RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUREAU

Executive Summary: 2008 Proposed Budget – Health Department

1. The Milwaukee Health Department (MHD) 2008 proposed tax-levy supported budget is $13,881,021, a small increase (+1.2%) from $13,709,885 budgeted for 2007. (Page 3)

2. Grant funding to MHD from state, federal and private sources is projected to increase from $12.7 million projected for 2007 to an estimated $13.3 million in 2008. (Pages 22 and 23)

3. The total grant and operating funding for MHD is projected to increase by $900,000 (+3.4%) from $26.3 million in 2007 to $27.2 million in 2008. (Page 3)

3. Position authority in 2008 is decreased by 27 from 337 in the 2007 Budget to 310 in 2008; fulltime equivalents will decrease by 10.61 FTEs. (Page 3)

4. A new position is created in the Department in 2008 for a Violence Reduction and Prevention Manager. (Pages 8 and 9)

5. In 2007 MHD became a trial site for the Wisconsin Electronic Disease Surveillance System (WEDSS) which significantly advances the technology of electronic reporting for communicable diseases by medical providers and laboratories resulting in earlier detection and response to outbreaks such as E. coli, mumps, flu, West Nile virus and multi-drug resistant tuberculosis. (Page 15)

6. Implementation of an internal compliance program and a reorganization in 2007 combining Accounting and Compliance staff has assisted the MHD in coordinating complex grants and funding mechanisms. (Page 8)

7. The transition of clients formerly served by the Johnston and Isaac Coggs Community Health Centers has continued smoothly in 2007 and the Municipal Health Services Program supporting this transition will be reduced from $280,000 in 2007 to $70,000 in 2008 representing a final quarter of funding. (Page 21)

8. Operational expenditures supported by the tax levy will increase from $1,827,987 in 2007 to $1,900,429 (+4.0%) in 2008. (Pages 3)

9. The 2008 proposed budget includes $800,000 for Capital Improvements for exterior and interior maintenance, mechanical systems upgrades, building maintenance and client tracking system (Page 24).

10. Anticipated revenues representing charges for services, licenses and permits in 2008 are reduced slightly from $2,661,375 budgeted in 2007 to $2,644,950 (-0.6%) in 2008 (Page 24)

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUDGET

2008 Proposed Budget Summary: Health Department

Category	2006 Actual	2007 Budget	Change	2008 Proposed	Change
Operating	$14,194,928	$13,709,885	- 3.4%	$13,881,021	+1.2%
Capital	$553,872	$476,000	- 14.1%	$800,000	+ 68.1%
Positions	326	337	+3.4%	310	- 8.0%

The Milwaukee Health Department (MHD) focuses its efforts on public health assessment, policy development and leadership, and assuring service availability and accessibility. The health department operates from three health centers throughout the City.

Departmental Mission Statement

To ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community. These core services include disease control and prevention, maternal and child health, home environmental health, consumer health and protection and healthy behaviors and health care access.

The following analysis of the Milwaukee Health Department Proposed 2008 Budget is organized according to the table below; a number of more detailed descriptions of programs and activities appear as appendices.

E. The Plain Talk Program
F. Non O&M Funding for Core Functions and Essential Services

Budget Analysis

Overview

1. The Milwaukee Health Department 2008 proposed budget includes an operating and maintenance budget of $13,881,021. This amount is a 5.0% decrease from actual expenditures of $14,194,928 in 2006, and a 1.2% increase over the amount of $13,492,072 budgeted for 2007. This total does not include approximately $17.1 million in anticipated grant and aid funding from various federal, state and private sources in 2008.

2. The net total number of authorized MHD positions will be decreased from 337 to 310 in the 2008 proposed budget. Fulltime equivalents funded by the tax levy will be increased from 157.24 FTEs in the 2007 Budget to 162.83 FTEs in the 2008 Budget. Non-O&M funded fulltime equivalents will decrease by 16.20 FTEs to 110.80 FTEs.

3. The Proposed 2008 Budget for Operating Expenditures of the MHD totals $1,900,429, an increase of $72,442 (+ 4.0%) above the amount budgeted in 2007.

4. The Proposed 2008 Budget for Operating Expenditures includes $580,577 for Professional Services, an increase of $82,177 (+ 16.5%) above the amount budgeted in 2007. Professional Services expenditures include payment for physician direction and consultation for various MHD services, electronic data information consulting and grant writing.

5. The Proposed 2008 Budget for Operating Expenditures includes $149,192 for Other Operating Services, a decrease of $10,967 (- 6.8%) from the amount budgeted for 2007. These services include travel and training funds, equipment repair and parts, uniform allowance and other services related to department operations.

6. The 2008 MHD Information Technology Special Fund is budgeted at $100,000 to provide computer maintenance and upgrades. The amount budgeted for 2008 covers general maintenance and license fees for the MHD Network of approximately 300 computers. This includes Groupwise licenses, MS licenses, Novell licenses, and other miscellaneous licenses and fees. This account also funds various software and hardware replacements, including but not limited to memory upgrades, printers, keyboards and the like. This Special Fund was identified as “Add’l Computer Work Stations/Systems Upgrade” in 2007 and budgeted at the same amount of $100,000. In 2008 this Special Fund is identified as “Computer Maintenance/Upgrade.”

7. The 2008 MHD Budget includes $15,000 for furnishing and for various laboratory equipment. This is the same amount budgeted in 2007. Carryover funds will be available to supplement the Equipment account, if necessary.

8. The Special Fund for the Task Force on Domestic Violence & Sexual Assault continues to provide $11,000 annually to support the activities of the Task Force.

9. A Special Fund was established in the 2007 Budget in the amount of $280,000 to support the partnership between the City and the Sixteenth Street Community Health Center (SSCHC) and Milwaukee Health Services, Inc. (MHS). This partnership was designed to ensure that clients of the former Isaac Coggs Community Health Center and the former Johnston Community Health Center continue to receive critical health services. The funds are designed to contribute towards the expansion of capacity and programming in both SSCHC and MHS. The transition appears to have been successfully and smoothly implemented. The Proposed 2008 Budget is reduced to $70,000 representing a final quarterly payment to the SSCHC and MHS agencies.

10. The 2008 Proposed Capital Improvements Budget for the MHD is $800,000, an increase of $324,000 (+ 40.5%) above the budgeted amount for 2007.Proposed Capital Expenditures fall into 4 areas: developing and maintaining client tracking systems; interior building maintenance projects at all 3 clinics; exterior building maintenance projects including ADA accommodations at all buildings; and mechanical systems maintenance.

Personnel

1. The net total number of authorized MHD positions is decreased from 337 to 310 in the 2008 proposed budget.
   - Fulltime equivalents funded by the tax levy will be increased from 157.24 FTEs in the 2007 Budget to 162.83 FTEs in the 2008 Budget.
   - Non-O&M funded fulltime equivalents will decrease by 16.20 FTEs to 110.80 FTEs.

2. The following positions are among those proposed for elimination or retitling:

   - 1 Public Health Nurse (retitled and reclassified as Health Information Specialist)
   - 1 Public Health Nurse (reduction in Case Coordination Program)
   - 1 Public Health Nurse (reduction in Health and Safety in Child Care Grant)
   - 1 Public Health Nurse (reduction in Childhood Lead Detection Grant)
   - 1 Public Health Nurse (reduction in Adolescent Community Health Grant)
   - 1 Public Health Nurse (reduction in Immunization Action Plan Grant)
   - 3 Office Assistant II (reduced due to operational efficiencies)
   - 1 Office Assistant IV (retitled and reclassified as Program Assistant I)
   - 1 Environmental Health Specialist (reduced due to operational efficiencies)

