over 500 expectant and new fathers

2017 KEY CHALLENGES

This program conducted personal/home visits and work intensively with expectant and parenting fathers, infants, and children to strengthen father involvement and improve paternal health and early childhood health, development, and well-being. Two staff transferred to other programs which led to larger load for the remaining staff. Near the end of 2017 the DAD Project was combined with the Men's Health Program in order to provide a comprehensive approach to client services. The result of this was a concerted effort toward team building and establishing collaborative outreach efforts in health centers and neighborhoods.

2018 ACTION PLAN

The DAD project will demonstrate success by tracking the number and percentage of fathers served with the number and percentage of the types of community connections and referrals provided. This project will determine effectiveness by evaluating improvements in educational attainment and employment; increased access to health care and dental coverage; increased involvement with child(ren); reduction in subsequent pregnancies and in child welfare referrals



Empowering Families of Milwaukee

Since 2006, Empowering Families of Milwaukee (EFM) has been one of the City of Milwaukee Health Department's (MHD) premiere home visitation programs. The EFM program is a voluntary, home-based prevention strategy that targets pregnant women and families with young children living in Milwaukee. EFM is an accredited program of the Healthy Families America evidence-based home visiting model and utilizes the Parent's as Teachers evidence based curriculum. Public health nurses and public health social workers work in multidisciplinary teams to provide health teaching, case management, and support to families prenatally until the child is 3 years old.

EFM promotes healthy pregnancies, improves birth outcomes, enhances family functioning, supports child health, safety and development, and prevents child abuse and neglect. Since its inception, EFM has provided more than 47,700 home visits to over 1,000 families, welcoming over 1,000 babies. After the birth of a child, EFM works to promote healthy growth and development and support families in meeting self-identified goals.



Photo: A current EFM client at the 2017 EFM Annual Family Reunion.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2006
2017 Expenses:	\$1,920,193
O&M Expenses:	\$730,468
Grant Expenses:	\$1,189,725
2017 Staffing:	22.0 FTE
O&M FTE:	6.5 FTE
Grant FTE:	15.5 FTE

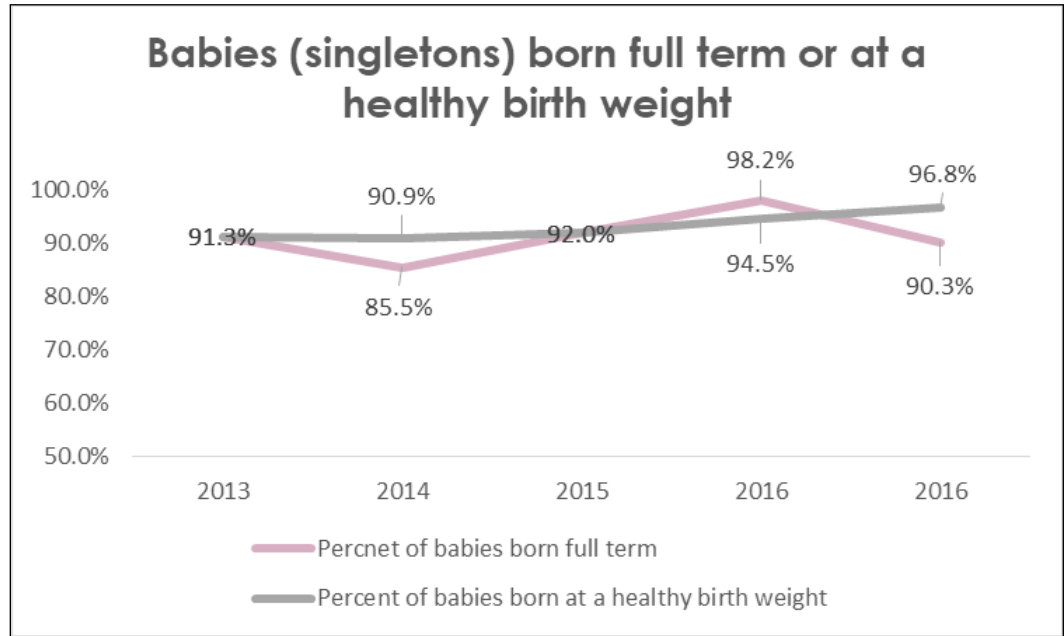
Historically, the program contracted with external partners to fill home visitor positions. At the end of 2016, these positions were brought in-house. This transition, in addition to a hiring freeze, resulted in the program experiencing significant vacancies throughout the year.

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Family Foundations Grant*	State of Wisconsin, Department of Children and Families	10/1/16-9/30/17	\$1,181,026
Family Foundations Grant*	State of Wisconsin, Department of Children and Families	10/1/17-9/30/18	\$1,497,320

*Grant supports more than one MHD program or initiative

PROGRAM OUTCOMES



Due to vacancies in 2017 the program served less families than in previous years and thus the total number of home visits decreased.

Between 2013 and 2017 the unsuccessful home visit rate dropped from 20.0% to 8.0%. Use of technology (e.g. text messaging) and bringing home visitors in-house has contributed to this success.

In 2017, referrals decreased. This may be due to vacancies within the program and the result of more clients completing the three year program.

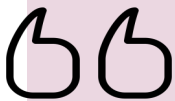
PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Home Visits					
Successful face-to-face visits made by EFM Project staff	3,710	4,047	3,620	3,743	2,708
Unsuccessful (no response) home visits attempted	737	596	350	363	222
Clients					
New referrals received by EFM Project	145	179	150	68	46
New clients enrolled	57	68	74	45	18
New clients enrolled prenatally	52	66	69	42	17
Clients enrolled in 1st trimester	11	13	6	1	0
Clients enrolled in 2nd trimester	20	24	22	20	3
Clients enrolled in 3rd trimester	21	29	41	21	14

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Clients, continued					
Families currently enrolled in EFM program	267	206	192	159	122
Families who left through attrition (did not complete full program)	76	52	41	34	27
Families who successfully completed the program	53	36	37	22	13
Screenings and Services					
Child (0-12 months) ASQ screenings completed	85	49	65	50	69
Edinburgh Postnatal Depression Scales administered	140	142	141	105	81

The Ages and Stages Questionnaires (ASQ) is a developmental screenings that helps identify potential delays. Children with development delays are connected with appropriate services by program staff.



One of EFM’s clients became homeless in 2017 with an infant and two young children after fleeing her bed-bug infested home. While homeless and sleeping on the floor of a relative’s house, she received multiple parking tickets and subsequently lost her driver’s license, and then her job. During the time that she was homeless, her infant daughter fell behind on well baby checks and immunizations. With the support of her EFM home visitor, the client was able to secure safe and stable housing of her own, set up a payment plan to pay her parking tickets and consequently her driver’s license was reinstated. Moreover, she was able to complete CNA job training and obtained full time employment. Her baby is now reengaged with her pediatrician for well-baby care, is getting caught up on her immunizations and has her first dental appointment scheduled!



2017 KEY ACCOMPLISHMENTS

1. EFM continued to be successful in achieving healthy birth outcomes: 90% of babies born were full term and 97% were of a healthy birth-weight.
2. EFM received the 2017 State of Wisconsin Fulfilling the Promise Program of the Year and Home Visitor of the Year awards.
3. The EFM program administered 127 developmental screenings on children ages 0-36 months and 80% were at or above age appropriate developmental levels.
4. An EFM family was recognized during MHD's 150th Anniversary celebration.

2017 KEY CHALLENGES

The EFM program experienced staffing challenges in 2017 which negatively impacted the program's capacity and ability to enroll new families. The root causes of these challenges are related to the slow hiring process of MHD employees, low staff retention, and the 2017 budget negotiations and hiring freeze which significantly delayed filling the new positions that were created by bringing all home visitors in house (as a result of the 2016 contract change). These staffing challenges drastically limited the number of new referrals that the program was able to take and impacted several of the other performance measures above. Despite these multiple challenges that were not in the program's control, EFM has a strong and dedicated team that continues to work hard and provides high quality, comprehensive home visiting service to Milwaukee families.

2018 ACTION PLAN

1. The EFM Program's primary goal will be filling vacancies and building up the team to become fully staffed in 2018, including filling 6 vacancies.
2. With progress on the aforementioned goal, the EFM Program will continue to strive towards meeting grant objectives, *MIECHV Performance and Systems Outcome Measures*.
3. EFM will continue to expand community collaborations by implementing Parent Cafés in collaboration with community partners.



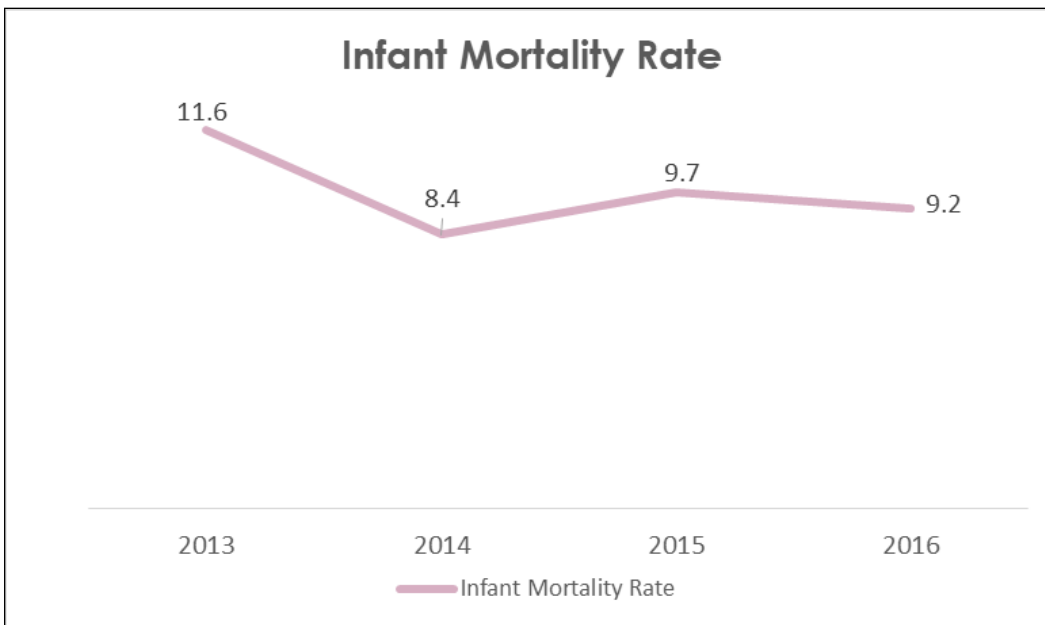
Fetal Infant Mortality Review

The Fetal Infant Mortality Review (FIMR) is a process that reviews the circumstances of an infant’s life and death to find out what could have been done to prevent the death, promote prevention strategies and goals for community action, and reduce the racial disparity in infant deaths. The guidelines and prevention strategies issued by the FIMR Case Review Team are meant to help keep Milwaukee’s infants healthy, safe, and alive. FIMR is made possible through the cooperation of Milwaukee area hospitals, health care providers, social service providers and community agencies through a Memorandum of Understanding with the State of Wisconsin.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1993
2017 Expenses:	\$160,200
O&M Expenses:	\$160,200
Grant Expenses:	\$0.00
2017 Staffing:	2.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	0.0 FTE

POPULATION HEALTH OUTCOMES



The REVIEW PROCESS

1. Case finding through various sources.
2. Contact mother/family for possible maternal interview.
3. Abstract medical and social service data from all institutions and providers for the period of the pregnancy through postpartum.
4. Prepare a Case Narrative and Summary and submit for review to Case Review Team or enter data directly into FIMR database.
5. Convene Case Review Team to prioritize recommendations.
6. Data and recommendations released to public.

