

MILWAUKEE PROMISE: 2014 PERFORMANCE METRICS DISCUSSION

Report to the Finance & Personnel Committee

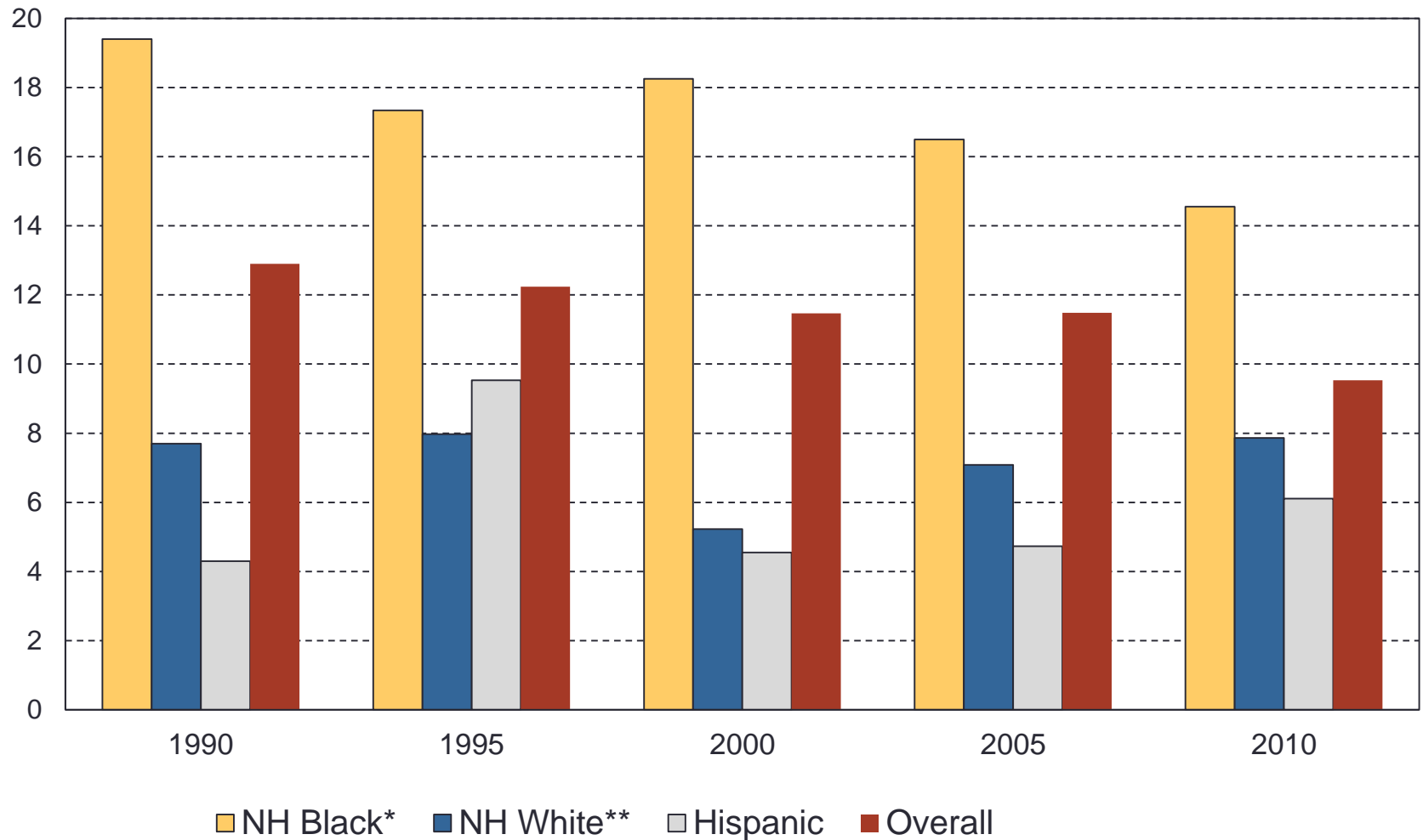
April 16, 2014

Presented by: Budget & Management Division

Community Health: Summary

1. Poverty is a major driver of poor health outcomes
2. Significant disparities in health outcomes exist among ethnic groups
3. City's investments in home visitation show promise at reducing disparity in birth outcomes
4. City has been a national leader in reducing lead poisoning
5. "Social Network Theory"-based strategies may have promise to meet the challenge of STD's
6. Private-sector job loss has offset some of City's efforts to reduce disparities in health care access