- 1 Program Assistant 1 (reduction in Childhood Lead Detection Grant)
- 1 Chemist II (reduction in Lead Demonstration Grant)
- 2 Lead Risk Assessor II (reduction in Lead Demonstration Grant)
- 1 Lead Project Coordinator (reduction in Lead Demonstration Grant)
- 1 Program Assistant II (reduction in Lead Demonstration Grant)
- 1 Health Project Coordinator Lead (reduction in Lead Outreach Grant)
- 1 Lead Education Assistant (reduction in Lead Outreach Grant)
- 3 Lead Risk Assessor II (reduction in Lead Based Paint Hazard Grant)
- 1 Community Lead Program Manager (reduction in Lead Based Paint Hazard Grant)
- 1 Chemist II (reduction in Lead Based Paint Hazard Grant)
- 1 Laboratory Assistant II (reduction in Lead Based Paint Hazard Grant)
- 1 Health Services Assistant II (reduction in Lead Based Paint Hazard Grant)
- 1 Program Assistant II (reduction in Lead Based Paint Hazard Grant)
- 1 MHSP Program manager (termination of Municipal Health Services Grant)
- 1 Office Assistant II (termination of Municipal Health Services Grant)
- 1 Office Assistant II (reduction in Immunization Action Plan Grant)
- 1 Public Health Educator II (position changes in Childhood Immunization Disparities Grant)
- 1 Health Services Assistant (position changes in Childhood Immunization Disparities Grant)
- 1 Chief Virologist (retitled Chief Molecular Scientist)
- 1 Microbiologist III (reduction in Bioterrorism Focus C Grant)
- 10 Auxiliary Public Health Nurse (reduction in vacant positions from 21 to 11)

3. The following positions are among those created in the Proposed 2008 Budget (and not already identified as retitled):

- 1 Injury and Prevention Program Manager
- 1 MCH Operations Manager (resulting from Department-wide reorganization)
- 2 Public Health Nurse (Nurse Family Partnership Grant)
- 1 Public Health Nurse (Child Care Provider Assistance Grant)
- 1 Public Health Nurse (Childhood Immunization Action Plan Grant)
- 1 Lead Risk Assessor II (CDBG Grant)
- 1 Lead Project Coordinator (Lead Hazard Reduction Demonstration Grant)
- 2 Lead Risk Assessor II (Lead Hazard Reduction Demonstration Grant)
- 1 Program Assistant II (Lead Hazard Reduction Demonstration Grant)
- 1 Health Education Assistant (Lead Hazard Reduction Demonstration Grant)
- 1 Chemist II (Lead Hazard Reduction Demonstration Grant)
- 1 Health Project Coordinator (Preventive Health Grant)
- 1 Health Project Coordinator (Bioterrorism Grant)
- 1 Office Assistant II (Child Care Provider Assistance Grant)

4, The net effect of elimination and creation of Public Health Nurse positions, together with reassignment of 9 Public Health Nurses to the Comprehensive Home Visiting Program and the Communicable Disease rotation, is the loss of 1 Public Health Nurse position.

5. The reduction of 0.75 FTE for the position of Custodial WorkerII/City Laborer reflects a planned elimination of the position after the first quarter of 2008. The incumbent may be eligible for transfer to another position after that time.

6. The Employee Assistance Program Coordinator position was proposed for elimination in the MHD requested budget, but was restored to a level of 0.6 FTE in the proposed budget. The Common Council restored this position to the 2007 Budget after it was proposed for elimination.

7. The proposed elimination of 5 Lead Risk Assessor positions and the creation of an additional 3 Lead Risk Assessor positions results in a reduction of 2 authorized positions.

8. The positions created in 2007 for the Health Inequities Reduction Coordinator and the Health Information Specialist for the new Center for Health Equity will not be filled until further planning for the Center is completed.

9. Two Health Access Assistant II positions, scheduled to be eliminated in the Medical Assistance Outreach Program upon expiration of grant funding, have been restored in the Proposed 2008 Budget.

10. The contract to provide the services of a Public Health Nurse at Meta House expired in September, 2007, and the incumbent has been reassigned to the Nurse Family Partnership Program.

11. Public Health Nurse Recruitment and Retention

The Department has been successful in the recruitment of Public Health Nurses (PHN's). In 2007, the Department hired 8 PHN's. Approximately 7 candidates are currently interested in the position. The Department created a new recruitment poster and flyer which were distributed to all local universities and colleges of nursing. The recruitment campaign included information regarding the value of the overall City benefits package, but also included information about eligibility to participate in the Nursing Educational Loan Repayment Program (NELRP). Since the Department is a "qualified employer," in the NELRP, PHN's may apply to have the majority of their college loans forgiven.

MHD staff met with local nursing instructors within an academic forum and in individual college classrooms to discuss current public health issues and trends and the valuable nursing employment opportunity within a public health setting.

The Department continued to offer “community clinical” placement and in 2007 provided 48 nursing students the opportunity to personally experience Public Health Nursing.

During National Nurses week in early May, the Milwaukee Journal-Sentinel published a special section to honor Nursing and MHD purchased space to acknowledge how the Department’s nurses make a difference in the community, and for a separate employment ad. Another significant media placement was run to advertise the PHN position in “Nursing Matters,” a nursing publication which is mailed to all Registered Nurses (RN) licensed in the State of Wisconsin.

Retention efforts expanded in 2007 with the addition of the Nurse Family Partnership home-visiting program. Other career opportunities continued to exist for current Public Health Nurses as they took advantage of the ability to transfer internally to positions within their area of interest, including communicable disease, immunization, STD, HIV-Women’s, lead case management and home visiting. Professional development opportunities were provided monthly via educational sessions on topics related to MHD programs and client needs. Also, in 2007 Public Health Nurses participated in cross training of other program areas which expanded resource availability for future programmatic needs.

As of September 1, 2007, the MHD had position authority for 86.75 Public Health Nurse positions. Of these, 65.75 are regular appointments and 21 are non-funded auxiliary positions. (This number will be reduced by 10 in the 2008 Budget. As a practical matter, in the event of a health emergency, the time it would take to fill 11 positions would allow for a request to the Common Council for further position authority, if needed.) 59.75 of the 65.75 regular positions were filled; 6 were vacant. It is anticipated that funding will not be renewed for two positions funded under grants. The incumbent of one position will be reassigned to a vacant Public Health Nurse position, while the other position is currently vacant.

In the event of a Public Health Event such as a serious flu epidemic, the Department would exhaust the eligibility list, reinstatement list, and integrate nursing students into the identified need. If necessary, the MHD would turn to the current auxiliary positions, including the nursing position authorities that will be reduced to 11 positions in 2008. MHD would be required to enter an incident command structure and minimize all non-essential nursing operations and shift those nurses to outbreak response. In addition, MHD would partner with other healthcare providers and community organizations to assist in the response.

Administration

Several significant changes have occurred or are planned for 2008 that affect agency-wide operations and priorities. A description is provided here about MHD reorganization in 2007, the creation of the new position for Injury and Prevention Program Manager,

involvement in the development of the proposed UWM School of Public Health, and discussion about the financial support for core responsibilities and essential public health services.

Department Reorganization

The Proposed 2008 Budget reflects the reorganization begun in 2007 to facilitate a more evenly distributed workload among the divisions and to promote greater efficiencies. The new organizational structure is based on a widely recognized national model that also provides for capacity to effectively respond to changing health needs of an urban population. Included in the reorganization is the creation of a position of Maternal and Child Health (MCH) Operations Manager, a merger of the Compliance and Accounting units, and a restructuring of laboratory and epidemiology functions.

The Compliance area and Accounting area were combined into one Division titled, "Compliance and Finance Division." This division is headed by the Chief Compliance Officer who has the assistance of a Compliance Analyst. The Business Operations Manager and Accounting staff are also under this Division together with the Director of Nursing. These administrative areas all provide oversight on basic compliance and quality assurance of services throughout the health department.

The Health Operations Director will continue to manage Family and Community Health (including Consumer Environmental Health, Home Environmental Health and Maternal and Child Health). The Disease Control and Prevention Division has been restructured to fall under the Director of Laboratory Services and has been renamed the Division of Laboratory and Epidemiology Services. This restructuring is intended to make efficiencies in the way the department conducts business and follows trends of other public health departments.

The Laboratory Division has reorganized into two divisions. The former Chemistry and Virology Divisions have combined into a unit with the proposed name change to the Division of Virology, Chemistry and Molecular Science under the direction of the recently approved job title Chief Molecular Scientist. The Microbiology Section has the proposed name change to the Division of Clinical and Environmental Microbiology, better describing its function as directed by the Chief Microbiologist.

A new position, Quality-Safety Microbiologist, pay grade 646, will be created replacing a current Microbiologist or Virologist position. This position would split duties between ongoing bench scientific (0.5 FTE) and new administrative support duties (O.5 FTE).