*Process is fluid and can take up to four years to complete

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of reviews completed	6	6	6	6	6
Percent maternal interviews completed	23%	23%	11%	11%	10%
Percent of cases abstracted	172	142	167	142	NA
Percent of cases reviewed	45	44	40	42	27*
* as of May 2018					

2017 KEY ACCOMPLISHMENTS

1. We have increased our percentage of maternal interviews in 2017-2018 and hope to continue this pattern into 2018-2019.
2. The FIMR recommendation of 'One Key Question' has been implemented by numerous providers and clinics on an individual basis.
3. Long Acting Reversible Contraception (LARC) as a birth control method has been implemented by numerous providers and clinics on an individual basis.

2017 KEY CHALLENGES

1. The death of a baby is a very difficult topic area for anyone to remain engaged in or committed to.

2018 ACTION PLAN

1. Increase the number of maternal interviews by 10%.
2. Continue to partner in community actions driven by FIMR recommendations.
3. Continue our close collaboration with the Zilber School of Public Health.
4. Disseminate FIMR findings more broadly (e.g. Milwaukee Health Care Partnership, United Way LIHF committee), etc.



Infant Mortality Special Initiatives

Cribs for Kids

The City of Milwaukee Health Department (MHD) became an official Cribs for Kids program site in 2009. The program provides families in need of a crib education on how to create a safe sleeping environment for their babies along with a free Graco Pack'n Play (PnP) portable crib. Families are also provided with crib sheets and a sleep sack and are taught how to properly secure the sheets to reduce sleeping hazards.

The Cribs for Kids program receives nearly one thousand referrals from a number of MHD programs and community partners to identify families in need of a safe place for their baby to sleep. Additionally, the program provides trainings and presentations for various agencies on infant mortality and safe sleep practices. As a result, these agencies can provide safe sleep education to the families they serve.

Strong Baby Sanctuary Initiative

The Strong Baby Sanctuary Initiative is a partnership between the City of Milwaukee Health Department, Ascension-Columbia St. Mary's Urban Church Wellness Program, the March of Dimes, and the Life-course Initiative for Healthy Families (LIHF) at United Way of Greater Milwaukee & Waukesha County.

The initiative assists churches and faith communities in becoming safe places for pregnant women, new mothers, fathers, and families to get health-related support and information. Strong Baby churches administer short assessments on families and provide families with referrals to community resources to meet their individual needs. By connecting families to these programs, the initiative strives to reduce stress, support wellness, and reduce the number of babies who are born premature or low birthweight, or who sleep in unsafe sleeping environments. Currently, there are 23 churches who are members of the Strong Baby Sanctuary initiative.

In 2016, the Strong Baby Sanctuary Initiative began offering all members the opportunity for their church to become a Blanket of Love program, a prenatal and parenting education program for women, their spouse or friend, and family members. Pregnant women receive childbirth education to help them understand prenatal care, labor and delivery processes, and strategies for improved health of the mother and for the baby. Additionally, the program supports parents in understanding their new babies, by providing education and information on developmental stages, nutrition tips, infant care techniques and to address any concerns young parents might have. Currently, there are 12 Strong Baby Sanctuary churches who are also Blanket of Love programs, with more expected to join throughout the year. Each Blanket of Love church will be assigned an MHD Public Health Nurse (PHN) consultant to assist them in providing education and support to families.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2009 (Cribs for Kids); 2015 (Strong Baby Sanctuary)
2017 Expenses:	\$114,167
O&M Expenses:	\$82,644
Grant Expenses:	\$31,523
2017 Staffing:	1.0 FTE
O&M FTE:	0.75 FTE
Grant FTE:	0.25 FTE

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Cribs for Kids					
Total number of referrals to Cribs for Kids Program/Safe Sleep Clinic					946
Number of families that met eligibility requirements and were registered for Safe Sleep Clinic					808
Number of families that completed safe sleep education and received PnPs at Safe Sleep Clinic	837	863	806	809	640
Number of families enrolled in home visitation program and received education and PnP in home					96
Number of families that received education and PnP through Cops N Cribs (MPD)					2
Number of community health fairs attended					53
Number of infant mortality/safe sleep community trainings/presentations provided by staff	4		84	58	71

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Strong Baby Sanctuary					
Support churches in Strong Baby Sanctuary Program				23	33
Provide training to educational groups at Blanket of Love Churches				12	16

2017 KEY ACCOMPLISHMENTS

Cribs for Kids: Cribs for Kids programs has expanded their scope of partnership which included family and group childcare providers, Head Start programs and non MHD home visitation programs throughout the city of Milwaukee. Over eighty-seven referrals were made to other MHD programs including WIC, CHAP, DAD and the prenatal care coordination programs. We also started special safe sleep classes for non-English speaking families.

Strong Baby Sanctuary: The key accomplishment in 2017 was the number of new churches that joined the Strong Baby Sanctuary.

2017 KEY CHALLENGES

Cribs for Kids: In 2017, thirty-two infants died as a result of an unsafe sleep environment, which is nearly triple of the average number in a giving year. The biggest challenge is the number of cancellations and no shows for the Safe Sleep Clinic. Families have a more difficult time accessing the Safe Sleep Clinic after the birth of the baby due to child care and transportation issues. Another the challenge is MHD current Safe Sleep Clinic schedule does not accommodate the families that work traditional hours. Lastly, ensuring that families are hearing consistent messaging and up to date information about recommended Safe Sleep practices and risk factors based on the American Academy of Pediatrics (AAP) recommendations. Since 2016, families have been able to access the Baby Box (short term alternative sleep environment) through different local programs. As a result we are a seeing a decline in the number of families access the Safe Sleep Clinics.

2018 ACTION PLAN

Cribs for Kids: Continue community outreach and education to increase awareness around unsafe sleep environments and risk factors. Increase the number of community partner number by five. Provide updated education to community partners and FCH staff that includes the most updated FIMR report and AAP recommendations. Offer Safe Sleep classes in the evening and on a Saturday once a month to reach families that work traditional hours. Continue effects to engage the other MPD districts in the Cop N Cribs program. Work with the current Cop N Cribs programs to increase number of portable crib distribution and education to families.

Strong Baby Sanctuary: Support training of new churches on how to conduct needs assessments and refer families to needed resources in the community. Provide training to educational groups at churches participating in the Blanket of Love program.



Men's Health

The City of Milwaukee Health Department's (MHD) Men's Health Program offers preventive health education, noninvasive health screenings, and medical or social service referrals to Milwaukee males age 14 and over at the MHD's three health center locations. The program focuses on prevention education related to hypertension and stroke, blood pressure screenings and follow-up enrollments with partner agencies; child development screening training for providers; colorectal cancer curriculum development and training for peer educators; reproductive health education and enrollment into Family Planning Only Services; smoking cessation education; health engagement information and practices for fathers; retinopathy screening, education, and referral; breastfeeding support information for new and expectant fathers; behavior health screenings with referrals for mental health and substance abuse; and community health outreach to low-income and uninsured males.

The program is the lead agency for the citywide Men's Health Referral Network and program representatives chair health committees with the Black Male Achievement Advisory Committee, Milwaukee Fatherhood Initiative, and My Brother's Keeper Initiative.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2010
2017 Expenses:	\$415,235
O&M Expenses:	\$329,057
Grant Expenses:	\$86,178
2017 Staffing:	4.0 FTE
O&M FTE:	3.25 FTE
Grant FTE:	0.75 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Maternal and Child Health Grant*	State of Wisconsin, Consolidated Contract	1/1/17-12/31/17	\$500,597
Colorectal Cancer Education for African American Men	Medical College of Wisconsin	1/1/17-6/30/18	\$31,823
Smoke-free Homes for Strong Babies	State of Wisconsin, Department of Health Services	8/1/16-7/31/17	\$10,000
*Grant supports more than one MHD program or initiative.			

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Number of males who utilized Men's Health Centers	512	570	601	231	1214
Number of clients who have children 5 years and younger	113	201	349	82	116
Number of Family Planning Waivers Enrollments	32	41	104	35	150
Assessments & Screenings					
Complete risk assessments	328	412	434	214	945
Depression screenings done for adolescent males	14	8	5	3	6
Blood pressure screenings	NA	NA	87	112	340
Service providers who commit to using valid screening tools	20	25	25	12	41
Referrals					
Males who received referrals to partner agencies	298	368	434	124	670
Referrals based on blood pressure screenings	NA	NA	23	24	65
Education & Events					
Number of meetings or events	60	63	68	32	33
Participants in Men's Health Education Sessions	719	788	917	340	1052
Infant Mortality Classes taught to fatherhood programs	15	16	19	9	5
Child development trainings/ meetings	17	18	18	5	15
Participants in Child Development Education Sessions	67	72	86	43	51

2017 KEY ACCOMPLISHMENTS

In 2017, the Men's Health Program offered four trainings in child development screening, coordinated the health section of the 2017 Milwaukee Fatherhood Summit; maintained Men's Health Centers at three separate MHD locations; received grant funding for smoking cessation education and colorectal cancer prevention education; and recruited new organization members to the Milwaukee Men's Health Referral Network, a coalition of multidiscipline partners providing an array of services, advocacy dedicated to improving men's health outcomes. Men's Health provided cessation classes as a strategy to reduce the risk of premature birth and infant mortality via second hand smoke exposure. Program representatives provide support and leadership to the City's Black Male Achievement Advisory Committee and My Brother's Keeper health focused efforts.

2017 KEY CHALLENGES

There is a widespread lack of awareness, understanding, and stigma that creates silence around men's health issues. The program is designed to create avenues for men to learn about preventive health options and take steps to be proactive in leading a healthy lifestyle. Men are less likely to seek medical help due cultural stereotyping and a belief that they see a health provider when they are sick or in pain. The men's health program receives funding related to specific health issues such as the prevention of diabetes, heart disease, and lung and colorectal cancers but does not have a budget to promote the overarching value of a healthy lifestyle, having a relationship with a health provider, and maintaining a regular checkup schedule to prevent chronic and communicable illness.

2018 ACTION PLAN

1. Increase the amount of men's health information provided to individuals, agencies, and the public
2. Design and deliver male center education curriculum for colorectal cancer prevention
3. Reduce risk factors for heart disease in Milwaukee youth, teen males, and beyond
4. Reduce risk factors for and promote suicide prevention Milwaukee youth
5. Implement and evaluate developmental screening trainings
6. Increase cultural and language competence in service delivery and in referrals to men's health services
7. Develop community integration and acceptance of a male standard of health via an increase in education and training among community and providers



Milwaukee Breast and Cervical Cancer Awareness

The City of Milwaukee Health Department Milwaukee Breast and Cervical Cancer Awareness Program (MBCCAP) is the local coordinator/provider for the Wisconsin Well Woman Program (WWWP), which provides breast and cervical cancer screenings to eligible women, as well as the WISEWOMAN program which provides cardiovascular risk reduction screenings to women.

Targeting Milwaukee women ages 35 to 64 who meet income guidelines, the program assists women in accessing breast and cervical cancer screenings either at the city’s Southside Health Center or at local partner providers. Women age 64 and over who do not have insurance are also eligible for the Wisconsin Well Woman Program.

In 2017, approximately 1,700 women (some clients are waiting for services) were enrolled into the program for screening and diagnostic services. Of these 1,700 enrollments: 976 were breast and cervical cancer screenings; 663 were diagnostic services that include diagnostic mammograms, ultrasounds or biopsies; and 46 Medicaid enrollments (women are required to be enrolled in the Well Woman Program before their Medicaid enrollment can be completed).

The program’s objective to provide 700 screenings (by either the Southside Health Center or a local provider) was exceeded by providing a total of 976 unduplicated breast and cervical cancer screenings.