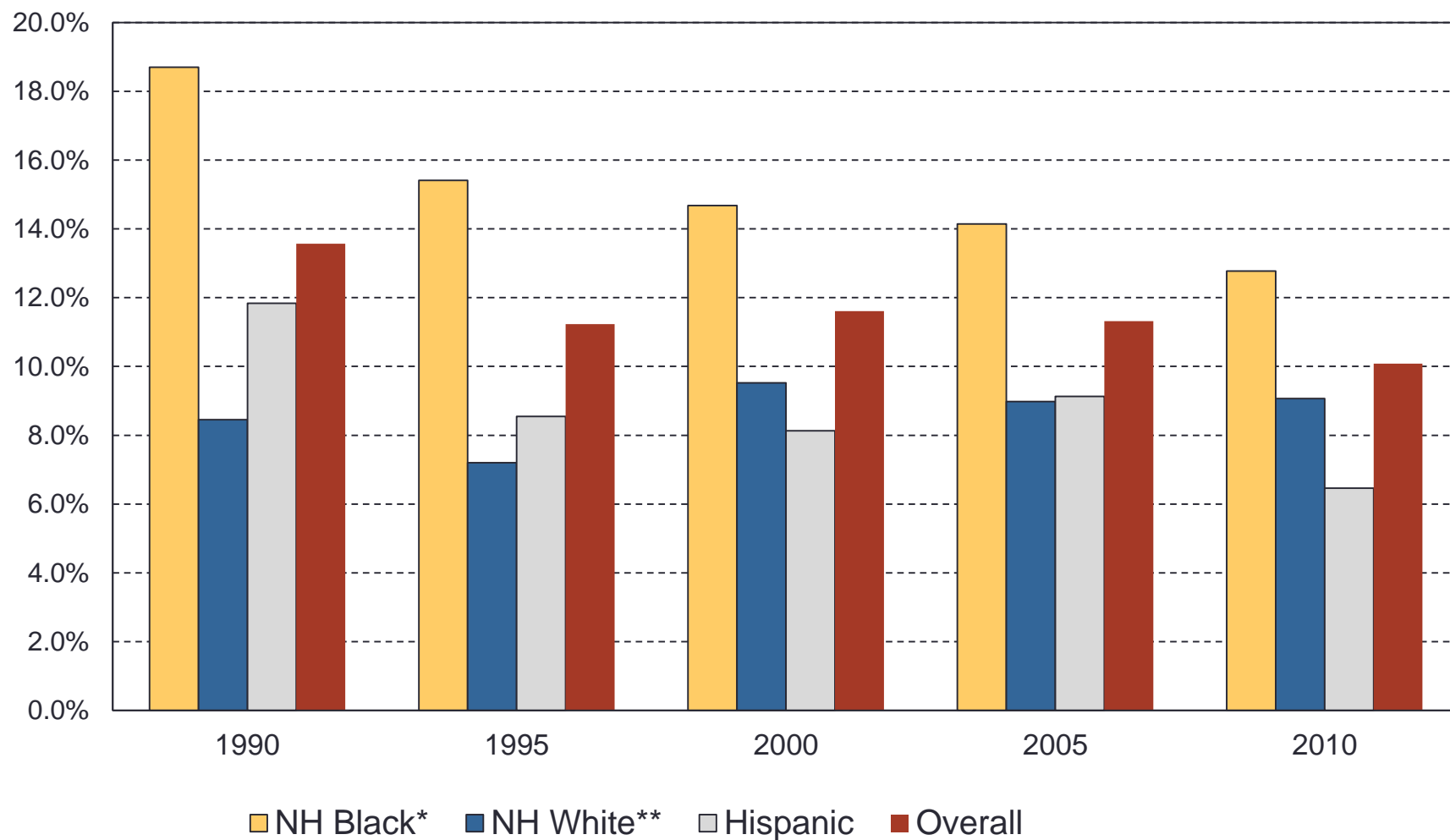
Infant Mortality Rate (per 1,000 live births)