Violence Reduction and Prevention Program

The MHD's proposed new tax levy funded position of Violence Reduction and Prevention Initiative Program Coordinator will provide strategic direction and oversight for the City's efforts to reduce the risk of violence through a variety of linked strategies. These include community policing, the development of a citywide comprehensive

violence prevention strategic plan, and the development of community crime prevention collaborations for violence prevention. The reduction of violence is a top priority. Placement of this position in the health department will support a public health model and will link city departments, academic partners and community-based initiatives.

Responsibilities also include supporting the work of the Milwaukee Commission on Domestic Violence and Sexual Assault, and management of the Injury and Violence Prevention Program of the City of Milwaukee Health Department (MHD).

School of Public Health

The leadership of MHD has been closely involved in the planning for a new School of Public
Health at the University of Wisconsin – Milwaukee.

Activities have included the following:

- Fall of 2005: UW Board of Regents charged UWM and City of Milwaukee with conducting a feasibility study at UWM regarding a potential school of public health.

- April 2006: First meeting of a 9-member Planning Team for this feasibility study.
    - This Planning Team was co-chaired by MHD Health Commissioner Bevan Baker.
    - Drs. Vivian Chen and Geoffrey Swain from MHD also participated actively, along with 6 UWM faculty Planning Team members, 3 UWM process managers / committee assistants, and 3 national public health experts.

- April 2006 – November 2006: Planning Team conducted a feasibility study
    - 4 Workgroups appointed, including “Workforce Development / Analysis” (Vivian Chen), “Environmental Scan” (Bevan Baker), “Models and Process Management (Geof Swain), and “UWM Capacity” (UWM planning team members).
    - Broad community stakeholder input obtained, including 2 public input sessions.
    - Obtained site visit from 3 nationally recognized public health expert consultants.

- December, 2006: Final report accepted by Board of Regents. Highlights:
    - Recommended that an accredited school of public health be established at UWM.
    - Recommended enhancing the existing “Academic Health Department” partnership between MHD and UWM as part of new school of public health.

- It should be noted that it takes about 8 years and at least $10 million per year in core funding to support an accredited school of public health ($40 million per year is preferable), in addition to extramural funding (i.e., research grant support).

- June, 2007: First meeting of a 29-member, internal UWM School of Public Health Planning Council.
  - Commissioner Baker and Drs. Chen and Swain are the only non-UWM members of this council.
  - Expected timeline for development of the school: develop tracks for Masters (one required) and PhD (3 required) degrees over next 4 years, then apply for accreditation (in 2011). Expect accreditation process to take 2 additional years.

Creation of a School of Public Health in Milwaukee has substantial implications for the mission and work of the Department. Including the following:

- MHD will become the premier "learning laboratory" for UWM School of Public Health students. This will require additional teaching responsibilities of MHD staff, but in return will yield benefits to MHD as well. This "Academic Health Department" model allows academia and the local governmental public health agency to collaborate in ways that strengthen both. Excerpts on that topic from UWM's national consultants include:
  - Senior MHD staff would be expected to enjoy adjunct or regular faculty status, and would be expected to do some teaching and research on campus.
  - Senior MHD staff and other MHD managers would provide the nucleus of community-based teaching and research, at MHD locations and in the community, which is where practice-based learning happens at its best.
  - UWM would provide academic faculty to be co-located at MHD (the "quid pro quo" for MHD's staff time as faculty) and assist with certain MHD functions.
  - UWM would provide high-level (masters and doctoral) students who can serve to extend MHD's workforce while learning on-site at MHD.

- MHD, through the efforts of Commissioner Baker and Drs. Chen and Swain on the school's Planning Council, is well positioned to influence the UWM planning process and assure that it stays true to the "real world."

- The UWM School of Public Health will help prepare the public health workforce of the future, which is crucial for MHD (and other public

health agencies) as future retirements will create a large need in the next decade and beyond.

Core Responsibilities and Essential Public Health Services

The figure included in the 2008 Proposed Plan and Executive Budget Summary at p. 82 demonstrates the reliance of MHD on non-O&M Funding for 4 of its 5 main service areas. Only Consumer Environmental Health is fully supported by the tax levy. Home Environmental Health is particularly reliant on granting agencies largely due to MHD's efforts in lead abatement supported by a variety of federal funding sources.

Core responsibilities of the MHD for public health are defined by Wisconsin Statutes and by the U.S. Centers for Disease Control and Prevention (CDC) and include assessment, policy development and assurance. A description of MHD reliance upon non O&M funding for essential public health services is included at Appendix H.

Issues and Initiatives Moving from 2007 Into 2008

Disease Control and Prevention

The Health Department's efforts, activities and programs in Disease Control and Prevention focus on immunizations, screening, treatment and prevention of sexually transmitted diseases, communicable disease surveillance and control, and bioterrorist preparedness.

West Nile Virus

In 2006 there were 3 cases of West Nile Virus (WNV) identified in the City of Milwaukee with one death. Also, in 2006 there were 5632 storm drain catch basins treated with mosquito larvicide in the City. 535 dead birds were reported in 2006 in the course of WNV surveillance.

During 2006, the MHD submitted 10 birds to the National Wildlife Laboratory in Madison for West Nile Virus (WNV) analysis. Two of these birds tested positive for WNV. Per state protocol, 2 positive bird specimens per county each year is sufficient to characterize a County as having WNV present in avian species and no further bird testing is required nor requested through the State of Wisconsin Division of Public Health (DPH).

WNV activities conducted by the MHD during 2007 are similar to previous years including 2004-06 and include surveillance of bird, mosquito and human populations; public education and outreach and targeted mosquito control activities. Since 2003, the level and extent of each of these activities have been reduced accordingly following decreases in CDC and State funding to local public health agencies for WNV activities.

WNV epidemiology in human populations including environmental influences predictive of outbreaks is still not well understood. National surveillance of bird species infectivity, mosquito population and infectivity as well as studies of human outbreaks indicate that peak WNV activity in the Midwest typically occurs in August- September. WNV will remain a public health concern in the future. Immunologic and serologic studies related to WNV are not definitive regarding WNV naturally conferred immunity in human populations. However, WNV vaccine research has progressed with indications that immunization may be effective in preventing disease occurrence.

Hazardous Materials

The Department reports that site visits were made to 30 companies in 2006 to review emergency response plans.

The MHD is a member of the Milwaukee County Local Emergency Planning Committee (LEPC) as mandated through the federal 1986 Superfund Amendment Reauthorization Act (SARA Title III) and managed by the State of Wisconsin Division of Emergency Management. The LEPC consists of members' public first responder agencies, the private sector as well as community and legislative representatives. The LEPC is administratively supported by Milwaukee County Division of Emergency Management (MCEM).

The LEPC has identified and inventoried approximately 600 companies in Milwaukee County that are involved in handling, storing or transporting hazardous materials. The LEPC meets bimonthly to review both new and updated on-site emergency response plans as required and submitted by approximately 260 companies in Milwaukee County who have been identified as handling, storing or transporting "Extremely Hazardous Substances" (EHS) as designated by the United States Protection Agency (USEPA). Site visits to these facilities by MCEM, MHD and the City of Milwaukee Fire Department (MFD) and MHD occur each year with 35 on-site emergency planning visits anticipated for 2007.

Neither the MHD nor MFD receive any financial support from MCEM or other agency for participating in the LEPC or related activities such as on-site planning reviews or subcommittees. Since the formation of the LEPC in 1987, there has been a decrease in the number and severity of hazardous materials spills and releases within Milwaukee County. The Milwaukee County LEPC has been frequently recognized as being a model within the State in terms of collaboration and procedural efficiency.

The MHD and MFD HazMat Unit are one of only a handful of municipal departments state-wide who respond jointly to all reported hazardous chemical spills and releases within a multi-county region in Wisconsin. This arrangement allows for a more efficient response especially as related to any associated public or residual environmental health impacts. The LEPC and related on-site

facility planning activities further support this model of preparedness and response.

Sexually Transmitted Diseases

The Department reports that the incidence of gonorrhea reported in the City in 2005 was 643.1/100,000. One of the Department's goals is to reduce the incidence of gonorrhea to 19/100,000 by the year 2010.

During 2006, the MHD recorded an increased incidence of gonorrhea (GC) of 807/100,000 based solely on client visits to the Keenan Central Health Clinic (KHC). This represents new case findings based on clients who access this community resource and are typically medically uninsured or underinsured and some who are not necessarily City residents. Therefore, the MHD recorded incidence does not represent actual GC incidence within the City of Milwaukee.