Additionally, case management services were provided to 663 women enrolled at area hospitals for screening and diagnostic services. MBCCAP enrolled 46 women into Well Woman Medicaid for treatment. These are women who were either diagnosed with cancer via the Well Woman Program or were diagnosed previously and are renewing their Medicaid.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1990 (Breast Cancer); 1994 became a Well Woman provider and added cervical cancer screening; 2009 – WISEWOMAN added
2017 Expenses:	\$860,025
O&M Expenses:	\$3,337
Grant Expenses:	\$856,689
2017 Staffing:	6.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	6.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Breast Cancer Grant, Carita B. Urban	Greater Milwaukee Foundation	1/1/17-9/1/17	\$13,423
Breast Cancer Well Women	State of Wisconsin, Department of Health Services	7/1/17-6/60/18	\$755,000

Funding also supports community-based organizations (e.g. Milwaukee Consortium for Hmong Health) to conduct outreach to hard-to-reach populations.

Each year the State of Wisconsin Well Woman Program sets an objective for the number of breast and cervical cancer screenings the program must complete. The program exceeded the 2017 objective by 299 screenings. While the objective decreased in 2017 the 2018 objective is currently 950.

In addition to more women being connected to health insurance, testing recommendations have also changed.

Each client receives case management services through the program. Case management includes scheduling appointments, reviewing charts, and ensuring proper follow-up screenings are conducted.

Women who receive in-house screenings are able to participate in WISEWOMEN, which focuses on cardiovascular health.

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Screening Objective	1,060	1,060	750	750	700
Milwaukee residents ages 35-64 years screened for breast and cervical cancer	1,587	1,043	1,031	1,044	999
TOTAL number of breast cancer screenings	1,404	916	672	779	803
Breast screenings, in-house	1,053	640	507	521	478
Breast screenings, provider	351	276	165	258	325
TOTAL number of cervical cancer screenings	649	336	70	175	164
Cervical screenings, in-house	614	298	69	173	160
Cervical screenings, provider	35	38	1	2	4
Case management encounters	15,936	11,648	4,918	6,721	10,468
WISEWOMAN clients enrolled	302	0	17	166	297
Community events	16	25	24	29	18

2017 KEY ACCOMPLISHMENTS

1. Despite being short staffed, the Well Women and WISEWOMEN exceeded breast and cervical cancer screening objectives.
2. The development and implementation of a system to remind clients of when they are due for rescreening.
3. The installation of a digital mammography unit decreased the amount of time it takes a woman to get screening results.

2017 KEY CHALLENGES

1. The program was short staffed by 2 to 3 positions throughout the year, including a position that was held by a staff member for 17 years.
2. The installation of a digital mammography unit resulted in a five-week period where women could not complete mammograms in-house.
3. Due to unforeseen circumstances at the end of 2017, MBCCAP will start 2018 without a provider which will impact screening services at Southside Health Center in 2018.

2018 ACTION PLAN

1. Expand Retinopathy screenings for Well Women/WISEWOMEN clients.
2. Develop and Implement a “Living with Diabetes Program.”
3. Add additional group classes for the WISEWOMEN program.
4. Continue to outreach to current community partners to ensure continued awareness about the program and develop more community partnerships to ensure the screening objective is met.



Nurse-Family Partnership

Nurse-Family Partnership (NFP) helps transform the lives of vulnerable first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms that live in the city of Milwaukee receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns 2 years old, NFP Nurse Home Visitors form a trusting relationship with first-time moms to achieve these goals using its evidence-based model, motivational interviewing, and many other tools to support these important outcomes.

The Nurse-Family Partnership model is based on rigorous evidence of effectiveness from randomized, controlled trials. As an evidence-based community health program, Nurse-Family Partnership’s outcomes include long-term family improvements toward breaking the cycle of poverty, building stronger communities, and leaving a positive impact on this and future generations.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2007
2017 Expenses:	\$501,912
O&M Expenses:	\$475,972
Grant Expenses:	\$25,940
2017 Staffing:	9.0 FTE
O&M FTE:	4.25 FTE
Grant FTE:	4.75 FTE

ACTIVE GRANTS

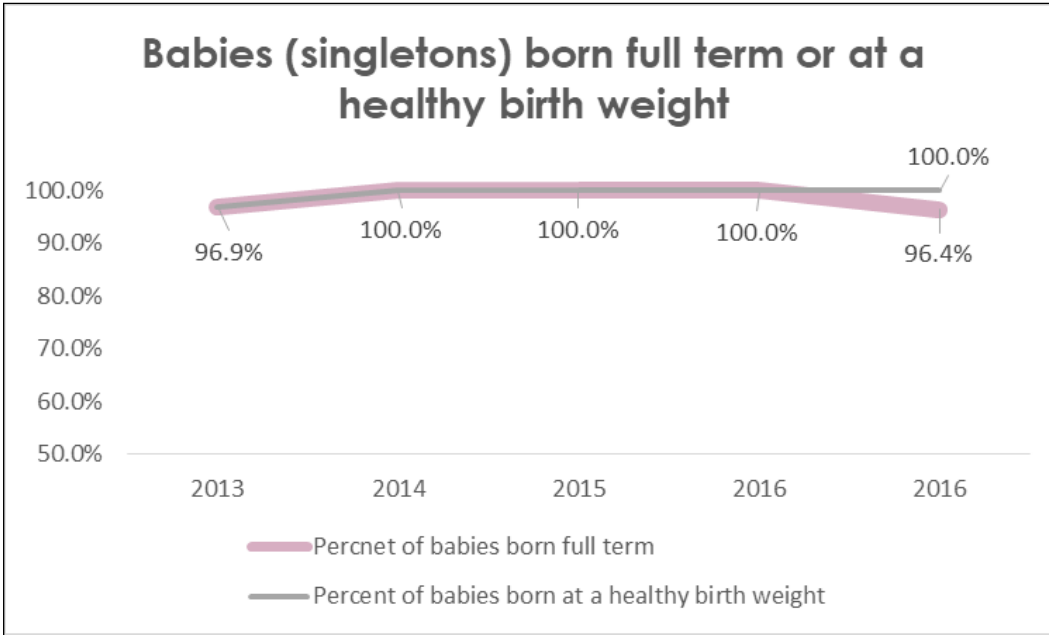
2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Maternal Child Health Grant*	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$500,597
*Grant supports more than one MHD program or initiative.			



The Nurse-Family Partnership enrolled a first time pregnant mother who was homeless, had no job, and suffered from multiple mental health issues. When her nurse first met her, she was bouncing around from house to house. Further adding to her complexity, she was a victim of a drive by shooting and was shot in the face during her pregnancy. Despite having physical and mental conditions, along with a difficult and almost nonexistent living situation, she kept her appointments and wanted to do what was best for her child. Using the client centered principles of the Nurse-Family Partnership model, the nurse was able to take the client’s positive motivation and continue to empower her to find stable housing at a women’s facility, employment, and initiate seeking her own housing accommodations. The client started receiving therapy and has a healthy baby boy that she is able to provide care for.



PROGRAM OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Home Visits					
Successful face-to-face visits completed by NFP staff	1,812	1,624	1,135	1,005	1,112
Unsuccessful (no response) home visits attempted	369	266	110	366	474
# of new referrals received by NFP	185	164	133	96	156
Clients					
New clients enrolled	94	61	58	26	63
New clients enrolled in first trimester in	50	28	17	1	19
Number of new clients enrolled in second trimester	44	33	41	24	43
Number of families who left through attrition	47	94	45	32	29
Number of families who left through completion	14	11	20	5	18

Staffing has impacted the number of clients that can be served by the project. Even if the program is fully staffed, it can take up to a year for a newly hired nurse to have a full case-load.

Documentation practices have changed which may have impacted how accurately unsuccessful visits are recorded.

The program is working with the State to complete a quality improvement project focused on increasing client retention.

PERFORMANCE MEASURES, Continued

Staff turnover lead to a significant number of clients choosing to leave the program in 2016.

Measure	2013	2014	2015	2016	2017
Clients, continued					
Percentage of eligible clients who graduated at age 2				9%	81%
Number of families currently enrolled	100	69	59	56	71
Screenings and Services					
Child ASQ Screens first birthday		45	45	52	44
Edinburgh Postnatal Depression Scale	161	149	95	82	110
Mental Health Consult Visits with clients		5	27	2	3

2017 KEY ACCOMPLISHMENTS

1. 86.4% of clients enrolled had prenatal visits within their first trimester.
2. 98.0% of children in the program received their ASQ screens before their first birthday and an appropriate referral if needed.
3. Nearly a third of the time at each 60-90 minute home visit was spent working with the client on life course development (e.g. family planning, job skills, community resources, etc.).
4. Participated in Collective Impact Learning Collaborative Meetings, the Home Visiting Community of Practice, and the Milwaukee Young Child Wellness Council.

2017 KEY CHALLENGES

1. The program was short staffed throughout the year due to vacancies and extended staff leaves.
2. The program experienced increased time between when a client is referred to the program and when they enroll.
3. The program is primarily made up of junior staff, which impacts case loads.

2018 ACTION PLAN

1. The Nurse-Family Partnership program will continue to meet the objectives set forth by the grant, and requirements within the NFP program.
2. Continue to work towards retaining the current clients we have to decrease those who leave through attrition.
3. Work towards increasing staff retention by improving employee self-care and reducing the stress and burn-out in their jobs.

Plain Talk/ Prep Talk for Youth

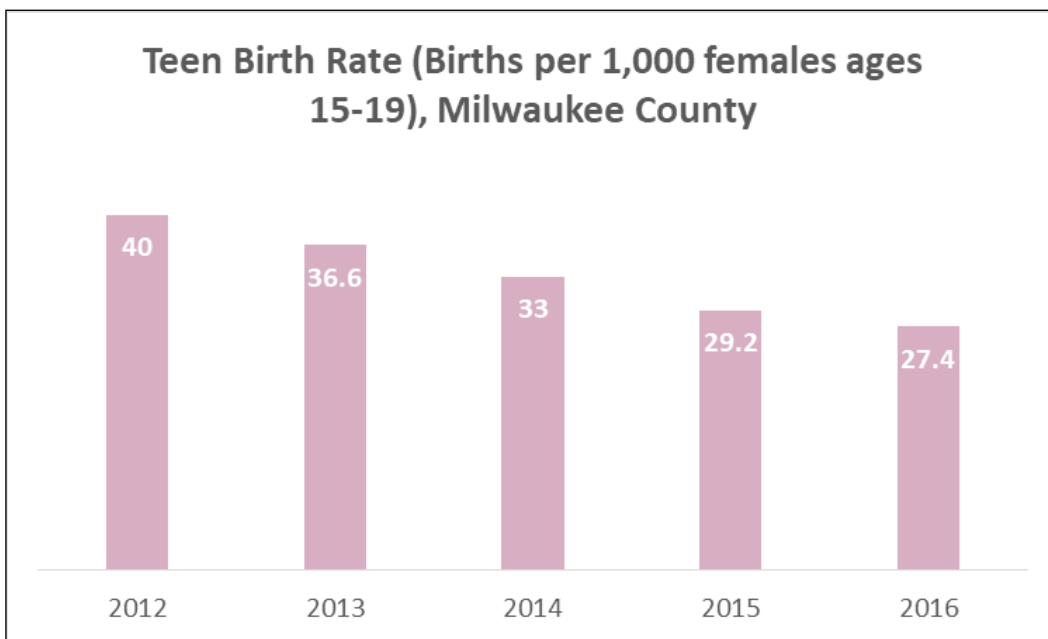
Plain Talk was a community-based initiative designed to assist parents and other influential adults in developing the skills to communicate effectively with youth and children about abstinence, healthy relationships, and sexuality.