*NH Black = Non-Hispanic Black

**NH White = Non-Hispanic White

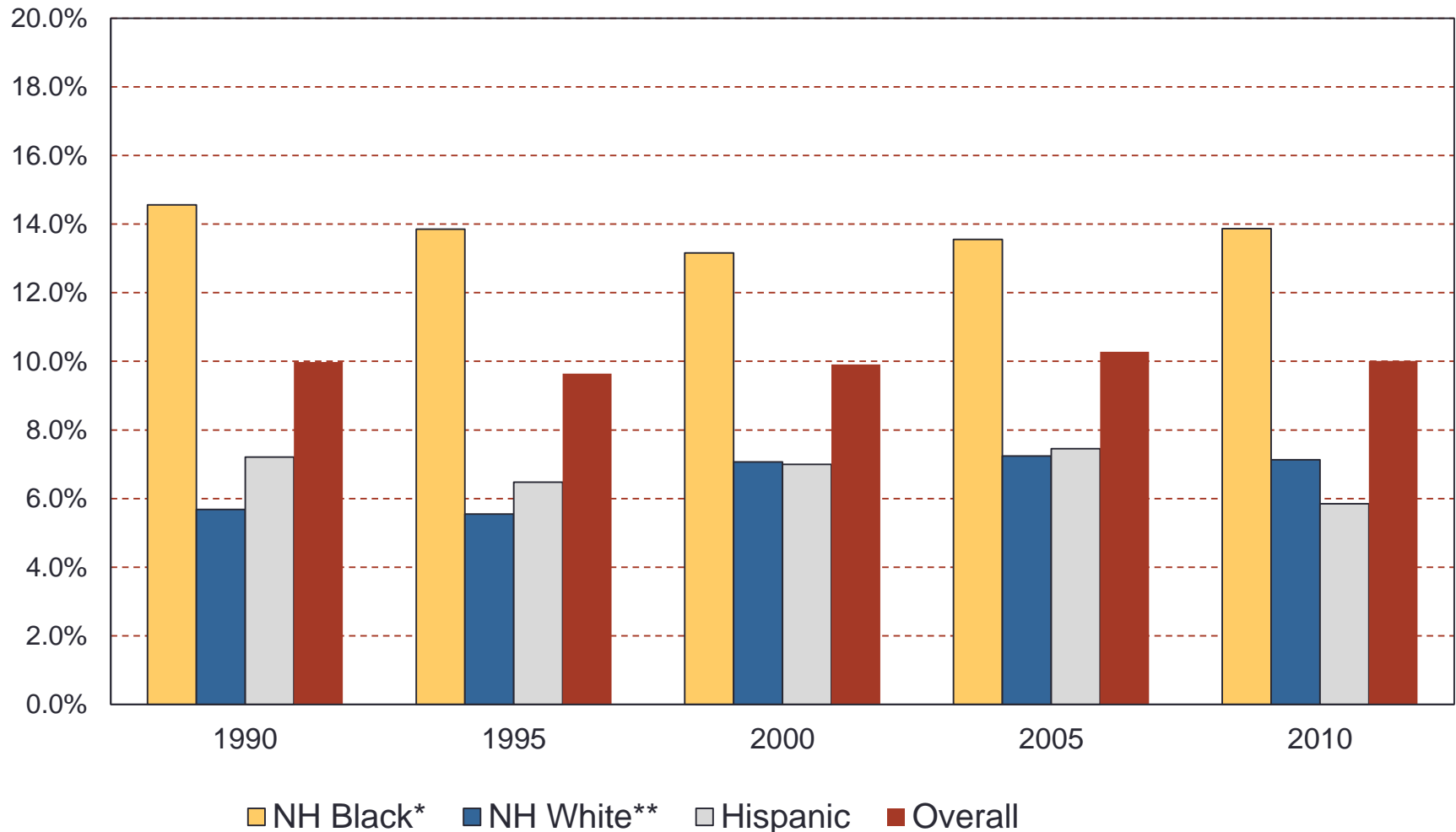
Percentage of Premature Births



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**NH White = Non-Hispanic White

Percentage of Children Born with Low Birth Weight



*NH Black = Non-Hispanic Black

**NH White = Non-Hispanic White

• Low birth weight is less than 2500 grams

• Very low birth weight is less than 1500 grams

MHD Premier Home Visitation Programs

Program Highlights 2012-2013

(1) Empowering Families of Milwaukee, (2) Nurse Family Partnership, and PNCC programs:



2012

- Received 457 referrals for home visitation services
- Served 588 families through 7,956 face-to-face home visits
- Enrolled 99% of women prenatally
 - 27% in 1st Trimester
 - 49% in 2nd Trimester
 - 24% in 3rd Trimester



2013

- Received 396 referrals for home visitation services
- Served 512 families through 6,540 face-to-face home visits
- Enrolled 99% of women prenatally
 - **37% in 1st Trimester**
 - 42% in 2nd Trimester
 - 21% in 3rd Trimester

MHD Premier Home Visitation Programs Program Birth Outcomes 2012-2013

Birth Outcome Comparison

2012	MHD HV	City of Milwaukee	11 highest risk zip codes
Number of babies born*	193	9651	5192
% Born full term* (≥37 weeks)	92.2%	89.2%	87.6%
% Born >2500 grams*	89.1%	90.4%	89.9%
2013**	MHD HV		
Number of babies born*	177		
% Born full term* (≥37 weeks)	91.0%		
% Born >2500 grams*	89.3%		