Current strategies employed by the MHD to reduce GC incidence within the City of Milwaukee along with other sexually transmitted infections (STI's) and to meet Healthy People 2010 goals include: targeted health education and outreach services to high-risk individuals and groups; screening and testing of clients and partner at the KHC; counseling of clients and partners accessing KHC for services; provision of treatment services to clients and partners with a clinical diagnosis of an STI; and, coordination in screening, testing, counseling and treatment with other community partners (e.g., Planned Parenthood, Brady St. Clinic, ARCW).

Syphilis and GC screening, testing and treatment are especially high-priority activities of the MHD STI/communicable disease investigation teams located at the KHC and include epi-investigations and "partner elicitation" for contacts of infected persons less than 17 years of age for both syphilis and GC, as well as all pregnant females diagnosed with GC. The MHD has developed and actively promotes community targeted education and outreach initiatives such as the "No condom, no way" campaign aimed at reducing STI incidence within the City.

The epidemic of STI's such as GC and chlamydia in urban settings pose significant challenges and require a multi-faceted approach that focuses on changes in population behavior. Therefore, it may be unrealistic to expect 2010 goals to be met only through public health service delivery such as provided at the KHC. The Department believes that managed healthcare and community organizations will be needed along with additional resources and a comprehensive strategic plan to be able to reverse current trends in STI transmission within the City in the long-term.

Tuberculosis

There were several higher profile tuberculosis (TB) investigations conducted in 2006 including a homeless shelter, a child care facility and UW-Milwaukee.

During 2006, the MHD recorded an incidence of tuberculosis of approximately 3.5/100,000 within the City of Milwaukee. This was based on client visits as well as identification of active cases of tuberculosis (TB) disease in City residents through the MHD Tuberculosis Control Clinic located at the Keenan Central Health Center (KHC). In the City of Milwaukee, as in the rest of the U.S., TB primarily impacts foreign born persons from high incidence areas such as Mexico, SE Asia, Africa and Eastern Europe. Factors and conditions that increase risk for development of TB include immune-suppression, HIV/AIDS, cancer, and substance abuse.

During 2004-06, the MHD conducted case-contact investigations at a number or universities and colleges within the City as a result of identification of individuals with active tuberculosis in students and/or faculty. These investigations were extremely resource intensive and represented atypical focus on tuberculosis screening and testing in the urban population. In addition, the continued appearance of multi-drug resistant (MDR) and extensively drug resistant (XDR) strains of tuberculosis both globally and nationally have created a sense of urgency in rapidly identifying, isolating and medically treating cases and contacts within the community and essential to preventing outbreaks and ensuring public health.

MHD experienced a number of challenges in its efforts to prevent and control TB. These challenges include increases (50%) in the number of TB cases over the same period last year, need for additional resources to manage existing and new caseloads (typical treatment of a TB case requires 9+ months antibiotics), emergence of MDR and XDR strains and, loss of a Disease Investigation Specialist (DIS) in early 2007 due to grant funding expiration. The DIS position was crucial to case-contact investigations within the community and especially with regard to assisting in testing of close contacts to identified active TB cases.

Influenza Preparedness

The following information was provided by MHD in response to an inquiry about the Department's planning for the event of a major pandemic involving influenza:

Pandemic influenza preparedness and response by public health authorities currently includes an arsenal of a number of pharmaceutical and non-pharmaceutical interventions. The Department believes that use of medical countermeasures such as vaccine and use of antivirals will be important as a means of preventing infection once a strain is identified and sensitivity to particular drugs is validated. However, vaccine development will lag outbreak progression and antiviral stockpiles will provide coverage for only a fraction of the susceptible population. Therefore, social distancing measures including cancellation of non-essential gatherings as well as isolation and quarantine will remain the primary and most effective means of mitigating disease transmission in densely populated settings.

Current modeling by the Centers for Disease Control and Prevention focus and advocate for an early intervention and approach that is targeted and layered for community disease containment. This includes school closures, cancellation of non-critical social gathering such as entertainment venues and adherence to good hygiene, respiratory etiquette and environmental disinfection. The MHD has adopted and integrated this approach in both City and regional pandemic influenza planning as well as engaging various private sector, managed healthcare, school, university, faith-based and community groups through presentations and summits.

Vaccine deployment and distribution during an influenza pandemic will primarily occur through the State of Wisconsin Division of Public Health (DPH) and in coordination with the CDC. The MHD will most likely receive an allocation of vaccine depending on factors such as population density and critical infrastructure needs within the City. Regardless, vaccine availability and use will be highly dependent on the emergent pandemic influenza strain and will be developed and released after determination of vaccine efficacy including considerations of adverse immunization effects.

Vaccination of the general public during a pandemic influenza will not be identical to the vaccination campaigns to combat seasonal influenza in that transmissibility and virulence of a novel strain in which everyone is susceptible will strongly influence an individual decision to participate. Mandatory vaccination may be considered for certain types of workers and individuals to ensure continuity of operations necessary to preserve capacity for a community to successfully respond or function. Examples include school and day care staff, hospital employees and law enforcement.

The MHD continues to work regionally with hospitals to coordinate response to a predicted surge in demand during a pandemic. The MHD, along with the state Division of Public Health and other LPHA's, is developing a communications strategy that engages and leverages the media in public messaging during a pandemic and ensures accurate and timely information to be disseminated to citizens within the community. Table-top pandemic influenza exercises and presentations have been coordinated by the MHD with Aurora Healthcare, Marquette University, Milwaukee County and numerous large private sector companies to date.

WEDSS

In 2007 MHD became a trial site for the Wisconsin Electronic Disease Surveillance System (WEDSS) which significantly advances the technology of electronic reporting for communicable diseases by medical providers and laboratories resulting in earlier detection and response to outbreaks such as E. coli, mumps, flu, West Nile virus and multi-drug resistant tuberculosis.

Maternal and Child Health

The following discussion addresses several key MHD initiatives in maternal and child Health.

Comprehensive Home Visitation

The Milwaukee Comprehensive Home Visiting Program (MCHVP), also called the Empowering Families of Milwaukee project, is a comprehensive and intensive home visiting program for high-risk pregnant women and families in zip codes 53204, 53205, 53206, 53208, 53212, and 53233 funded by the State of Wisconsin. MCHVP is fully staffed with 27 City of MHD and community-based staff. The program started enrolling clients in September 2006. As of August 2007, 176 women were enrolled and 107 (61%) of them enrolled when they were pregnant. Since the inception of client services in September 2006, MCHVP provided 826 families with 10,984 outreach and/or home visitation services.

An examination of the 7,224 “new, return and no response” home visits in 2006 finds:

Type of home visit	New	Return	No response	Total
Preconceptional (women who just delivered)	1215	877	1039	3131
Antepartum (pregnant women)	89	81	56	226
High risk infants	1248	651	928	2827
Preschoolers	190	74	56	320
Other including Communicable Disease	664	35	21	720
Total	3406	1718	2100	7224

Child Care Worker Health and TB Testing

The Department reports that 97 childcare workers were tested for TB in 2006.

MHD serviced two childcare contracts in 2006, with MPS and with Milwaukee County.

- The program administered a total of 101 TB screenings to at-risk uninsured or underinsured childcare providers at licensed family or group childcare centers. The program also provided on-site educational workshops that included one-on-one training and technical assistance.

The technical assistance included the following: medication administration, food borne illness, hand washing and disinfection, demonstration on how to use an epi-pen, asthma, lead poisoning, Infections and communicable diseases, and immunizations. MHD continued to work with childcare providers in 2007, and has provided a full package of interventions to more than 20 centers this year.

Infant Mortality

It is expected that final 2006 birth and death data will be released by the State of Wisconsin in November 2007.

In early 2007 a report to the community was published. The report to the community summarizes and provides remedial recommendations concerning what is known about factors that contribute to Milwaukee's high number of stillbirths and infant deaths. This information was collected through a case analysis of all Milwaukee infants who died before their first birthday during 2002, 2003 and 2004, and all stillborn infants (fetal deaths) in 2003 and 2004.

Appendix B includes a discussion of the report, its findings and recommendations. Among several critical observations are the fact that more than half of the City's children live in single-parent households, and half live in households where there is no parent with a full-time year-round job. Milwaukee's infant mortality ranks at 40th among the 50 largest U.S. cities.