Prep Talk for Youth provides teen pregnancy prevention education and skills training while linking youth to services available through Wisconsin Family Planning Only Services Program. The program also works with the Milwaukee Public Schools National Academy Foundation Program to promote career opportunities in public health and positive youth development. Upon completion of the training, youth may become “Ambassadors” of Prep Talk for Youth, and work within their community as volunteers conducting outreach and education at health fairs and other venues.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	Plain Talk est. 2006, Prep Talk for Youth est. 2010
2017 Expenses:	\$114,265
O&M Expenses:	\$110,807
Grant Expenses:	\$3,459
2017 Staffing:	1.0 FTE
O&M FTE:	0.5 FTE
Grant FTE:	0.5 FTE

POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Family Planning Only Services (FPOS)					
Number of FPOS Brochures distributed to youth by youth	448	355	326	611	0
Number of FPOS Brochure distributed to MPS High School Students	20,000	20,000	20,000	7,000	35,000
Households Reached					
Number of Plain Talk Events	101	57	63	31	31
Number of Community Events	148	115	1	34	31
Number of Social Media connections				119	
Reproductive Health Education					
Number of youth engaged	67	69	79	129	460
Number of volunteers and unpaid interns	4	6	27	16	8
Number of Hours of Volunteer Service	333	230	214	374	193
Number of Community Adults and Parents engaged	8	11	2	0	0
Number of Interns/ Providers receiving advanced training	3	2	5	6	8
Number of instances for consultation or training for providers	1	1	2	1	1
Number of Youth offered Follow-up survey				203	460
Community Partnerships					
Number of Community Partnerships	24	17	30	23	25

Brochures include information on reproductive health and aid in discussions about reproductive health. There was an increase in 2017 due to changes in data collection.

In 2017, youth ambassadors made 460 youth to youth contacts through the summer program

Advanced training includes youth participation in the summer youth program.

2017 KEY ACCOMPLISHMENTS

Plain Talk supported the development of skills young people can rely on to engage their communities (specifically other young people) in conversations about sexual and reproductive health, pregnancy prevention, clinic access, and the risks associated with unsafe sex.

2017 KEY CHALLENGES

2017 was a challenging year for this program because there was no specific funding for this program. The grant requirements for this position changed, thus there was a need to shift the priority under adolescent health. Because of the early work in 2017, which continued to focus on Plain Talk/Prep Talk, there was still a focus through the summer to continue this work and then shift to analyzing the environment relative to adolescent health. After the summer, staff's focus shifted to completing a gap analysis of Milwaukee youth services and youth-serving entities. Staff also worked to collect data about the already established Plain Talk partners. Staff focused on specific parameters for data collection, including program and staffing updates, as well as opportunities for future integration and collaboration. Upon completion of this work, which included utilizing the results of the gap analysis, comparison of public data from the Youth Behavioral Risk Surveillance System (YRBSS) for Milwaukee, staff were to identify gaps in programs and services targeting youth. For example, if the youth suicide rate in Milwaukee was up in 2015, 2016 or 2017, and the gap analysis indicated that no community partners had programming actively working in suicide prevention, this could be an area for MHD to target.

As we moved toward the end of 2017, we learned that the grant objectives aligned best with adolescent health was an objective targeting youth suicide issues. Our focus then shifted to planning to move to this new program focus.

2018 ACTION PLAN

In 2018, we will continue to modify the program to adapt to contemporary methods of intervention and communication with young people so that we are able to support and educate this population. We will hire and train new staff, providing clear expectations for programmatic strategy and outcomes, which are linked specifically to our Maternal Child Health funding from the State of Wisconsin. The position of Plain Talk coordinator has been effectively eliminated, and Adolescent Health has been established.

Parents Nurturing and Caring for Their Children and Newborn

Parents Nurturing and Caring for their Children

Parents Nurturing and Caring for their Children (PNCC) is a home visiting program aimed at helping pregnant women and their families access medical, social, educational and other needed services during the prenatal period as an intervention to promote a healthy pregnancy.

PNCC services are provided voluntarily during pregnancy and for the first 60 days following delivery. Services include outreach, initial assessment, care plan development, ongoing care coordination and health education and nutritional counseling.

Initially, PNCC was established in January of 2009 for families who were not eligible for other prenatal care programs provided by the Milwaukee Health Department such as Empowering Families (EFM) and Nurse-Family Partnership (NFP), due to various eligibility criteria such as ZIP code.

Newborn Screening

The City of Milwaukee Health Department has two Newborn Screening programs to identify conditions in newborns that affect the outcome of their health and development. The first program is the Newborn Hearing program which aims to identify hearing impairment early to provide timely intervention in order to ensure children reach their highest potential. The Public Health Nurse Coordinator (PHNC) for the Newborn Hearing Program covers the Southeast region of Wisconsin which accounts for half of all the babies diagnosed with permanent hearing impairment. The PHNC case manages and screens newborns that are born in the home, failed their first newborn hearing screen, left the hospital without a screen, or are lost to follow-up with their primary care physician. If an infant is found with any degree of hearing impairment, the PHNC ensures that a referral is made to an early intervention program like Children's Hospital.

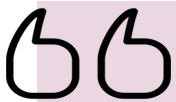
The second program is the Newborn Screening program which uses blood from a heel prick to identify 44 different genetic, endocrine and metabolic disorders. If these are not diagnosed in a timely manner, they could lead to cognitive delays, brain damage, illness or death. The PHNC performs some blood draws on newborns that were not screened before they left the hospital, but the majority of the screens are for newborns that need retesting. More specifically, a retest is completed when there was a problem with the way the first blood sample was collected or the test result was abnormal. The PHNC will also do confirmatory whole blood draws on newborns suspected of having a sickling disorder. In addition, the PHNC case manages newborns diagnosed with sickle cell disorder, hypothyroidism, and cystic fibrosis to ensure they are connected with specialty clinics and the parents are educated on the complexities of the diagnosis.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	PNCC-2009 NBS- 1993 NBH-2010
2017 Expenses:	\$623,215
O&M Expenses:	\$458,594
Grant Expenses:	\$164,622
2017 Staffing:	6.6 FTE
O&M FTE:	5.1 FTE
Grant FTE:	1.5 FTE

ACTIVE GRANTS

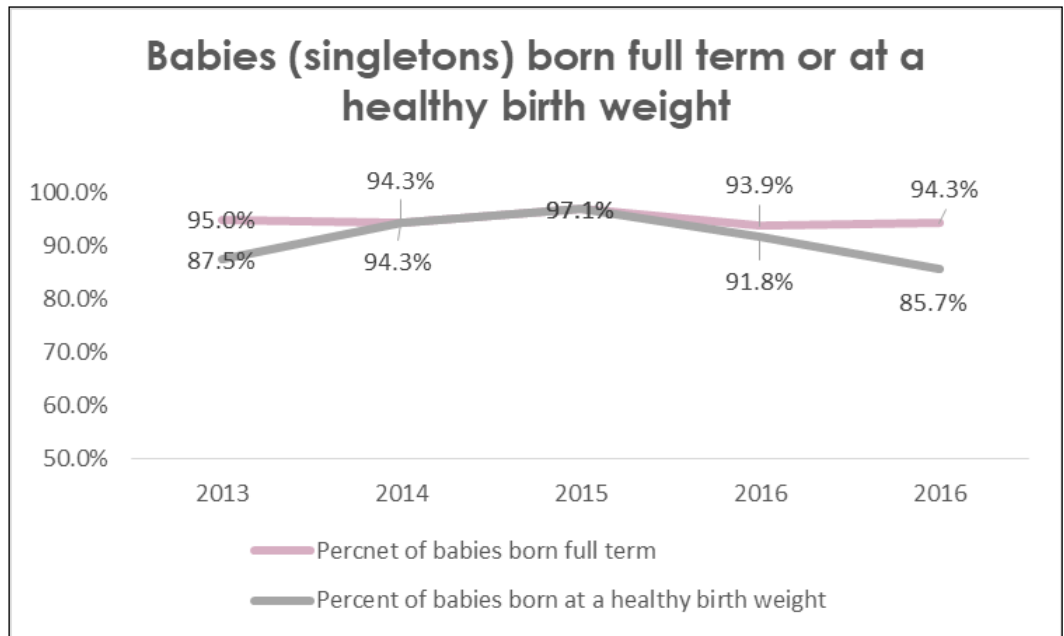
2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Congenital Disorders	State of Wisconsin, Department of Health Services	7/1/16-6/30/17	\$142,026
Congenital Disorders	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	\$142,026
Newborn Hearing Screening Grant	State of Wisconsin, Department of Health Services	4/1/16-3/30/17	\$59,333
Newborn Hearing Screening Grant	State of Wisconsin, Department of Health Services	4/1/17-3/31/18	\$33,597



A Public health nurse coordinator (PHNC) received a referral from the Wisconsin Sound Beginnings Program for twin babies in need of hearing re-screens. Both infants had received their initial hearing screen in the hospital but neither baby had passed their screening. The infants were referred to a local audiology clinic for their follow-up hearing screen, but mom missed the appointment and was not able to get her infants in for another six weeks. When the PHNC received the referral, she called mom to discuss the recommendations for follow-up. During the call, mom shared multiple challenges with getting her babies to this very important appointment. She stated that both babies needed to arrive at their appointment sleepy which was, itself, very difficult to coordinate. In addition, mom noted she has three other children she walks to school daily (all with different start/end times as they are preschool, elementary and middle school-aged) and that the family shares one vehicle, which her spouse uses for work. As a result, the PHNC discussed the possibility of the PHNC coming out to her home to screen her infants. Mom expressed enthusiasm for this option and scheduled a visit with the PHNC. At the two-hour-long home visit, the PHNC and mom were able to take time and work together to get the infants asleep for their screens— as well as feed one infant and settle both infants back to sleep when they awoke intermittently during their screenings. One of the infants needed the extra comfort of her bouncy seat after eating due to her severe reflux. Since the screenings were done at their home, the PHNC was able to accommodate the time needed for multiple babies, allow for one infant’s special needs and effectively reduce the barriers Mom faced in getting both babies re-screened. Both infants passed their re-screens and the PHNC informed their pediatrician of their results.



PROGRAM OUTCOMES



The program had fewer successful visits last year due to staffing shortages. Each nurse as a case load between 12 and 15 clients. On average, nurses meet with clients every other week. However, visit frequency is driven by client needs.

55.6% (or 49 of 88) of referrals enrolled in the program.

Ideally, the program wants to enroll clients as early as possible to build a strong relationship that will lead to program completion. However this was not possible due to program capacity.

PERFORMANCE MEASURES- PNCC

Measure	2013	2014	2015	2016	2017
Home Visits					
Successful face-to-face visits completed	469	402	442	699	422
Clients					
New referrals received by PNCC Project	62	99	49	106	88
New clients enrolled	31	55	19	58	49
Clients enrolled in 1st trimester	3	6	1	1	0
Clients enrolled in 2nd trimester	11	21	9	16	20
Clients enrolled in 3rd trimester	17	28	9	41	29
Clients who successfully completed program	30	21	21	33	20
Births					
Singletons born	40	35	34	49	35
Multiples born	2	0	0	0	0



Photo: Program staff: Thanh-Son Pham, Grace Bayer, Erin Cronn, Susan Picione, Luz Cruz, Jane Sizemore, Robyn Hicks, Nancy Burns, Sharon Gordon, Mary Walker, Ka Vang and Betty Washington

PERFORMANCE MEASURES– Newborn Screening

Measure	2013	2014	2015	2016	2017
Newborn Hearing Screen					
Number of referrals received	86	128	70	117	171
Number of babies case managed per month				68	70
Babies screened	62	68	34	49	43
Newborn Screening					
Number of NBS referrals received from the newborn screening	98	90	65	68	83
Number of infants identified with sickling disorder through NBS and case managed	20	27	19	19	18
Number of infants identified with cystic fibrosis through NBS and case managed	4	4	4	2	3
Average number of days between receiving the referral to meeting with the family to draw blood			14.4	14.2	16

The program received more referrals in 2017 because a local hospital's equipment was not working.