*Singleton Births Only

**2013 City of Milwaukee data not currently available

MHD Premier Home Visitation Programs Program Outcomes 2012-2013

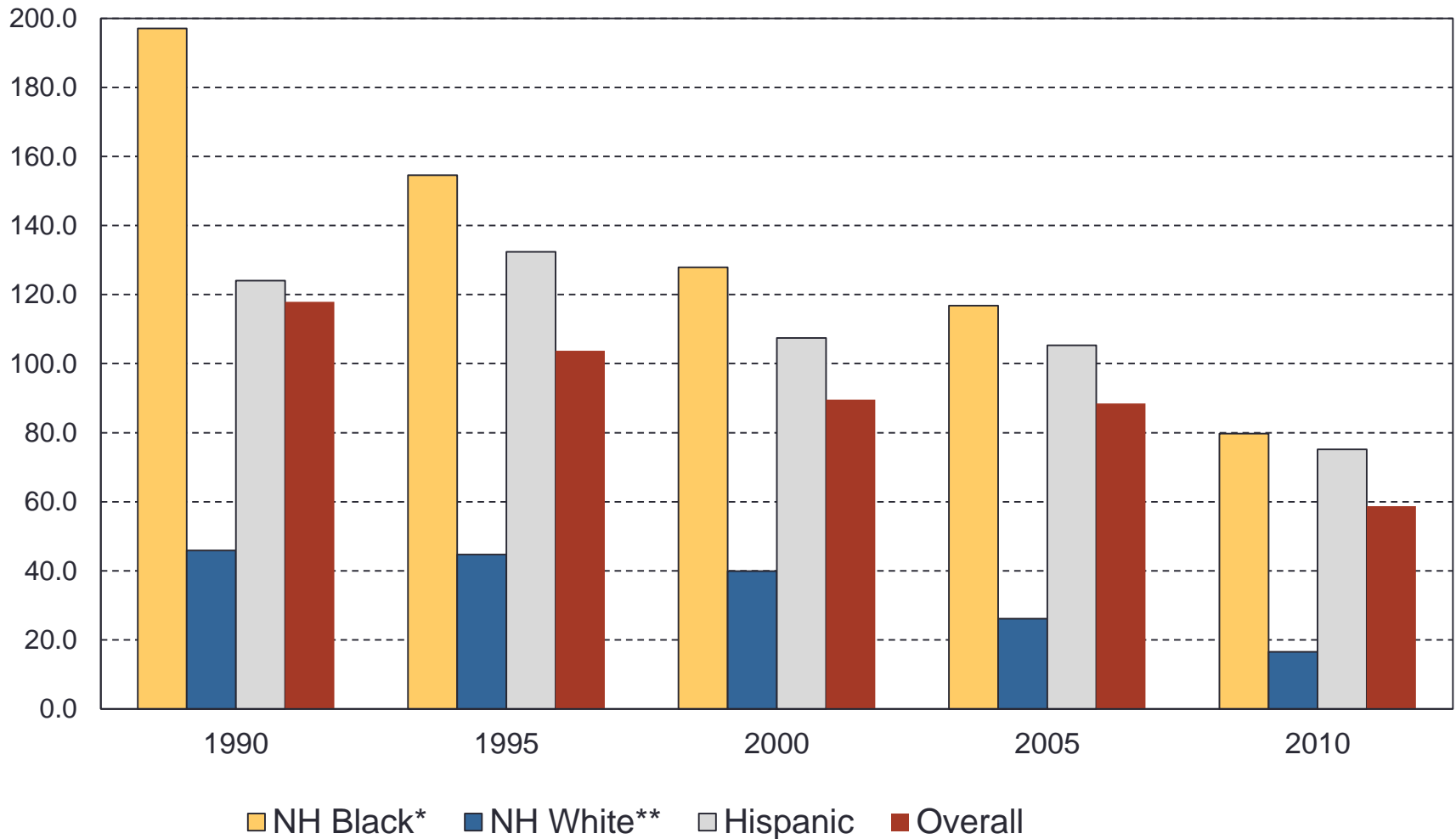


	MHD HV 2012	MHD HV 2013	City of Milwaukee 2012
Percentage of infants ever breastfed	73.1%	71.4%	-
Percentage of families enrolled in WIC	98.5%	96.9%	72.5%*
Percentage of children current with immunizations	86.1%	84.4%	56%

*Data for Milwaukee County



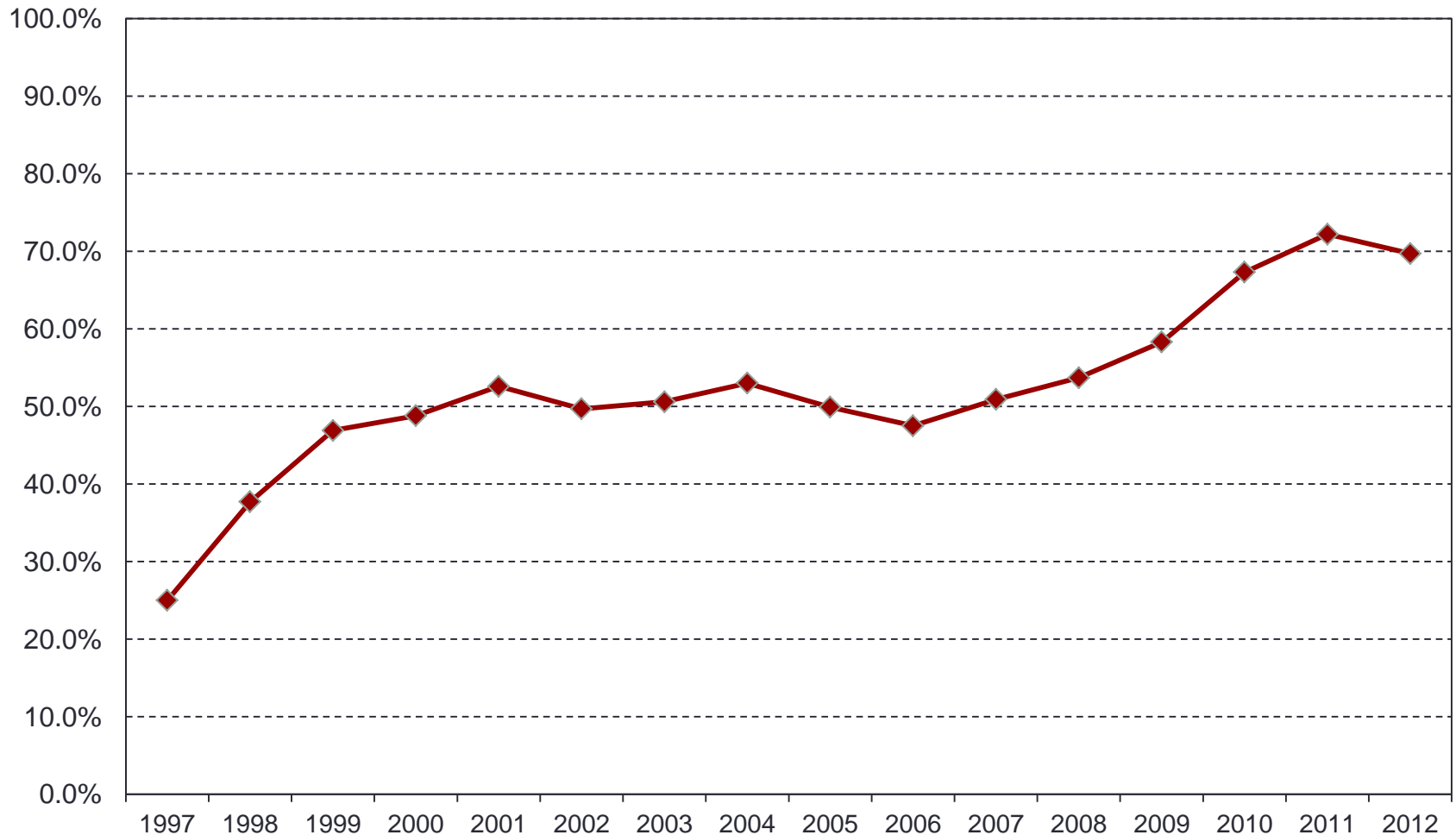
Teen Birth Rates Ages 15-19 (per 1,000 Teen Girls)