Refugee and Immigrant Child Health

The MHD receives monies through the State of Wisconsin Department of Workforce Development to fund the Refugee Health Screening Project (RHSP) within the MHD. Under the RHSP agreement with DWD, the MHD is reimbursed for public health services provided to eligible refugees including screening for communicable disease at the Tuberculosis Control Clinic (TB, enteric diseases, STI's, Hepatitis A & B and blood lead levels) and outreach and health education. During 2006, 98 refugees were screened and provided the above services. In 2007, the MHD anticipates that approximately 150 refugees will receive screening and public health services provided by the MHD. The number of refugees screened is highly dependent on the level of political turmoil or adverse social and economic conditions associated with the immigrant countries in any given year. The MHD also participates in a coalition of social service agencies within Milwaukee County and coordinates health services with other refugee placement needs within the community (i.e. shelter, employment, medical and social support).

Separately, MHD also provides free immunizations, head lice checks, and pregnancy testing for a large immigrant population on Milwaukee's south side. Immigrant families who lack health insurance are often referred to the Department's family health clinics for nursing assessments, counseling and referral.

The Nurse-Family Partnership Program

The new MHD Nurse-Family Partnership (NFP) Program, which is an intensive home visiting program for low income, first time pregnant women in zip codes 53204, 53210, 53212 and 53218, is funded by both Columbia/St Mary's and UW Healthy Partnership. In February, MHD was accepted as the first NFP implementation site in Wisconsin and joins 290 local sites in 22 states. Five Public Health Nurses and one Nurse Supervisor have been hired, received the initial required training, and worked with other MHD staff to set up the program infrastructure to provide these services. The program began enrolling clients during the first week of August.

Home Environmental Health (HEH)

The Home Environmental Health Division (HEH) has the following goals:

- Provide multi-disciplinary services to lead poisoned children and their families.
- Double the number of high-risk housing units made lead safe in the Lead Program target area.
- Support the involvement of disproportionately impacted neighborhoods by funding 8 community organizers to assure neighborhood-based solutions to the lead poisoning problem.
- Increase public-private partnership opportunities by maintaining at least a stable commitment of $360,000 annually from We Energies and identifying additional partners in the private sector to match lead abatement grant dollars;
- Build HEH capacity for asthma prevention through reduction of home environmental health impacts by application for HUD Healthy Homes funding and increased collaboration with citywide stakeholders;
- Broaden HEH efforts in injury prevention by maintaining partnership with the Injury Free Coalition and providing safety home inspections for low-income families with children less than 6 years old.

Lead Abatement

The U.S. Department of Housing and Urban Development (HUD) has awarded the MHD a "Round 13" award of $3,000,000. Due to the expiration of one grant, it appears that a reduction of Lead Assessor II positions will occur in 2008

The Registry of Lead-safe Housing includes properties abated through Primary and secondary means. Given current funding and expectations for blood lead elevations in 2007, The Department anticipates 1195 units will be made lead-safe in 2007. A similar number is expected for 2008.

Asthma Control

Currently, HEH does not have funding directly related to asthma prevention and control. However, MHD remains an active partner in Fight Asthma Milwaukee Allies (FAM Allies) and supports several areas of pediatric asthma prevention and control:

1) HEH provides nursing case management services to a subset of cases managed by FAM Allies partners. HEH nurses follow-up on uninsured, underinsured and difficult-to-reach families that can't be served through other means. In 2006, 8 referrals were received and assigned to PHN's; to date in 2007, 3 referrals have been received and assigned to PHN's;

2) The HEH Nursing Supervisor participates in the Care Coordination/Case Management subcommittee of FAM Allies to assure quality and continued care for asthmatic children and their families;

3) The HEH Lead Prevention Manager is assisting in the development of the FAM Allies Environmental subcommittee, which will assure greater focus on trigger reduction in home environments; and

4) The HEH Health Education Assistant supports the Parent and Neighborhood Organizing Committee and continues to develop linkages to other HEH neighborhood and resident-level activities.

HEH also submitted a Healthy Homes grant application in June, 2007, which would support staffing and low-cost home remediation through a community partnership approach for asthma trigger reduction in high risk homes in the 53206 zip code. In addition, MHD is piloting a Public Health Social Worker model and is working with Dr. John Meurer from MCW/FAM Allies to incorporate this model into grant applications this fall.

Childhood Injuries

The Home Environmental Health Division (HEH) partners with Milwaukee Injury-Free Coalition for Kids (IFCK) and the Milwaukee Safekids Coalition in its efforts to reduce unintentional childhood injuries. Milwaukee County continues to have the highest rates in the state of childhood injuries presenting at local hospitals. Burns, falls and poisonings are particularly pronounced in low-income neighborhoods and in zip codes 53204, 53206, 53208, 53209 and 53210. A more complete summary of findings and related HEH activities can be found at Appendix C.

Consumer Environmental Health

The service objectives of the Consumer and Environmental Division include improving the quality and safety of health-related consumer products and services.

Lake Michigan and Beach Water Contamination

The MHD continues to conduct seasonal water quality testing and monitoring of 5 locations on the Lake Michigan waterfront within the City of Milwaukee. Samples are analyzed by the MHD Microbiology Laboratory. The results of this monitoring, conducted between Memorial Day thru Labor Day each year, is posted on a regional water quality website and made available to the public on a bilingual telephone hotline. The results of testing are also used to inform posting of recommendations at each of the sites by the Milwaukee County Parks Department throughout the season. The MHD participates with a wide range of other private and public stakeholders in workgroups and committees directed toward improvement of recreational and drinking water quality within the region.

State funding for the MHD water quality testing and monitoring program at public beaches has decreased significantly over the past few years. As a result, testing at select locations has been correspondingly reduced to as little as one day per week at some locations. This limits the ability of MHD to provide consistently accurate risk communication to the public on water quality conditions on any given day during the season, and limits MHD's ability to continue adapting risk assessment models for accurate water quality recommendations within the City of Milwaukee.

Online Inspection Reporting

The on-line food establishment inspection reporting system was successfully launched and has been fully operational since June 2007. All food inspection reports completed using the MHD's electronic inspection system from January 2007 and forward are available on-line. Food operators initially voiced concerns about having the information readily available and its impact on their businesses. However, MHD worked with the Wisconsin Restaurant Association (WRA) to ensure that all of these concerns were addressed. The WRA was pleased with the Department's efforts to address their concerns and followed up with a positive article to their members. Availability of the information on-line has resulted in substantial savings in staff time formerly spent on open records requests.

Healthy Behaviors and Health Care Access

The Milwaukee Plain Talk Initiative

Plain Talk is an initiative planned in 2006 and implemented in 2007 designed to help parents communicate effectively with their children about abstinence, healthy relationships, and sexuality, with training and evaluation supported by the Annie E. Casey Foundation. The program is funded by a variety of private foundations. As a nationally recognized evidence-based teen-pregnancy reduction program, Plain Talk has three components: Community Mapping (surveying the community), Walkers & Talkers (community residents mobilizing their community), and Home Health Parties (for educating parents). A complete description of the program and progress to date is included at Appendix D.

Closure of Isaac Coggs and Johnston Health Centers
The MHD has been working with MPS to transfer Isaac Coggs Health Center back to MPS since March 2007. The transfer is nearing completion. The Department of City Development Real Estate Section has been working on the sale of the Johnston Community Health Center since the beginning of the year. Although the final sale has not been finalized, there appears to be strong interest from a Chicago-based agency looking to purchase the building.

It appears that the transition of clients to new programs has gone smoothly. The MHD worked closely with community partners to provide alternate health care options for the Johnston and Coggs clients when these clinics closed. It is believed that the majority of clients chose Milwaukee Health Services, Inc. (MHSI), Sinai Samaritan Health Clinic and Sixteenth Street Community Health Clinic. The choice was ultimately up to the patient. Those Medicare Waiver patients choosing to continue care at one of the 3 clinics listed above were able to continue their Medicare Waiver benefits through 12/31/06. Effective 1/1/07 all Medicare Waiver benefits terminated and those patients were required to transition to regular Medicare benefits or choose another insurance plan of their own.

Tobacco and Children
The current Milwaukee data for tobacco use is from the 2005 Youth Risk Behavior Study. Milwaukee's high school smoking rates (13.6%) are significantly less than the statewide HS smoking rates (22.6%). Decreased tobacco usage is an area that Milwaukee is doing better in than statewide rates regarding health and health disparities for youth.