2017 KEY ACCOMPLISHMENTS

94% of babies were born full term;
86% of babies were born at a healthy birth weight;
71% of clients initiated breastfeeding with baby.

In 2017, our team goal was to focus on self-care to reduce job stress and compassion fatigue among our staff. In order to reduce stress, the team created a “Zen Den” which is a designated space staff can go to reduce stress. It is filled with materials and activities to reduce stress like essential oils, coloring materials, meditation pictures and a massage chair.

The team also committed to many professional development goals including cross training in other programs, attending various conferences, and seeking out educational opportunities.

2017 KEY CHALLENGES

1. Challenges this past year have included a hiring freeze and a slow hiring process which has kept one of our nursing positions open for much of 2017.
2. Receiving the majority of referrals in the third trimester limits the amount of time the nurses have to provide education, work on goals and support the families.
3. Emerging issues that arise in the community and our clients’ lives presented new challenges. Often complicated, these issues require our team stay current on research and data around the each topic. Examples of the emerging issues include opioid use in pregnancy, human trafficking and unfamiliar cultural practices from our refugee families (i.e. chewing the betel nut during pregnancy).
4. In the Newborn Hearing Program, we have had some challenges related to program objective changes at the state level due to funding.

2018 ACTION PLAN

1. To keep up with the research, data, best practices and community resources related to the emerging issues, we have committed to adding a study portion to our weekly meeting where we can collectively spend more time with each topic to shape our practice in the most informed and ethical way.
2. Work on a quality improvement project to increase enrollment rates and increase enrollments earlier in the pregnancy.
3. Continue to focus on managing stress and reducing compassion fatigue to have a healthy and thriving team.



Vital Records

Vital records are records of life events kept under governmental authority, including birth and death certificates. In Wisconsin, each county seat is authorized as an agent of the State of Wisconsin Vital Records unit. In Milwaukee, there is an additional site housed in the City of Milwaukee Health Department.

The governmental authority is tasked with the safekeeping of Vital Records, effectively providing the State government and the City of Milwaukee government with another source of income through fees. Vital Records operations are governed by Chapter 69 of Wisconsin State Statute.

Vital Statistics issues both certified and uncertified documents. Certified copies are official copies that can be used as a form of identification. Uncertified copies do not have the State seal and cannot be used for identification, for court purposes, etc. There are additional restrictions on who can request/receive a certified document.

The City of Milwaukee Vital Records office has access to birth records for all State of Wisconsin births. We have paper death records for anyone who died at a City resident/institutional address prior to September 2013. We have access to all State of Wisconsin deaths from September 2013 to the present. The office does not have access to marriage or divorce certificates. The office has a Notary Public official on staff. On average, the office takes 550 phone calls each month from customers.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1893
2017 Expenses:	\$114,167
O&M Expenses:	\$82,644
Grant Expenses:	\$31,523
2017 Staffing:	3.0 FTE
O&M FTE:	3.0 FTE
Grant FTE:	0.0 FTE

PERFORMANCE MEASURES– PNCC

Wisconsin residents can now purchase records in any jurisdiction, which has contributed to increases in revenue. Certificate fees have remained consistent.

Measure	2013	2014	2015	2016	2017
Income					
Total gross income, cash receipts and billing	\$324,926	\$314,813	\$325,172	\$337,948	\$411,965
Certification and Filing activities					
Births Registered	10,052	9,980	9,832	9,700	9,700
Deaths Registered	4,194	4,120	4,279	4,310	4,500
Customer Service Activities					
Total birth and death records	44,464	43,238	43,608	44,166	54,626
Birth certificates cash sales	8,710	9,170	9,970	11,222	14,194
Death certificates cash sales	6,014	3,952	3,457	3,417	2,402
Death certificates via billing to funeral directors	29,740	20,116	30,181	29,527	38,030

2017 KEY ACCOMPLISHMENTS

1. The program continues to advertise its services to the community and partners. As a result, revenues increased by more than 20% between 2016 and 2017.

2017 KEY CHALLENGES

1. The program was understaffed for over half of the year due to vacancies. At the same time, the volume of certificates increased.

2018 ACTION PLAN

1. Increase sales by an additional 5%.
2. Maintain staffing levels at 3.0 FTE throughout the year.



Women, Infants, and Children Nutrition

The City of Milwaukee Health Department (MHD) Women, Infants, and Children (WIC) program promotes and maintains the health and well-being of nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants, and children up to age 5. The four main goals of the program are to provide nutrition education, breastfeeding education & support, supplemental nutritious foods, and community referrals to its participants.

In addition to prescribing specifically tailored monthly food packages to participants, an added seasonal benefit is the Farmer's Market Nutrition Program (FMNP), which provides \$24 in vouchers to spend at local farmer's markets. The MHD WIC Program also seeks to coordinate additional services that parallel other public health priorities, such as educating families on healthy birth spacing and providing blood lead testing to children.

The MHD WIC program aims to serve at least 97% of its monthly contracted caseload of approximately 7,361 participants. Geographically, the MHD WIC program operates at all three health department locations targeting participants in the central, northwest, and southern urban areas of Milwaukee.

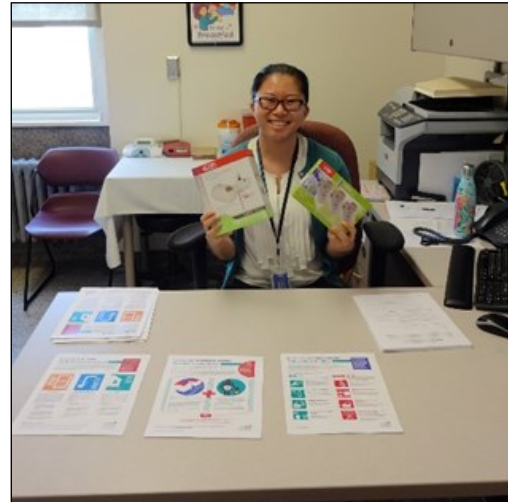


Photo: A summer intern distributing water filters and educating families about lead exposure at a WIC clinic.

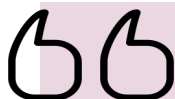
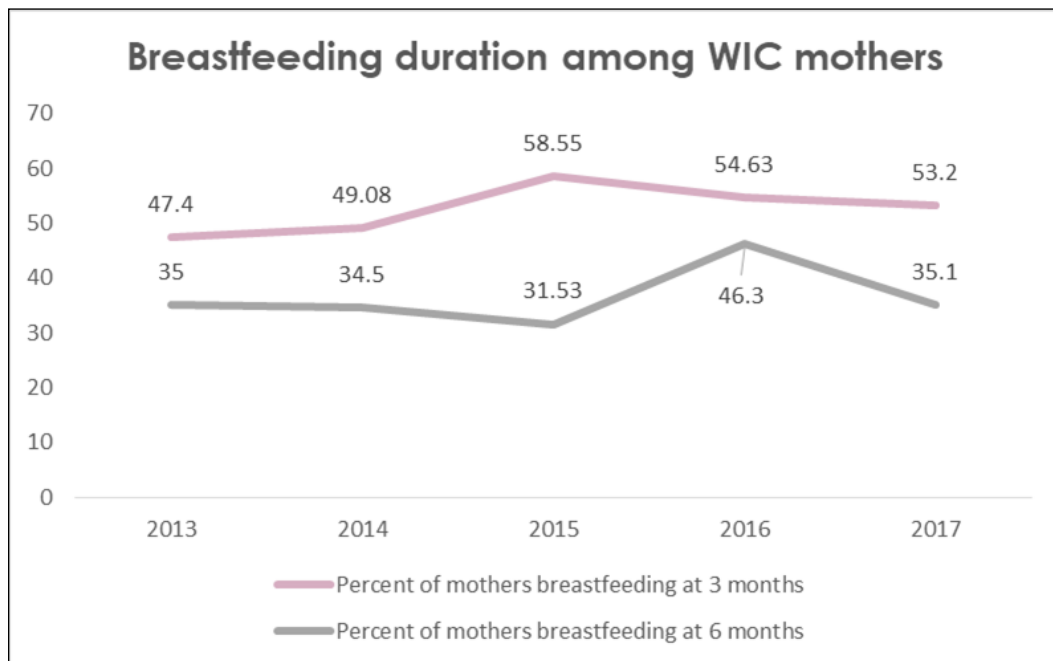
PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1981
2017 Expenses:	\$1,506,985
O&M Expenses:	\$914
Grant Expenses:	\$1,506,072
2017 Staffing:	22.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	22.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
WIC Operations	State of Wisconsin, Department of Health and Family Services	1/1/17-12/31/17	\$1,561,526
WIC Farmers Market	State of Wisconsin	1/1/17-12/31/17	\$6,237
WIC-Fit Families Grant	State of Wisconsin, Department of Health Services	10/1/16-9/30/17	\$28,814
WIC-Fit Families Grant	State of Wisconsin, Department of Health Services	10/1/17-9/30/18	\$30,445

PROGRAM OUTCOMES



Late in 2017, a WIC nutritionist was working with a new mother who was in tears at her postpartum visit because she was feeling overwhelmed with breastfeeding. She had cracked and severely sore nipples, but did not want to give up on breastfeeding. The nutritionist asked a coworker to assist for additional breastfeeding support and together the WIC team offered compassionate listening and understanding along with suggestions, support, and encouragement. While follow-up phone calls were unsuccessful, when she came into WIC one month later, she was exclusively breastfeeding and she is doing great, and is planning to do so for at least 6 months.



PERFORMANCE MEASURES

Participants include infants and pregnant women.

Measure	2013	2014	2015	2016	2017
# Participants served in WIC/ Duplicated	92,549	90,528	89,093	85,375	86,515
# of Infants served in WIC/ Duplicated	22,702	22,722	41,180	23,121	24,102
# formula fed infants in WIC/ Duplicated	19,319	19,593	20,691	20,403	21,351
#BF Infants in WIC/ Duplicated	3,287	3,135	2,920	2,624	2,923

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
# of Pregnant women in WIC/ Duplicated	8,804	8,362	7,716	7,100	7,234
# of Pregnant women in WIC who smoke, unduplicated	208	155	159	146	70
# of Infants exposed to second hand smoke, unduplicated	220	93	120	89	77
Early Intervention Developmental Profile Screening	2,026	1,767	2,081	2,179	2,169
# of Fit Families served in WIC, unduplicated (may include duplicates)	184	191	115	123	140
# of community referrals made					1,432
# of follow-ups on referrals					576
Amount of WIC Benefits Redeemed					\$3,778,555
Redemption rate of FMNP checks					40%
Actual amount of FMNP checks spent					\$41,229
# of non-certification					5,075
Direct contacts provided by WIC outreach					2240
Lead tests administered to eligible children					>2,500
Lead water filters distributed					>500
# of referrals to community agencies completed					1,432
# of MHD WIC app users					5,250

Generally, fewer pregnant women are participating in the program. Nationally, women are waiting to enroll after the baby is born.

Referrals are about 25%-50% of the time spent with the family. Internal referrals and external referrals (e.g. 1-800-QUIT) are made.