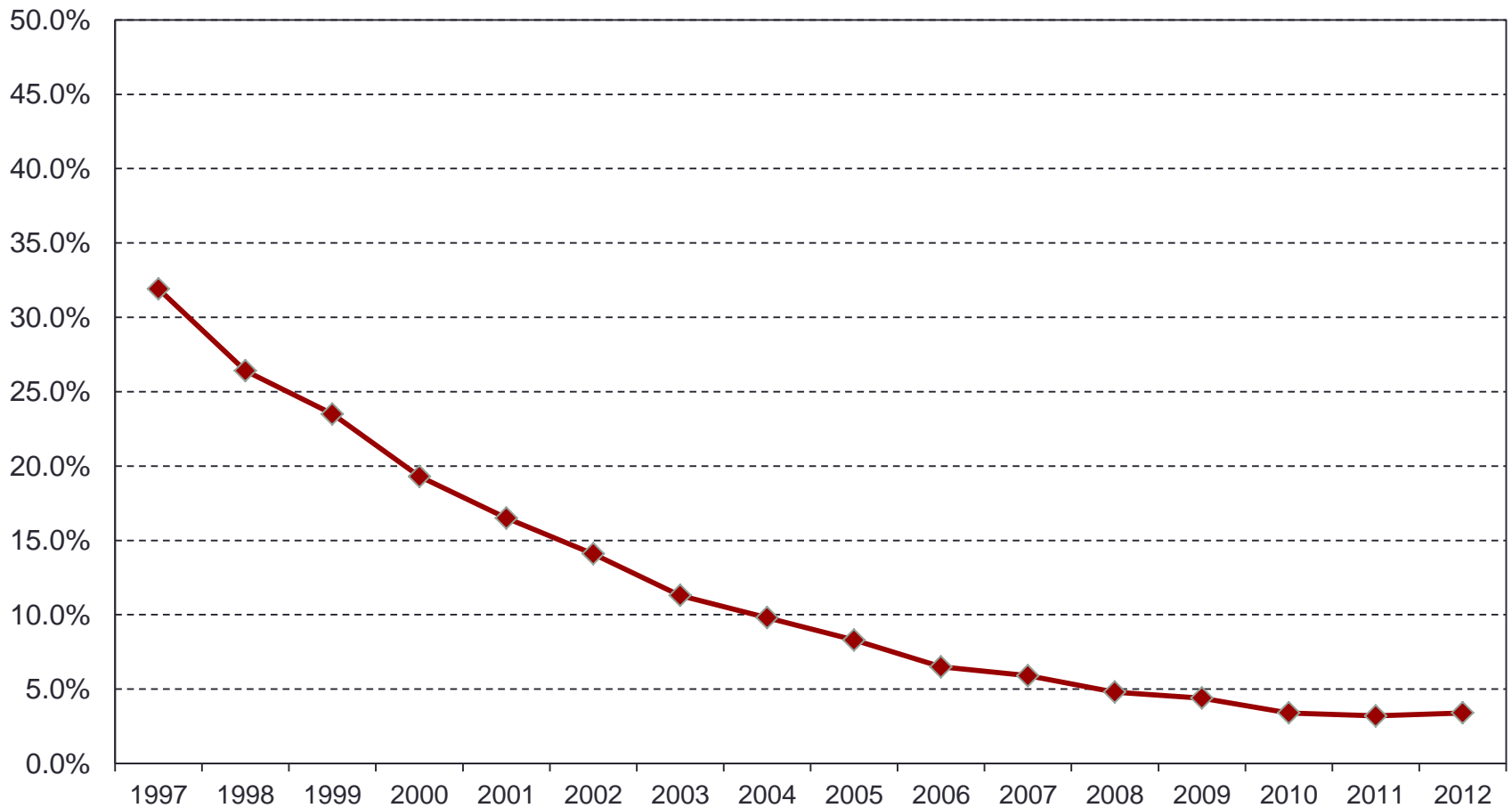
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Percent Receiving Blood Lead Testing in Children < 24 Months of Age