The coordinated school health model that is in place at MPS and the collaborative MHD Tobacco Control and Prevention (in place since 2001) initiatives have greatly impacted high school smoking rates in Milwaukee. The State of Wisconsin has acknowledged Milwaukee's model program that includes Milwaukee's Tobacco-Free Sports (TF-S), Kick Butts Day, and other initiatives. TF-S is a youth-led, adult-guided program to prevent youth tobacco initiation by linking tobacco-free lifestyles with health and physical fitness. This initiative is linked through MPS sports programs such as basketball, soccer, and cheerleading. MHD will continue to collaborate in 2008 with MPS to conduct Tobacco-Free Sports and Kick Butts Day.

“WI WINS” is a science-based, state-level initiative designed to decrease youth access to tobacco products. MHD currently partners with MPD to conduct compliance checks on local vendors to ensure they are not selling tobacco products to teens aged 15 - 19. Data shows that 80% of current cigarette smokers started smoking before their 18th birthday. In 2006, 2,121 compliance surveys were completed with 344 citations issued. In 2007, 1,494 compliance surveys will be conducted. Mid-year reports document that while the number of surveys completed in 2007 are lower than 2006, the percentage of citations

issued in 2007 have decreased significantly from 2006. MHD will continue to partner with MPD to conduct compliance checks and issue citations in 2008.

In all MHD initiatives, contractors are required to refer their participants and clients to the Wisconsin Tobacco Quit Line, which is managed by the UW Center for Tobacco Research and Intervention and is funded by the Wisconsin Department of Health and Family Services. This will continue in 2008.

As of August 15, 2007, 838 surveys have been conducted for illegal tobacco sales for a 56% completion rate. These surveys were completed in the months of June, July and half of August. To date, 45 citations have been issued by the Milwaukee Police Department.

Center for Health Equity

The MHD Center for Health Equity is the second such center at a local health department in the nation. The first was in Louisville. Because of this, MHD has been engaged largely in planning in 2007 to build a strong foundation. Columbia St. Mary's, which has funded the Center this first year, has declared that it will provide funding for the next 2 years and possibly a 4th year. The progress to date in developing the Center is described at Appendix E.

Medicaid Outreach

MHD plans to continue the successful Medicaid Outreach program assisting members of the public in enrolling in appropriate and available insurance and health benefit programs. To continue the program, some of the costs will be shifted to O&M funding.

Grants

In 2008, the health department anticipates receiving between $13.3 million and $15.5 million, including CDBG funds, in grant awards. In some cases, the grant funding identified encompasses several years. These amounts represent nearly half of the annual funding of the Department Grant funding will support the salaries and fringe benefits of approximately 37% of MHD staff in an amount of approximately $7.0 million.

The following page is a list of anticipated grant receipts in 2008.

2008 GRANT AND AID REQUESTS

Project Title	GRANTOR SHARE	
Adolescent Community Health Program	551,000	
Beach Monitoring Grant	26,000	
Bioterrorism Grant - Consolidated	168,100	
Bioterrorism Grant - WSLH (Lab)	66,000	
Bioterrorism Grant - CRI/Pandemic Flu	528,800	
Breast Cancer Awareness Program - Milwaukee Foundation	100,000	
Breast Cancer Awareness Grant - DHFS	104,500	
Child Care Provider Assistance Program	44,000	
Childhood Immunization Disparities Grant	300,000	
Congenital Disorders Grant	122,000	
Early Identification and Detection of Pregnancy	43,000	
Fetal Infant Mortality Review	100,000	
Hepatitis B Immunization Grant	47,000	
HIV Women's Grant	201,900	
Immunization Action Plan Grant	305,000	
Intensive Home Visiting/MHD Center for Health Equity	500,000	
Lead Demonstration Project	4,000,000	
Lead Detection Grant	306,000	
Lead Hazard Reduction Project	3,000,000	
Lead Prevention Grant	692,100	
MBCAP - Breast & Cervical Cancer Screening	100,000	
MBCAP - Well Women Health Initiative	246,500	
Milwaukee Alliance on Sexual Health (MASH)	33,000	ADDED
Medical Assistance Grant	200,000	
Milwaukee Comprehensive Home Visiting Program	813,000	
Nurse Family Partnership	150,000	
Plain Talk Initiative	100,000	
Preventive Health Grant	71,000	
Refugee Health Services Grant	136,000	
Sexually Transmitted Diseases Grant	671,000	
Survnet Grant	60,000	
Tobacco Control Grant	271,000	
Urban Area Security Initiative	500,000	
Weinhardt Computerized HIV Intervention Grant	95,000	
West Nile Surveillance Project	20,000	
Women's Infants and Children's Grant	850,000	
Health Department Totals	**15,521,900**	

Capital Improvements

2006 Actual	2007 Budget	Change	2008 Proposed	Change
$553,872	$476,000	-14.1%	$800,000	+68.1%

Exterior Building Maintenance Program

An amount of **$90,000** new borrowing is proposed for exterior maintenance of various MHD buildings. Carryover borrowing authority is $621,175.

Interior Building Maintenance Program

An amount of **$305,000** new borrowing is proposed for the interior maintenance of various health buildings. Carryover borrowing authority is $431, 575.

Mechanical Systems Maintenance Program

An amount of **$90,000** new borrowing authority is proposed for mechanical systems maintenance that includes Southside Clinic heating modifications for exam rooms. No amount was budgeted in 2007 for mechanical systems maintenance. Carryover borrowing authority is $616,786.

Client Tracking System Replacement

An amount of **$100,000** new borrowing is proposed for replacement of the client tracking system (integrating client tracking with the state system). Carryover borrowing authority is $91,016.

Revenues

It is estimated that Health Department Revenues in 2008 will be $2,644,950. This represents a decrease of $16,425 (-0.6%) from the 2007 budget.

1. Revenues for the Health Department are primarily from licenses, permits, and charges for services and inspections.

2. MHD is also reimbursed by state and federal programs for influenza shots, childhood immunizations and health checks, lead home nursing visits, and lead inspections. The department receives reimbursement for TB case management and childcare coordination as well.

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Legislative Fiscal Analyst - Lead
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October 19, 2007

APPENDIX A – MHD 2008 Budget Analysis
IMMUNIZATION

Improvement of Childhood Immunization rates in Milwaukee is a major priority for the Mayor and for the Milwaukee Health Department.

The immunization goal for U.S. Department of Health and Human Services (DHHS) is to assure that 90% of children complete the primary immunization series by 24 months of age. This 90% goal has been adopted by the MHD and is considered an achievable and appropriate community level of protection necessary to suppress outbreaks of vaccine-preventable disease.[1]

Developing, implementing and assuring immunization requirements prior to entry in both school and child care settings is widely recognized as an effective public health strategy for increasing overall childhood and community immunization rates.

Currently in Wisconsin, approximately 88.5% of school-aged children have received all immunizations required by law for school attendance. However, a substantial disparity exists in school immunization completion rates between MPS and the rest of Wisconsin.

In 2006, approximately 45% of MPS students met minimum immunization requirements.

More than 90% of non-MPS students meet the minimum immunization requirements.

The disparity between the City of Milwaukee and other geographic areas related to rates of completion of primary series immunization has been similarly low at 38% compared with 73% for Milwaukee County as a whole.

The bulk of the department's immunization program is funded through 2 grants totaling approximately $600,000. MHD is also engaged on a limited basis, in direct provision of immunizations to the community. Seven immunization clinics per week are currently offered by MHD. The approximate cost of operating immunization clinics is $350,000 per year.

In 2007, through community outreach, social marketing and re-invigorating key partnerships recommended immunization rates have increased from 2006 levels of 43% for children 24 to 35 months of age to an estimated range of 60% to 70% following the beginning of the 2007 school year. More precise figures should be available in November of 2007.