The top three referral sources included: primary care (n=270), prenatal care coordination & public health nursing (n=83), and immunizations (n=66)

Currently, 5,250 MHD WIC participants use the WIC app to receive notifications about their appointments and food benefits

2017 KEY ACCOMPLISHMENTS

- Conducted four (4) focus groups for Karen speaking refugee families (n=43) to evaluate current knowledge of WIC & nutritional practices. Collaborated efforts with Home Visiting programs to enhance services provided to refugee families.
- Successful training and roll out of new assessment questions geared towards incorporating additional motivational interviewing practices used by nutrition staff.
- WIC employee, Tracy Gulock, DTR was voted in as Wisconsin Dietetic Technician of the Year.
- WIC employee, Elisabeth Pohle, RDN, was voted in as an At-Large Representative for the Wisconsin WIC Association

2017 KEY CHALLENGES

Recruiting and retaining WIC participants continues to be a challenge for WIC projects throughout Wisconsin and nationally, in particular children ages 1-4. The Milwaukee Health Department WIC Program has been participating in a State recruitment and retention project which seeks to identify ways in which local projects can both recruit new and retain existing WIC participants. State initiatives are to be disseminated to local projects in 2018.

2018 ACTION PLAN

1. Improve existing streams of communication with families to inform them of their appointments & benefit issuance dates, benefits of WIC, outreach opportunities, and Fit Families events by learning more and considering application of One Call Now to make personalized text messages to our participants. While MHD WIC does text some reminders, messages are not fully customizable within the capacity of the program software.
2. Apply for grant funding for the Breastfeeding Peer Counselor (BFPC) program to enhance peer-based breastfeeding services and ongoing follow-ups to our participants.
3. Strengthen existing partnerships and increase overall partnerships within the community, in particular with Head Start. Strengthening such partnerships can assist in recruitment and retention of WIC families.

Partnerships

FAMILY AND COMMUNITY HEALTH PARTNERSHIPS

- Acelero Head Start
- AHEC CHIP
- AHEC, Programs and Personnel Committee
- AHEC—UW School of Medicine Community Engagement Project
- American Cancer Society
- American Heart Association
- American Lung Association
- Ascension Columbia St. Mary's facilities
- Ascension Health
- Ascension Wheaton facilities
- Aurora Family Services
- Aurora Healthcare
- Aurora Sinai Women's Health Center
- Aurora Walker's Point Community Center
- Big Brothers Big Sisters
- Black Health Coalition
- Center for Urban Population Health
- Central City Churches
- Child care & Early Education Centers
- Children's Community Health Plan
- Children's Health Alliance
- Children's Hospital of Wisconsin
- Children's Outing Association
- Ci
- City on a Hill
- Columbia-St. Mary's Hospital, Milwaukee and Ozaukee
- Community Advocates
- Community Memorial Hospital, Menomonee Falls
- Community Resource Referral Center (CRRC)
- Cop N Cribs (MPD districts 2, 3 & 7)
- Covering WI
- Department of Children and Families
- Department of Health Services, State of Wisconsin
- Diverse and Resilient

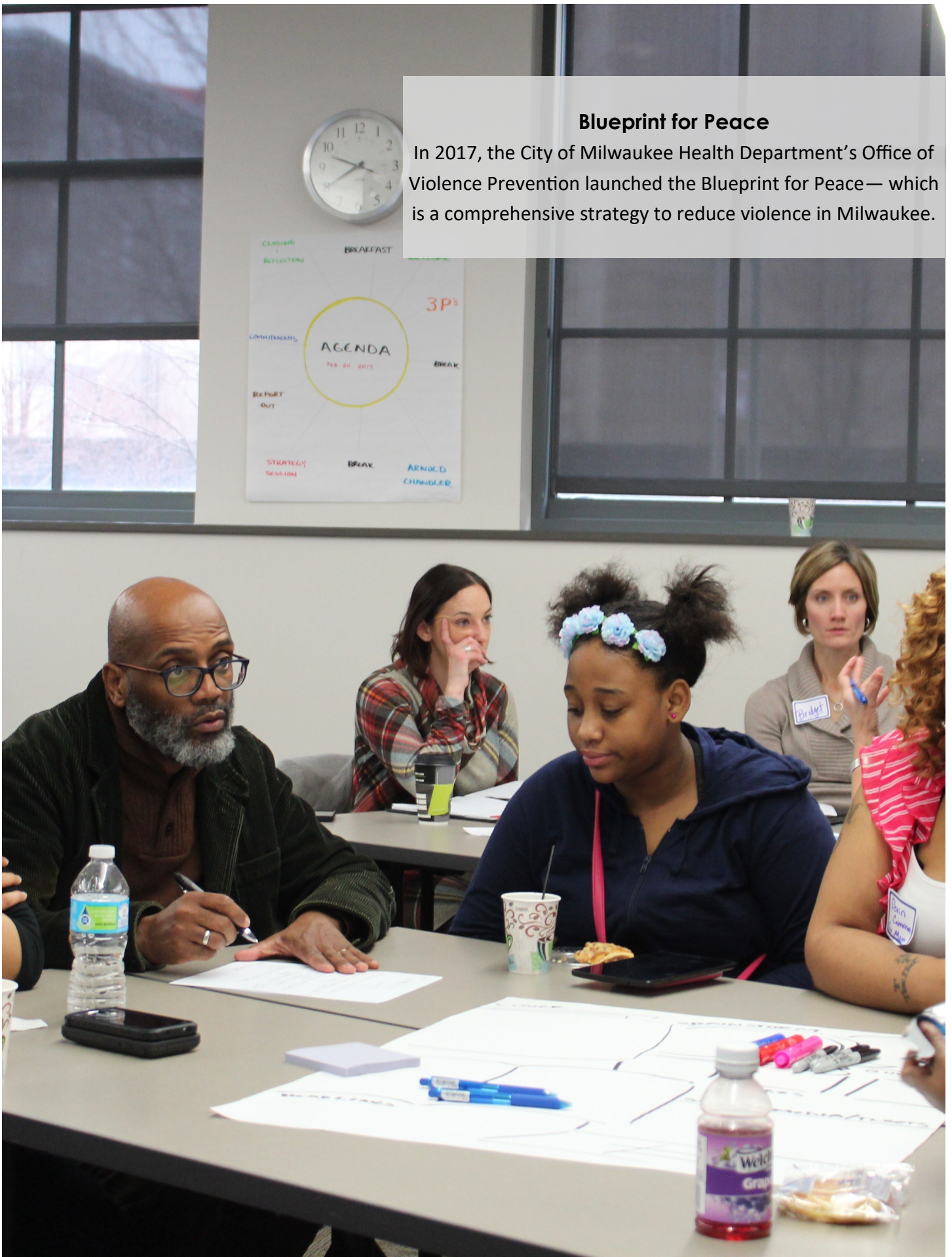
- Divine Word
- Division of Milwaukee Child Protective Services
- Family Planning Health Services
- FC 3 clinic collaborative/Area free clinics (provider)
- Fondy Farmer's Market
- Froedtert Health
- Gerald Ignace Indian Health Center
- Healthfirst, Inc.
- Heart Love Place
- Hope Network
- House of Corrections
- HPV/Reproductive Health Smart Phone App Development
- Independent Care Health Plan (I-Care)
- James Madison Academic Campus
- Job Corps
- Juvenile probation providers
- Lisbon Avenue Health Center
- Local obstetric care providers
- Lutheran Social Services
- Managed Health Services
- Marquette University
- Mental Health of America
- Medical College of Wisconsin
- Meta House
- Milwaukee Area Technical College
- Milwaukee Black Child Development Institute
- Milwaukee Child Welfare Partnership
- Milwaukee Commission on Domestic Violence and Sexual Assault
- Milwaukee Consortium for Hmong Health (MCHH)
- Milwaukee County funeral homes
- Milwaukee County Health Departments
- Milwaukee County Medical Examiner
- Milwaukee Fatherhood Initiative
- Milwaukee Health Services
- Milwaukee Islamic Da'Wa Center
- Milwaukee LIHF

- Milwaukee Men’s Health Referral Network
- Milwaukee Police Department
- Milwaukee Public Library
- Milwaukee Public Schools
- Milwaukee Recreation
- Milwaukee Rescue Mission
- Milwaukee Women’s Center
- MLK Clinic/WIC
- Molina Healthcare
- Mount Mary University
- MPS Pregnant and Parenting Teen Program
- Muslim Community Health Center
- My Father’s House Inc.
- Next Door Foundation
- Northcott Neighborhood Center
- Nurses Affecting a Change
- Outpatient Center
- Outreach Community Health Centers
- Parole & Probation
- Partners in Pursuit of the Promise
- Pete’s Fruit Market
- Planned Parenthood of Wisconsin
- Prevention and Health Communities Work Group—MCW Cancer Center
- Primary Care Research Institute for Health and Society at MCW
- Probation and parole providers
- Procure Medical Clinics
- Progressive Community Health Centers
- Project Concern
- Ragir Interpretation
- ResCare
- Running Rebels
- Safe Babies Healthy Families program
- Safe Kids Southeast Wisconsin
- SDC Richards
- Seeds of Health WIC
- Shafi Medical Center
- Silver Spring Church Of God
- Sixteenth Street Community Health Center
- Social Development Com- mission
- Sojourner Family Peace Center
- St. Ann’s
- St. Elizabeth Ann Seton Dental Clinic
- St. Joseph Hospital Women’s

- St. Vincent De Paul Society
- Susan G. Komen South Central Wisconsin
- Talk Walk Campaign—Hillside Family Resource Center
- Teen Pregnancy Prevention CAG—Boys and Girls Club
- The Parenting Network
- The United Way of Greater Milwaukee and Waukesha County
- UMOs
- United Healthcare
- University of Wisconsin – Milwaukee
- University of Wisconsin Community Nursing Centers (provider)
- Urban Underground
- UW Madison School of Public Health and Medicine (TRIUMPH)
- UW Population Health Institute
- Walnut Way
- Waukesha Memorial Hospital
- Wee Care WIC
- West Allis WIC
- Wheaton Franciscan Healthcare
- Wisconsin AHEC
- Wisconsin Alliance for Infant Mental Health
- Wisconsin Associate for Perinatal Care
- Wisconsin Community Health Worker Alliance
- Wisconsin Donor Network
- Wisconsin Lutheran School of Nursing
- Wisconsin Tobacco Prevention Networks
- Women’s Care Center
- Wraparound program
- YMCA of Metro Milwaukee
- YWCA

Blueprint for Peace

In 2017, the City of Milwaukee Health Department's Office of Violence Prevention launched the Blueprint for Peace— which is a comprehensive strategy to reduce violence in Milwaukee.



- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- **Office of Violence Prevention**
- Public Health Laboratory
- Office of Planning and Policy

Violence Prevention Oversight & Initiatives

The Office of Violence Prevention (OVP) advances strategies through partnerships that strengthen youth, families, and neighborhoods.

Community-wide prevention is the most effective, long-term solution to violence, and OVP facilitates multidisciplinary, population-level approaches to influence the social, behavioral, and environmental factors that contribute to violence. OVP convenes agencies, experts, and community resources to collaborate on efforts that reduce domestic and intimate partner violence, sexual assault, child abuse, human trafficking, community violence, gun violence, interpersonal violence, intentional injury, homicide, and children as witnesses to violence. Current initiatives include:

ReCast Milwaukee

ReCAST MKE is a five-year effort funded in 2016 by the Substance Abuse and Mental Health Services Administration to promote healing and restorative practice among youth aged 12-24 and their families. It aims to reduce the impact of trauma in Milwaukee by enhancing individual and community resilience, building the capacity of organizations to have healing focused care practices, and strengthen collaboration between institutions and community.

Safe Visitation and Exchange

The Safe Visitation and Exchange center is a partnership between the Office of Violence Prevention, Children's Hospital, Legal Action, and Sojourner Family Peace Center. The center provides a safe space for families to conduct supervised visitation and custody exchanges of children. The program is funded by a Justice for Families Grant through the US Department of Justice.