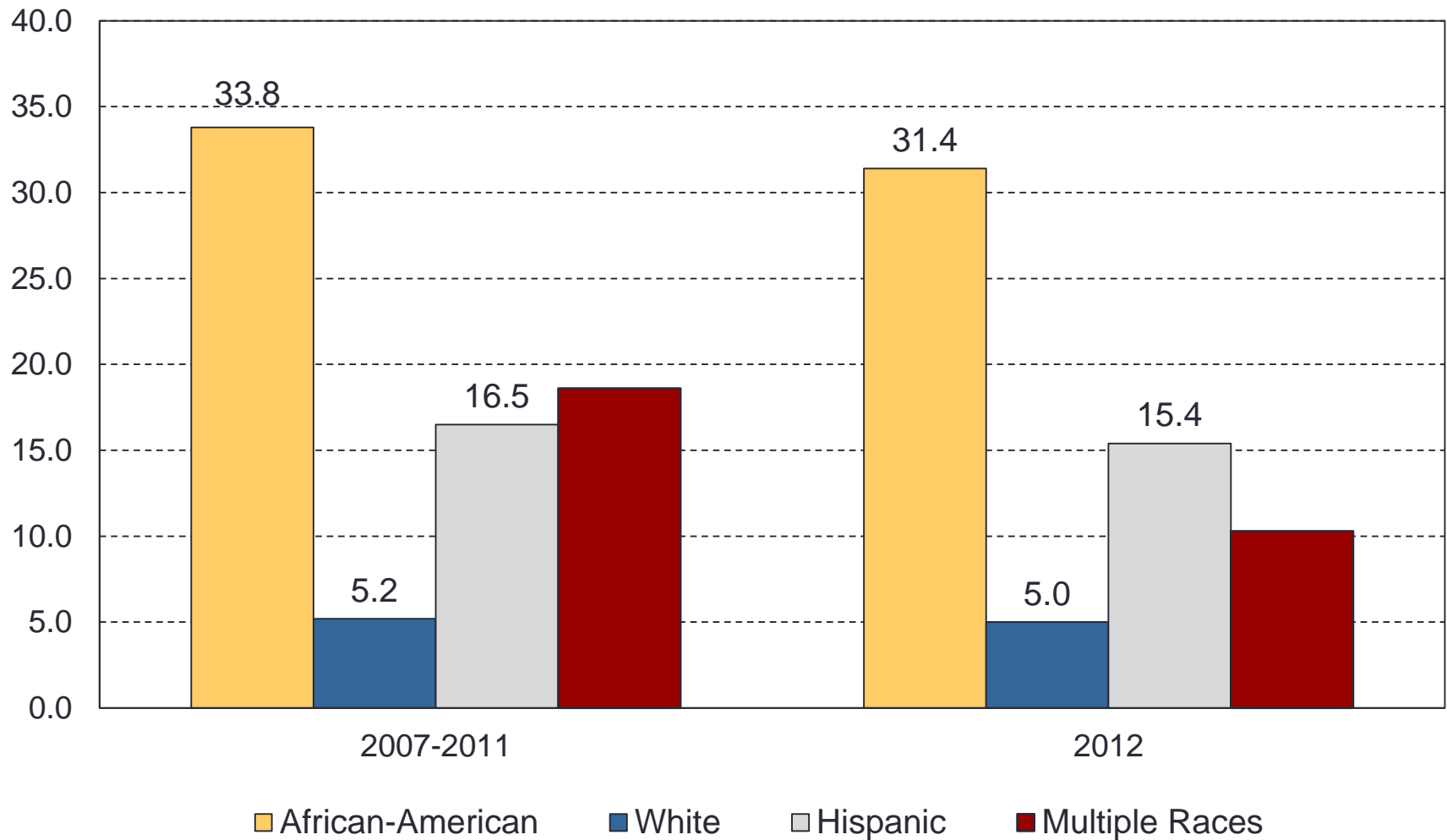


Percent of Children < 6 Years of Age with Elevated Blood Levels (>10 ug/dl)

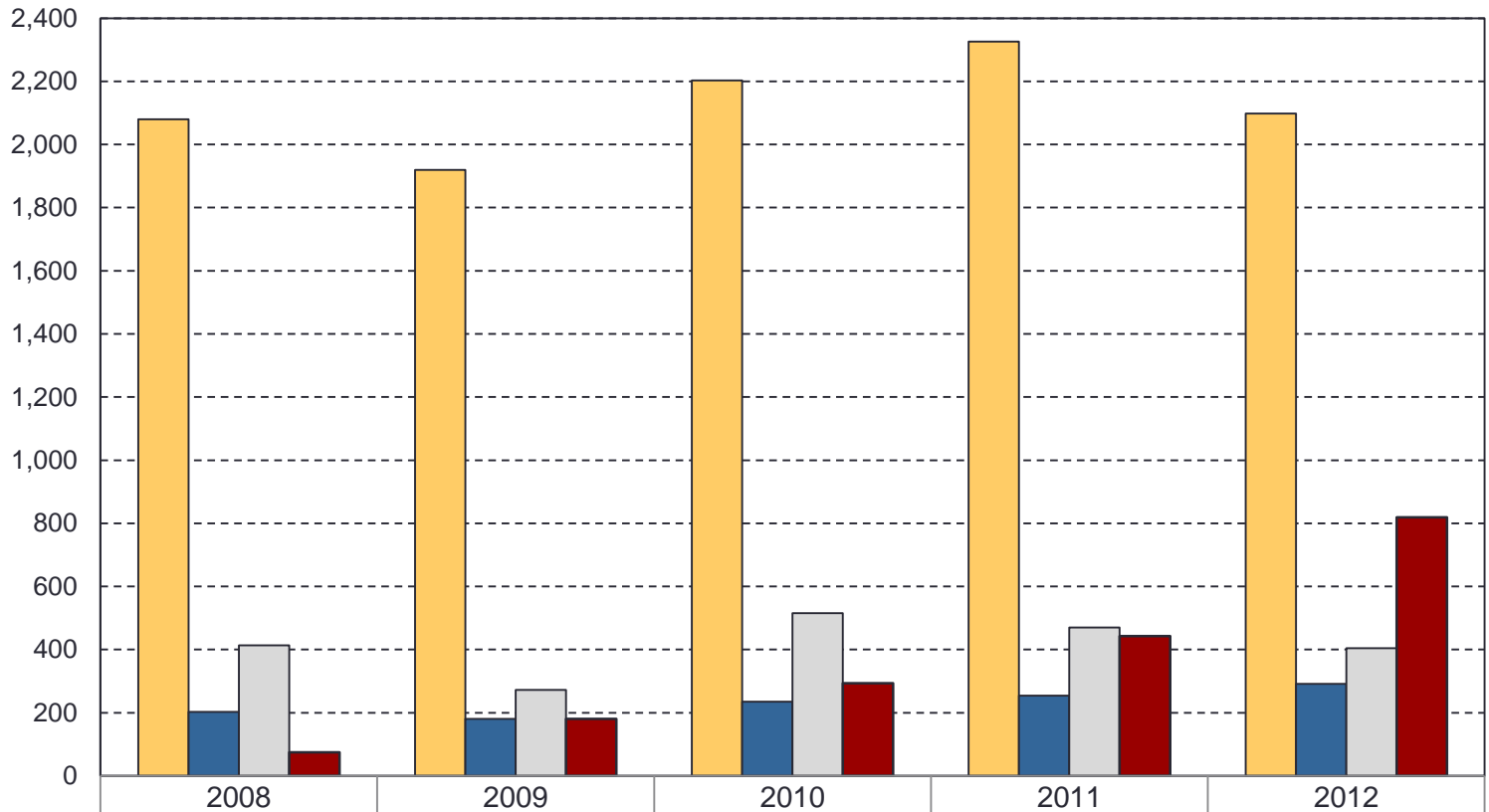


ug/dl = Microgram/deciliter

HIV Rates (per 100,000 of population)