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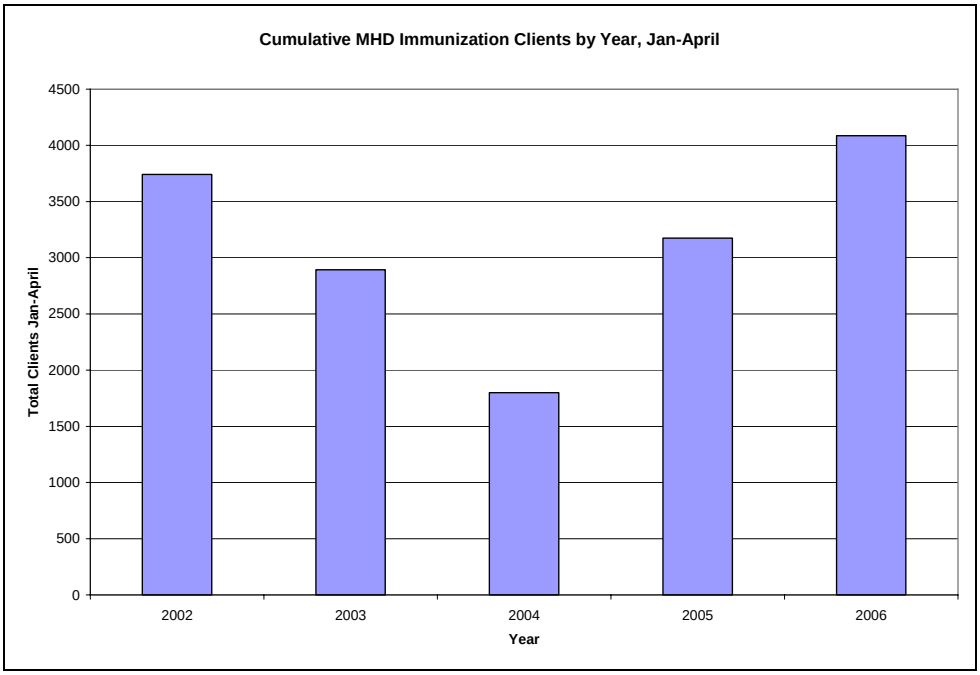
[1] **The primary series of vaccinations is known as the 4:3:1:3:3:1 series, referring to the following vaccine doses: 4 doses DTP or DtaP (Diptheria), 3 doses Polio, 1 dose MMR (Measles, Mumps, Rubella), 3 doses Hib (influenza), and 3 doses Hepatitis B vaccine, and 1 dose of Varicella (Chickenpox). The primary series is recommended; Wisconsin school requirements do not include Hib.**

Immunization reporting mechanisms for many physicians and clinics are largely voluntary. Immunizations may be inconsistently recorded. MHD therefore has created a position to develop baseline and on-going reporting analysis.

The following graph depicts trends in MHD delivered immunizations to clients from January through April in 2002-2006.



Data Source: Wisconsin Immunization Registry

During 2006, the MHD reported that approximately 43.0% of children 24 to 35 months of age living in the City of Milwaukee had completed their primary immunization series, the 4:3:1:3:3:1 (4 doses of Dtap, 3 doses of Hib, 3 doses of Hepatitis B, 1 dose of MMR, 3 doses of Polio, 1 dose of Varicella) by 24 months of age. In contrast, the Healthy People 2010 goal is 90%. This goal has been achievable and surpassed in many areas outside Milwaukee County as well as within the State of Wisconsin.

Immunizations provided by the MHD protect for the following diseases:

Diphtheria
Haemophilus Influenzae type b (Hib)
Hepatitis A
Hepatitis B
Human Papillomavirus Vaccine (HPV)
Influenza
Measles
Meningococcal Disease
Mumps
Rotavirus
Rubella
Pertussis (Whooping Cough)
Pneumoccocal Disease
Polio
Tetanus
Varicella (Chickenpox)

In 2006, an Immunizations Task Force was formed by Milwaukee Public Schools (MPS) to specifically address barriers and challenges to improving student immunization rates in the District. Task Force recommendations in 2007 focused on 3 distinct areas: 1) reconciliation of the MPS student record database (eSIS) with the State of Wisconsin Immunization Registry (WIR) utilized by the MHD; 2) improved MPS compliance with the State Immunization Law and timeline and, 3) development of standardized MPS school policies regarding exclusion of students non-compliant with State Immunization Law.

Progress has been made in all of these 3 areas by MPS Administration and culminated with the MHD providing on-site clinics at the MPS Administration Building July 31-August 15, 2007 during district-wide open enrollment. Furthermore, the MHD and MPS reconciled a number of individual schools with WIR resulting in a marked increase in baseline immunization rates within each school. Finally, there has been a commitment by MPS Administration to enforce District-wide policy concerning student exclusion for non-compliance with State Immunization Law as well as work with the MHD to provide periodic on-site immunization clinics at select school locations throughout the year.

The following is a comparison of select comparable size U.S. Cities of children 19-35 months vaccinated with the 4:3:1:3:3:1 series for the most recent year reported, 2006:

City	2000 Population	% White	% African Am	% Hispanic	% up-to date by 24 months
Milwaukee	600,000	50	37	12	43.6*
Boston	590,000	54	25	14	78.7
Nashville/ Davidson	545,000	66	27	5	88.3
Baltimore	651,000	34	64	2	72.9

Source: National Immunization Survey

*City of Milwaukee's immunization data is current as of August 2007 via the Wisconsin Immunization Registry (WIR) for children 24-35 months. It is expected that school-related immunization efforts will boost this figure when reported in November 2007 due to recent coordinated efforts to assure that students have required immunizations.

APPENDIX B –MHD 2008 Budget Analysis
Infant Mortality

The Fetal and Mortality Review (FIMR) project is a component of the Milwaukee Healthy Beginnings Project, which is funded by the Black Health Coalition of Wisconsin, through a U.S. Health Resources and Services Administration Healthy Start Grant. FIMR findings and recommendations are used by the City, MHD, the Milwaukee Healthy Beginnings Project and by other agencies and policy makers in their efforts to reduce infant mortality and eliminate the racial and ethnic disparity in infant mortality. In 2007, the FIMR program received another year of funding through the Healthy Beginnings Project of the Black Health Coalition (6/1/07-5/31/08) to conduct a review of all infant and fetal deaths in the City of Milwaukee.

In early 2007 a report to the community was published. The report to the community summarizes and provides remedial recommendations concerning what is known about factors that contribute to Milwaukee's high number of stillbirths and infant deaths. This information was collected through a case analysis of all Milwaukee infants who died before their first birthday during 2002, 2003 and 2004, and all stillborn infants (fetal deaths) in 2003 and 2004.

Findings

Infant mortality is a complex and multi-faceted problem with no single solution. The following social, economic, and racial/ethnic issues in Milwaukee are significant, and must be taken into account as we seek to understand and develop recommendations to reverse the current trend:

- In 2004, the non-Hispanic Black infant mortality rate was 19.4 (more than 19 infant deaths per 1,000 live births). This was more than 3 times the non-Hispanic White infant mortality rate of 5.3/1,000 and the Hispanic infant mortality rate of 4.9/1,000.

- 41% of Milwaukee’s children under the age of 18 live in poverty. In fact, Milwaukee had the fourth highest poverty rate for children in 2004.

- 52% of Milwaukee’s children live in single-parent households.

- 50% of Milwaukee’s children live in families where no parent has a full-time, year-round job.

- Milwaukee’s infant mortality rate ranked 40th among the 50 largest cities in the U.S. Milwaukee’s infant mortality rate (IMR) is worse than the national average IMR for countries such as Cuba, Germany, Japan, Sweden, Australia and Canada, and the infant morality rate in certain Milwaukee zip codes is equal to or worse than that of many developing countries.

There have been slight improvements in Milwaukee over the past ten years (1994-2004):

- Smoking during pregnancy has decreased from 22.9% to 12.2%

- First trimester prenatal care increased from 72% to 79.6%

- Preterm births decreased from 9.8% to 9.4%

- The percentage of low-birth-weight infants decreased from 10.5% to 9.9%

This report identifies several key factors that contribute to infant mortality in Milwaukee. The most common causes of infant death in Milwaukee are:

- Prematurity. Over 50% of all infants die because they were born too soon. Infants born prematurely have a greater risk of medical complications, long-term disabilities and death.

- Congenital abnormalities and their complications.

- A combination of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Death in Infancy (SUDI), and sleeping accidents.

The key factors that contribute to stillbirths (fetal deaths) in Milwaukee include:

- Complications of maternal diabetes, hypertension, lupus and other maternal diseases.

- Maternal sexually transmitted and dental infections which lead to stillbirth.

- Congenital abnormalities in the baby.

- For over one-fourth of Milwaukee stillbirths, there is no definitive cause.

<u>Recommendations</u>

- The FIMR Case Review Team's recommendations to reduce infant mortality and stillbirth include improvements in 1) health care and data collection, 2) health policy, and 3) personal behaviors, as well as a serious community commitment to address a climate of racism and disenfranchisement evident in many of the cases reviewed.