Commission on Domestic Violence and Sexual Assault

The Commission on Domestic Violence and Sexual Assault is one of the oldest commissions in the country established by city ordinance. It is comprised of domestic violence and sexual assault survivors, prevention advocates, service providers, and system partners including criminal justice, law enforcement, and corrections. The Commission focuses on improving the collaboration between system and community partners and advocates for policies that enhance prevention and protect survivors.

Blueprint for Peace

The Blueprint for Peace is Milwaukee's first and only comprehensive violence prevention strategy for preventing and reducing incidents of intentional injury and homicide. The Blueprint planning process was launched in November 2016 and completed in Fall 2017. The Blueprint was launched publicly in November 2017. The six goals and thirty strategies contained in the Blueprint were informed by the input of over 1,500 Milwaukee residents including youth.

Youth and Community Engagement

The Office of Violence Prevention has hosted and sponsored more than a dozen community events and presentations focused on violence prevention and healing. We have also implemented a gun safety campaign in partnership with the West Care Wisconsin to address accidental injury and death due to improper firearm storage and access.

PROGRAM OPERATIONS

Division:	Office of Violence Prevention
Established:	2008
2017 Expenses:	\$1,625,920
O&M Expenses:	\$845,879
Grant Expenses:	\$779,041
2017 Staffing:	7.0 FTE
O&M FTE:	3.6 FTE
Grant FTE:	3.4 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Community Safety Data Repository	Wisconsin Partnership Program	7/1/13-6/30/17	\$400,000
Homicide Review	US Department of Justice	9/1/13-8/31/18	\$241,027
Justice for Families	US Department of Justice	10/1/16-9/30/19	\$600,000
ReCast Milwaukee	Substance Abuse and Mental Health Services Administration	9/30/16-9/29/21	\$5,000,000
Safe Havens Supervised Visitation and Exchange Program	Department of Justice	10/1/12-1/31/17	\$399,995
Safe Zone Initiative	Milwaukee County	8/1/16-7/31/17	\$37,500
Tides Foundation Grant	Tides Foundation	10/1/16-4/30/18	\$180,000
Victims and Suspects of Firearm Violence	Joyce Foundation	9/1/14-8/31/18	\$190,000

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Community Engagement					
# of individuals who participated in action planning activities				1,000+	2,960
# of youth who participated in action planning activities					1,250
# of adults who participated in action planning activities					1,710
# of BluePrint steering committee meetings				1	4
# of community engagement events				3	21
Blueprint for Peace Endorsements					50
# Copies of Blueprint for Peace Distributed					500
Average number of individuals reached monthly via social media (Facebook)					11,000
Trauma Response Initiative					
# of MPD referrals received				223	236
# of families engaged				179	212
Neighborhood-Based Violence Interruption					
# of Community Members trained in Violence Intervention during summer outreach activities				12	30
# of Community Response Interventions, Critical Incident Response, or Neighborhood Events				5	15
Gun Safety					
Gun Safety guide developed to promote safe storage of firearms distributed					2000
Number of gun locks distributed				500	1000
Youth Violence and Operating Without Owners Consent Reduction					
# of youth initially engaged				20	20
# of active youth participants				16	16
# of youth who haven't reoffended				13	12
Completed training for current officers/recruits of MPD	Yes	Yes	Yes	Yes	32

A total of \$38,438.60 spent

Families engaged include: Families that a counselor made contact with including phone call, home visit or repeated home visits.

2016: Sherman Park and Syville Smith Incident
2017: Emani Robinson and Justin Evans incidents # of ambassadors trained to interrupt violence

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Commission on Domestic Violence and Sexual Assault					
# of agencies and organizations engaged	58	56	59	60	58
# of monthly regularly scheduled Commission meetings	12	12	12	12	10
Completed training for current officers/recruits of MPD	Yes	Yes	Yes	Yes	Yes
# of community engagement efforts/events	21	23	24	25	22
Safe Exchange					
# of families served		19	59	53	74
# of supervised exchange services provided		28	260	713	404
# of one-to-one supervision services provided		68	404	524	352

2017 KEY ACCOMPLISHMENTS

1. Facilitated and launched the Blueprint for Peace, Milwaukee's comprehensive violence prevention strategy.
2. Completed its needs assessment for ReCast Milwaukee and provided over 400,000 in resources to community-based partners for activities focused on strengthening youth, and families in the areas of mental health and healing.
3. Provided over 60,000 in support to community-led violence prevention activities and events in neighborhoods across the city. Over 5,000 residents were reached through these efforts.

2017 KEY CHALLENGES

1. The office experienced a transition in its long-term Coordinator for Domestic Violence and Sexual Assault Prevention. Filling this position took longer than expected which also led to a slow-down in activity in this program area.
2. OVP also lost its Research Analyst in the fall of 2017.

2018 ACTION PLAN

1. Hire 1 FTE Youth Violence Prevention Coordinator, Hire 1 FTE Data and Evaluation Coordinator.
2. Launch ReCast Milwaukee Coalition.
3. Launch Ceasefire Milwaukee in at least 1 priority neighborhood.
4. Expand Trauma Response partnership to Milwaukee Fire Department.

OFFICE OF VIOLENCE PREVENTION PARTNERSHIPS

- Office of Mayor Tom Barrett
- Milwaukee Common Council
- Milwaukee County
- Pathfinders of Greater Milwaukee
- Bader Philanthropies
- Running Rebels
- Employ Milwaukee
- Milwaukee Public Schools
- Healthier Wisconsin Endowment
- Medical College of Wisconsin
- Milwaukee Police Department
- Greater Milwaukee Foundation
- Sojourner Family Peace Center
- Southside Organizing Committee
- Spanish Center of Milwaukee
- Micah
- NAACP Milwaukee
- Safe and Sound
- United Neighborhood Centers of Milwaukee
- Local Initiatives Support Corporation
- Milwaukee Health Care Partnership
- Greater Milwaukee Committee
- Children's Hospital Of Wisconsin
- United Way of Greater Milwaukee And Waukesha County
- Wraparound Milwaukee's Mobile Urgent Treatment Team
- Uniting Garden Homes
- Milwaukee County District Attorney's Office
- Wisconsin Department of Corrections
- Wisconsin State Legislature
- The Judiciary System
- Bureau of Milwaukee Child Welfare
- Domestic Violence Service Providers
- Sexual Assault Service Providers
- Faith Community
- Precious Lives
- University Of Wisconsin-Milwaukee
- Community Advocates Public Policy Institute
- I Will Not Die Young
- The Parenting Network
- My Sister's Keeper

- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- Office of Violence Prevention
- **Public Health Laboratory**
- Office of Planning and Policy



Laboratory Oversight and Initiatives

The City of Milwaukee Health Department Public Health Laboratory (MHDL) boasts a nearly 145-year record of providing innovative and quality services to MHD programs, Milwaukee community and laboratory system partners.

Familiarity with local health priorities and strong connections with community partners, clinicians, public health professionals, private/clinical labs, and academic and research institutes allows a greater degree of vigilance in detecting and preventing emerging public health issues through applied laboratory science practices. The MHD's state-of-the-art laboratory meets state and federal regulatory standards for quality, safety and security. The laboratory provides strategic leadership in analytical services, applied research, workforce development, outreach and policy issues supporting the MHD program areas of: communicable diseases, foodborne diseases, consumer environmental health, sexually transmitted infections, emergency preparedness, and water quality.

With the largest public health Sexually Transmitted Infection (STI) clinic in the state of Wisconsin, MHD Laboratory provides routine testing services for STIs including Syphilis, HIV, Trichomonas, Chlamydia and Gonorrhea, with 5,000-6,000 clients per year and over 50,000 tests performed annually. Other communicable disease responses include routine surveillance and outbreak investigations on vaccine-preventable, respiratory, gastrointestinal, and other emerging or re-emerging diseases and potential bio-threat agents. MHDL also supports the department's Lead Poisoning Prevention Program, providing analytical testing for more than 9,000 blood lead and environmental lead samples annually, including dust wipes, paint chips, soil and water samples. Beyond its support of other departmental programs, the Laboratory also generated more than \$300,000 in revenue through routine reference lab and fee-for-service testing during the most recent fiscal year.

As part of an academic health department, the laboratory is guided by the core functions of an advanced public health laboratory: disease prevention, control and surveillance; environmental health and protection; food safety; integration/interpretation of lab data; reference/specialized testing; laboratory improvement, regulation and policy development; emergency response and applied research. The MHD Laboratory maintains the latest developments in quality improvement initiatives, and its strong ties with partners at the local, regional, national and even international level has fostered training opportunities for a variety of undergraduate and graduate students to be the future public health laboratory workforce.

MHDL maintains a robust electronic Laboratory Information System (LIS), and disseminates information on laboratory surveillance, emerging public health threats, and outbreaks to the system partners of southeastern Wisconsin including local hospitals, public health agencies, academic institutions, first responders and others who directly or indirectly receive or benefit from public health laboratory data.



Photo: Laboratory Director Dr. Sanjib Bhattacharyya and former Commissioner of Health Bevan K. Baker accept the 2017 Medical College of Wisconsin (MCW) President's Community Engagement Award.

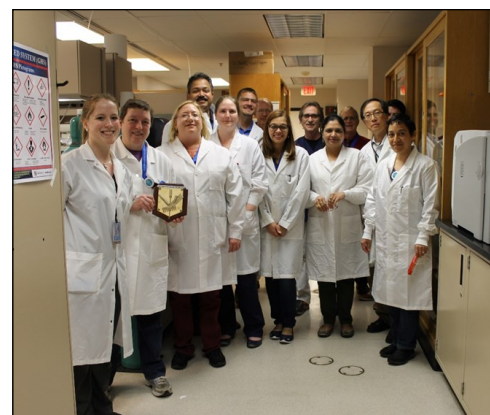


Photo: MHD Lab staff after participated in a relay for Medical Laboratory Professionals Week, April 23-29, 2017 .

PROGRAM OPERATIONS

Division:	Public Health Laboratory
Established:	1872
2017 Expenses:	\$2,434,046
O&M Expenses:	\$1,930,681
Grant Expenses:	\$503,364.93
2017 Staffing:	22.0 FTE
O&M FTE:	17.6 FTE
Grant FTE:	4.4 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity*	State of Wisconsin, Department of Health Services	8/1/16-7/31/17	\$474,519
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity	State of Wisconsin, Department of Health Services	8/1/17-7/31/18	\$359,454
Growing Healthy Soil for Healthy Communities	Healthier Wisconsin Partnership Program	1/1/17-12/31/17	\$1,000
A Microbial Resistance Surveillance Project	State of Wisconsin, Department of Health Services	8/1/17-7/31/18	\$69,508
Beach Monitoring Grant*	Wisconsin Department of Natural Resources	4/1/17-11/15/17	\$11,000
CDGA Lead Grant*	Community Development Grant Administration Office	1/1/17-12/31/17	\$755,000
CDGA Lead Grant*	Community Development Grant Administration Office	1/1/17-12/31/17	\$603,000
Lead Hazard Reduction Grant*	U.S. Department of Housing and Urban Development	12/1/14-11/30/17	\$3,900,000
Lead Hazard Reduction Grant*	U.S. Department of Housing and Urban Development	9/1/16-8/31/19	\$3,399,998
STD Infertility Prevention*	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$383,814
HIV Prevention*	State of Wisconsin, Department of Health Services	1/1/17-12/31/17	\$197,000
*Grant supports more than one MHD program or initiative.			