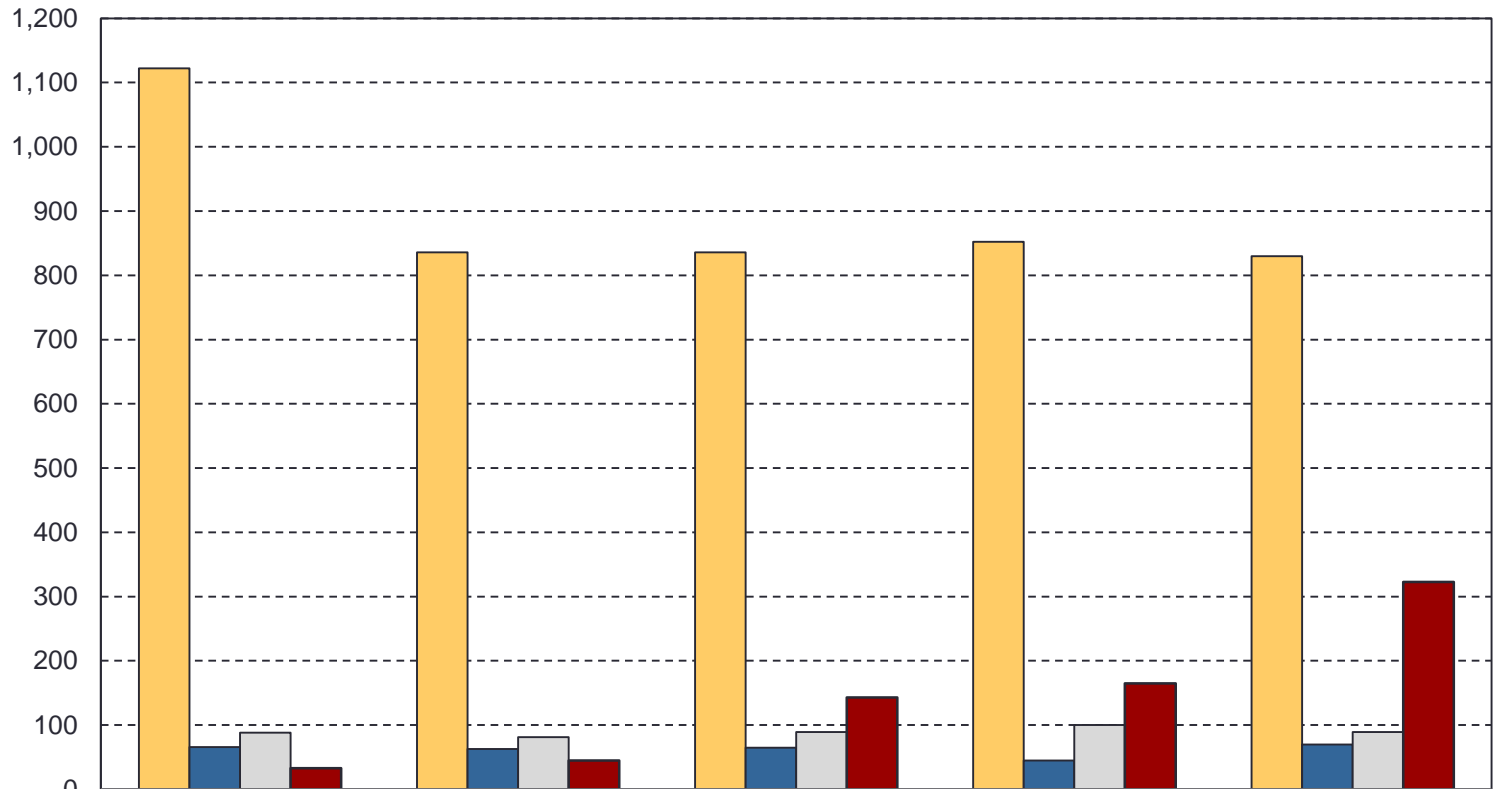


Chlamydia Rates (per 100,000 of population)



■ African-American	2080	1920	2203	2326	2098
■ White	203	180	235	254	291
■ Hispanic	413	272	515	470	404
■ Multiple Races	75	180	293	443	819

Gonorrhea Rates (per 100,000 of population)



	2008	2009	2010	2011	2012
■ African-American	1,122	836	836	852	830
■ White	66	63	65	45	70
■ Hispanic	88	81	89	100	89
■ Multiple Races	33	45	143	165	323

City Strategies Regarding STD

1. Social Network Theory => drive prevention

- ❑ Effectiveness of informal leadership as a behavioral change agent
- ❑ Contextual influence on health behavior
- ❑ “Prevention through meaningful awareness” resulting outcomes
- ❑ City funding: \$140,000 via Special Fund

2. Community Capacity Building

- ❑ Partnerships with CBOs and community clinics
- ❑ Integration of testing & outreach at community events
- ❑ 414 All Condom campaign with Diverse & Resilient

3. Sustaining Screen/Test/Treat for high risk populations & persons

- ❑ MHD delivers through Keenan (O&M and grant funding)
- ❑ Growing importance of community partnerships
- ❑ Potential major value added: drive primary care service delivery via Affordable Care Act

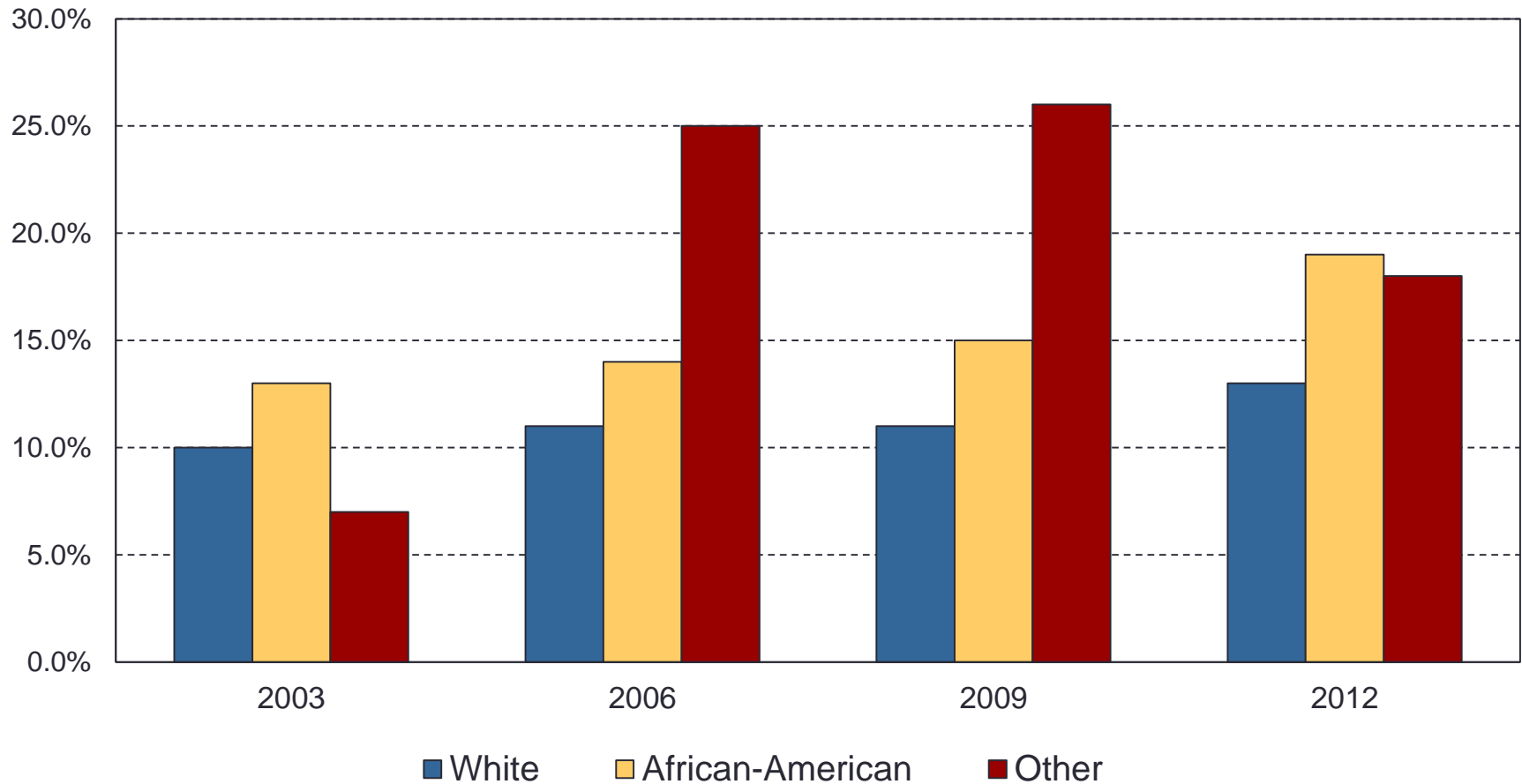
4. Field Delivery of Therapy

- ❑ Not reliant on clinic
- ❑ Model best practices from other jurisdictions throughout the nation
- ❑ Requires investment in field staff for operations (Communicable Disease Specialists)

City Strategies Regarding STD {cont'd}

1. Affordable Care Act could become a “force multiplier”
 - ❑ Offload clinical efforts to “medical homes” (effective with lead poisoning surveillance)
 - ❑ Redirect scarce resources to the prevention “front lines”
 - ❑ Provide for consistent follow-up including linkage to sustained care
2. Challenges
 - ❑ Decentralized service delivery ⇔ ensuring quality standards
 - ❑ Building awareness and interest within the primary care community
 - ❑ Committing resources for effective evaluation (particularly for social network interventions)
 - ❑ Projected funding decreases at State and federal levels

Percent Of Uninsured Breakdown by Year



Health Insurance: Percentage Not Covered

	2003	2006	2009	2012
Someone in House Hold Not Covered in Past 12 Months	27%	30%	30%	25%
Personally not currently covered	11%	13%	15%	17%
Personally not currently covered (10 to 64 years old)	13%	15%	17%	19%
Personally not covered in Past 12 months*			26%	22%

2012 Milwaukee Community Health Survey; formerly known as the Aurora Community Health Survey

*Question not asked on Community Health Survey in 2003 and 2006

Percent Of Uninsured Breakdown by Year

	2003	2006	2009	2012
White	10%	11%	11%	13%
African-American	13%	14%	15%	19%
Other	7%	25%	26%	18%

Summary Takeaways

1. City Health Department Resources cannot address the total community need
 - ❑ Major reduction to departmental resources in the late 1980's and 1990's
 - ❑ Department has reallocated resources to promising strategies
2. Affordable Care Act can improve health care access with opportunities for “health care home” and integrated care
 - ❑ Rejection of State Medicaid expansion a huge lost opportunity (123,000 persons at a reduced cost of \$76 million over 2 years; source: WI Legislative Fiscal Bureau)
2. Continued reduction to teen pregnancy could drive improved healthcare outcomes in many areas
3. STD-related prevention efforts require collaboration among government, private health care, and community organizations
4. Anticipated reduction in HUD grant funding creates a major challenge to the City's ability to continue the Lead abatement program at the current level
6. 2014 Performance Measures on page 7 of Milwaukee Promise report