In 2016, the department in collaboration with WI DHS was chosen by the Centers for Disease Control to participate in a five-year annual renewable grant project to surveil antibiotic – resistant gonorrhea.

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
Communicable Disease testing and surveillance					
Communicable Disease Specimens	12,604	13,578	13,354	14,679	1,736*
Respiratory Specimens	181	98	140	197	754**
Gastrointestinal Specimens	288	229	250	278	372
Other ¹					610
Sexually Transmitted Infection (STI) testing and surveillance					
Sexually Transmitted Infection (STI) specimens	19,651	21,656	22,372	21,978	49,035
Syphilis					7,296
Chlamydia					13,428
Gonorrhea					17,561
Trichomonas					5,312
HIV					3,745
Herpes					505
Other ²					1,188
Lead Monitoring					
Lead Monitoring Samples	10,921	11,820	8,759	8,556	9,252
Blood Lead	152	139	96	68	104
Dust wipes, paint, soil	10,769	11,681	8,663	8,488	8,289
Water					859
Water Quality Monitoring					
Water Quality Monitoring Samples	888	825	929	871	828
Summerfest (Heterotrophic plate counts/ <i>E. coli</i>)	219	181	190	201	216
Beach (<i>E. coli</i>)	255	274	321	286	273
Zoo (<i>E. coli</i> and chlorine)	164	127	160	144	83
Municipal (pH, Heterotrophic plate counts, <i>E. coli</i>)	178	173	180	178	167
Water treatment plant (<i>Cryptosporidium</i> , <i>Giardia</i> , & <i>E. coli</i>)	72	70	78	62	89

There was a decrease due to changes in data presentation.

Enhanced laboratory surveillance engaged new community partners to submit STI specimens to the lab and increased specimen collection at the KHC STI clinic, resulting in the lab processing more specimens than in previous years.

Trichomonas was a new molecular test added in 2017 to better serve high-risk populations in diagnosing trichomoniasis, the most common curable STD.

The MHD began offering soil screening for lead and nutrients to the public through its "Growing Healthy Soil for Healthy Communities" grant. MHDL received the Medical College of Wisconsin's 2017 Community Partner Award for its instrumental role in this partnership.

2016: The lab became DNR-certified to test for lead in water.

2017: The majority of samples processed were collected through the City's Lead Service Line Replacement Program.

PERFORMANCE MEASURES, Continued					
Consumer Protection					
Consumer Protection samples	607	667	756	414	359
Dairy	342	320	403	227	199
Beef, deli, fish	265	347	353	187	160
Communications					
"e"lab reports to clinical partners & stakeholders (12 per calendar year) on laboratory surveillance	Done	Done	Done	Done	Done

*CD specimens do not include STI testing numbers

**Respiratory specimens include both viral or bacterial specimens unlike influenza only in previous years

¹Fungal, bacterial, viral cultures from non-respiratory and stool specimens

²*Mycoplasma hominis*, Ureaplasma, and Wet-prep

2017 KEY ACCOMPLISHMENTS

1. Completed a major upgrade of the Laboratory Information System.
2. Successfully completed three regulatory inspections by state and federal agencies.
3. Launched Garden Soil Screening to the public for lead and nutrients.
4. Continued antibiotic resistance testing for Gonorrhea.
5. Implemented same-day HIV confirmation at Keenan STI Clinic for early disease intervention in high-risk populations.
6. Increased total revenues by nearly 50 percent from the previous year, with substantial increases in STI and environmental testing in particular.

2017 KEY CHALLENGES

1. Personnel changes due to staff retirements and resignations, particularly in the transition of leadership roles.
2. Shortage of office support staff significantly impacted lab office operations.
3. Lack of public health emergency preparedness funding (currently no PHEP funding from WI DPH/CDC) has impacted TB and Laboratory Response Network (LRN) activities in BSL-3 laboratory.

2018 ACTION PLAN

1. Work with the Division of Disease Control and Environmental Health to do a quality improvement process on Sexually Transmitted Infection surveillance practices.
2. Visit client and academic partners to get feedback on services and explore new opportunities for partnership.
3. Begin to develop a competency-based career ladder for lab employees.

PUBLIC HEALTH LABORATORY PARTNERSHIPS

- Alverno College
- Cardinal Stritch University
- Children’s Hospital of Wisconsin
- Clement J. Zablocki VA Medical Center
- Columbia College of Nursing
- Concordia University School of Pharmacy
- Marquette University College of Health Sciences
- Medical College of Wisconsin
- Milwaukee Global Health Consortium
- Milwaukee Area Technical College
- Milwaukee County Medical Examiner
- Milwaukee School of Engineering
- Sixteenth Street Community Health Center
- UW-Milwaukee
- Walnut Way Conservation Corp.
- The Water Council
- AIDS Resource Center of Wisconsin
- Blood Center of Wisconsin
- Planned Parenthood of Wisconsin
- UW-Madison Extension
- Wisconsin Department of Natural Resources
- Wisconsin Division of Public Health
- Association of Public Health Laboratories
- Centers for Disease Control and Prevention
- U.S. Environmental Protection Agency
- International Institute of Wisconsin
- University of Lagos, Nigeria

“Partnerships and collaborations are key to creating a healthier community. Growing concern has been raised both internationally as well as locally in terms of antibiotic resistant gonorrhea. Planned Parenthood of Wisconsin has been fortunate to work with the Milwaukee City Health Department Lab in implementing a partnership that increases rapid detection of gonorrhea and response activities around this concern. This partnership has developed a deeper understanding of gonorrhea transmission and resistance using clinical, epidemiological, network and genomic data.”

-Debbie Bonilla, Vice President of Patient Services of Planned Parenthood of WI

- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- Office of Violence Prevention
- Public Health Laboratory
- **Office of Planning and Policy**

Policy Initiatives and Oversight

The Office of Public Health Planning and Policy is responsible for providing informed policy analysis, supporting the department's data needs, and coordinating the planning activities of the City of Milwaukee Health Department, its divisions and programs. It also provides leadership in advocating for policy, systems and environmental changes that support health equity and a culture of health both within city government and in the community.

The Planning and Policy team achieves this by engaging in the following activities:

- Utilizing data to drive policy and programmatic decisions that improve health outcomes;
- Providing resources and technical support to assist department leadership with decision making including consulting on program data collection, analysis and interpretation as well as program evaluation;
- Developing a framework that is inclusive of internal and external stakeholders to create and implement the department's strategic plan;
- Developing and implementing methods to track progress on departmental and community health goals and objectives as articulated in the Community Health Improvement Plan (CHIP) and Strategic Plan;
- Identifying and collaborating with community partners to improve efficiency and effectiveness of public health efforts;
- Monitoring and analyzing policy initiatives and research at the city, state and federal level and providing policy recommendations;
- Creating and maintaining strategic partnerships with academic institutions to foster workforce development and public health research;
- Providing tools and resources to help elected officials, community residents and other stakeholders understand the health challenges faced by Milwaukee residents, including education around the social determinants of health and the creation of data dashboards.
- Staffing, coordinating and/or leading public health initiatives.

In addition to the above activities, this office leads the department's efforts to obtain national public health accreditation, which includes advocating for and maintaining written policies and procedures, driving the community engagement and planning process to draft the city's Community Health Improvement Plan, as well as facilitating various department-wide committees, including the Quality Improvement Committee, Strategic Planning Committee, Workforce Development Committee and Data Committee (soon to be the Performance Management Committee). In 2018, the office also assumed responsibility over coordinating city efforts around substance abuse issues and helping craft a policy agenda for city and county stakeholders. Lastly, the Planning and Policy Office is tasked with identifying emerging trends and compiling data and information to produce several reports, including the City of Milwaukee Health Department Annual Report, the Community Health Assessment, and the Community Health Improvement Plan.

The office provides more services and support to the department. As a result, many of the performance measures are new and are anticipated to have data in 2018.

PROGRAM OPERATIONS

Division:	Office of Planning and Policy
Established:	2008
2017 Expenses:	\$76,894
O&M Expenses:	\$15,572
Grant Expenses:	\$61,322
2017 Staffing:	2.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	0.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Preventive Health Grant	State of Wisconsin, Department of Health Services	10/1/15-9/30/17	\$57,940
Preventive Health Grant	State of Wisconsin, Department of Health Services	10/1/16-8/31/18	\$57,910

This grant primarily supports the department in meeting the Public Health Foundation's accreditation standards and measures.

In 2016, the office launched an effort to ensure that department policies and procedures are up-to-date. The office supports program managers writing policies and ensures that policies are accessible to all staff.

In 2017 the office created two public dashboards in an effort to make more health department data available online.

The office leads department-wide committees to help fulfill accreditation standards and measures. Committees include Workforce Development, Quality Improvement, Performance Management, and Academic Health Department

PERFORMANCE MEASURES

Measure	2013	2014	2015	2016	2017
General Performance					
% of department written policy procedure updated within the required time frame for PHAB / total number of policies required				5%	53%
Number of technical assistance projects provided to programs					
Number of data dashboards created/maintained					2/2
Number of legislative policies reviewed/consulted on					
Number of Common Council Committee presentations					
Number of department committees facilitated				4	4
Number of policy briefs created/maintained					

PERFORMANCE MEASURES, Continued

Measure	2013	2014	2015	2016	2017
Community Health Improvement Plan, MKE Elevate					
# of Steering Committee and Priority Action Team meetings held					4
# of organizations actively engaged					
Annual satisfaction of participants					
Academic Health Department					
# of active Academic Affiliation Agreements					
# of student placements in the department					47
% of students given satisfaction surveys					
# of research projects/ program evaluations conducted with faculty					
Departmental and City-wide Plans Completed					
A Community Health Assessment completed within last 5-years				Complete	Complete
A community health improvement plan completed within the last five years					Complete
A quality improvement plan reviewed/ completed within the last five years					Complete
A performance management plan completed within the last five years					Drafted
A departmental strategic plan completed within the last five years					Drafted
City-County Heroin, Opiate and Cocaine Report					Drafted
Department Annual Report Completed within first six months				Complete	Complete

Community members were engaged in 3 planning meetings and a launch party in 2017.

Most of the departmental and city-wide plans support the department in meeting national accreditation standards and measures.

2017 KEY ACCOMPLISHMENTS

1. The office worked with a team of students from the University of Michigan's School of Public Policy to draft a performance management system for the department. The system will allow the department to monitor programs' performance on a regular basis.
2. In November 2017, the MHD launched MKE Elevate, the City's Community Health Improvement Plan. The plan is a product of a year long community engagement effort where community members helped identify areas that need to be addressed to improve the health of Milwaukee.
3. The office facilitated a department-wide strategic planning process, which engaged staff from all areas of the department, in creating the 2018-2022 Strategic Plan to guide the department over the next five years.

2017 KEY CHALLENGES

1. In 2017, there was a transition in the office's director position.
2. The office continues to have very limited staff capacity, with 3.0 FTEs. In addition, office staff respond to time-sensitive department matters resulting in delayed implementation on large department-wide projects.
3. As the office builds the department's data and evaluation capacity, it is unable to dedicate the time required to fully implement the performance management system due to limited staff capacity.

2018 ACTION PLAN

1. Finalize and implement the department's performance management system.
2. Begin implementation of the department's 2018-2022 strategic plan.
3. Begin to develop policy briefs for all of the major public health issues the department focuses on.



The 2017 annual report was developed through a participatory department-wide engagement process. Each program manager completed a program template which was then reviewed by the Office of Planning and Policy. The Office of Planning and Policy then met with each director and program manager to discuss and edit each template. Thank you to the directors, officers, and program managers who participated in this process for your time, patience, and expertise.

The Office of Planning and Policy coordinated and lead the development of this report. Team members included Tiffinie Cobb, Michael Stevenson, and Sarah Zárate.