- Health Care: Improvements are needed in screening and counseling for domestic violence, preterm labor, fetal movement, folic acid deficiencies, depression and safe sleep practices. The lack of documentation in

medical records related to the provision of these services can only mean one thing: the services were not provided. Quality standards related to appropriate diagnostic testing, management of complicating health conditions, and post-mortem examinations need to be defined for the professional community--and expected by the affected community.

- Data Collection: Healthy birth outcomes could also be improved through timely access to relevant data pertaining to women and children. Although provisions for accessing such data are detailed in both the Healthiest Wisconsin 2010 State Health Plan and in Wisconsin State Statutes, access has been restricted because of administrative policies within work units of government.

- Health Policy: Other communities across the country have successfully changed health policy to fund alternative care models that are community centered, multidisciplinary and which include fathers. Administrative policies and procedures that impede a seamless continuum of care should be eliminated, and reimbursement policies that include incentives for healthy birth outcomes should be implemented.

- Personal Behavior: Improving personal behaviors will also help reduce infant mortality. These include tobacco use, unsafe sleep environments and mothers not taking the personal responsibility to learn the signs and symptoms of preterm labor and appropriate fetal movement.

- Race relations: This report finds that across health care, health policy and personal behaviors there exists an overarching climate of racism and disenfranchisement in Milwaukee. Both FIMR statistics and the voices of families that have experienced the loss of an infant reveal a community that marginalizes and discriminates against its residents who are poor, on public assistance and are persons of color. Providers, community groups, government, and Milwaukee residents should come together for meaningful dialogue about racism and stereotyping in its many forms and subtleties, as an initial step in changing our culture of intolerance and neglect. Each group and system must explore how social injustice and disenfranchisement impacts services, providers, policies, patients, and overall health outcomes.

APPENDIX C –MHD 2008 Budget Analysis
Unintentional Injury of Children

The Home Environmental Health Division (HEH) partners with Milwaukee Injury-Free Coalition for Kids (IFCK) and the Milwaukee Safekids Coalition. In 2006, HEH collaborated with IFCK in the Safety Starts at Home pilot program by utilizing staff to conduct home safety assessments, provide families with one-on-one home safety education, and deliver age-appropriate home safety equipment (e.g. safety gates, cabinet latches, etc). These safety visits were provided to augment HEH visits to families where children were identified as lead poisoned; HEH provided this support to over 30 families. In addition, staff collected appropriate documentation for outcome evaluations to guide future funding and activity.

Currently, IFCK is developing proposals to continue the program. A proposal submitted by MHD to HUD for a Healthy Homes grant included home safety visits and funds for 100 home safety kits (valued at $70.00 each) were promised by a property owner who has worked with HEH for several years.

The State of Wisconsin Department of Health and Family Services reports unintentional injury data by county: Milwaukee's incidence and/or severity of unintentional injury exceed most of the counties throughout Wisconsin:

Children 0 – 4

For children 0 – 4 years old in Milwaukee County in 2006, there were 145 hospitalizations and 4,689 Emergency Department (ED) visits for unintentional firearms, poisonings, falls, suffocation, drowning, burns, cut/piercing.

The rate of hospitalizations (per 100,000) for this age group is 208.26, compared to a statewide rate of 166.99, and the rate of ED visits for Milwaukee County is 6,734.75, compared to the statewide rate of 5,445.50. Milwaukee County's 2005 death rate from unintentional injuries for children 0 – 4 years old is 17.55, compared to 10.21 statewide.

Milwaukee County has over 69,000 children in the 0 – 4 age group. The next largest county is Dane (pop. 28,385), where the 2006 hospitalization rate was 155.01, and the ED visit rate was 3,057.95. Racine County (pop. 13,228) had a 2006 hospitalization rate of 128.52, and the ED visit rate was 7,733.60.

Children 5 – 14

For children 5 - 14 years old in Milwaukee County in 2006, there were 113 hospitalizations and 5,392 ED visits for unintentional firearms, poisonings, falls, suffocation, drowning, burns, cut/piercing.

The rate of hospitalizations (per 100,000) for this age group is 92.14, compared to a statewide rate of 83.79, and the rate of ED visits for Milwaukee County is 4,396.39, compared to the statewide rate of 3,277.99. Comparative data for 2005 Milwaukee County death rate from unintentional injuries for 5 – 14 year olds is not available at this time.

Milwaukee County has over 122,600 children in the 5 – 14 age group. The next largest county is Dane (pop. 54, 541), where the 2006 hospitalization rate was 91.67, and the ED visit rate was 1,600.63. Racine County (pop. 27,275) had a 2006 hospitalization rate of 95.33, and the ED visit rate was 4,022.00.

IFCK has also done analysis of unintentional injury impacts on zip codes in Milwaukee. Statistically, home injuries most affect families with low socioeconomic status. There are many reasons for this. These include poor living conditions, many people in one home, and no financial means to purchase safety equipment. Data obtained from Wisconsin hospital discharge data indicate from 2002- 2004, the 53204, 53206, 53208, 53209, and 53210 zip codes had the highest number of burn discharges for Wisconsin children. Falls, burns, and ingestions are in the top five reasons for ED visits, and those injuries often happen in the home. At Children's Hospital of Wisconsin "falls" continue to top the list of injuries in younger children that present in the emergency department.

APPENDIX D –MHD 2008 Budget Analysis

Milwaukee Plain Talk Initiative

Plain Talk is an initiative aimed at helping parents communicate effectively with their children about abstinence, healthy relationships, and sexuality, with training and evaluation supported by the Annie E. Casey Foundation. As a nationally recognized evidence-based teen-pregnancy-reducing program, Plain Talk has three components: Community Mapping (surveying the community), Walkers & Talkers (community residents mobilizing their community), and Home Health Parties (for educating parents).

The Milwaukee Plain Talk Initiative (MPT) Initiative is collaboration between the Milwaukee Health Dept (MHD) New Concept Self Development Center, Inc (NCSDC) as the lead partnering agency, Public Allies Milwaukee, Manpower, Inc. and other community based agencies.

The project was initiated with in-kind support from the MHD, NCSDC and start-up funding from the State of Wisconsin and the United Way of Greater Milwaukee – Health Girls Project. The MPT also has secured funding from the Faye McBeath Foundation and the Greater Milwaukee Foundation.

The first phase of the project, Community Mapping, was conducted by a team of 20 adults and teens, including some residents from the Midtown neighborhood between June-October 2006. With a goal to survey 250 adults and 250 teens, 334 adults and close to 300 teens were surveyed. 120 adults and 50 teens signed up after participating in the survey, to consider hosting home health parties or to assist with getting the word about MPT.

The teens on the community mapping team were high school seniors who were in the Mayor's Summer Youth Employment Program, Earn & Learn. These teens also received over 30 hours of training in human sexuality and sexual risk reduction during the summer program. The MPT program achieved the most extensive use of teens compared to other Plain Talk sites, to date.

The project is currently implementing the Home Health Party/ Community Engagement Phase. From the targeted community, three Walkers and Talkers were recruited. The Walkers and Talkers were trained extensively on reproductive anatomy, birth control, STD/STI's, and communication. The parties consist of two, two-hour sessions, in which anatomy, birth control, STD/STI's, and communication are discussed with the Walkers and Talkers. In addition to getting the chance to meet neighbors and make new friends, games like STD Jeopardy add to the fun at these parties.

This summer the project trained and employed an intern through AHEC (Area Health Education Council) and 5 teens from the Earn and Learn Program. The summer interns recruited participants at the recent (Gospel) Hip Hop in the Park Event at Tiefenthaler Park and the Martin Luther King Jr. Center's Back-to-School Festival. The Plain Talk Back-to-School Outreach at the Martin Luther King Center event brought in 28 more

hosts alone. Almost 150 additional adults have been recruited door-to-door to host or attend home health parties.

Challenges for the program include general apathy in the target area. Fighting teen pregnancy is not a priority for a large majority of the population. In fact, many are more surprised when a teen is NOT a parent by 19. Often, the message given to teens is that if they have avoided unplanned teen pregnancy, they are out-of-step with their peers. Having a baby is too often viewed as a “rite of passage” to adulthood.

Plans for the future involve applications for additional funding to expand efforts into the Hmong community and to specifically recruit “Askable” Adult Male in the African American community. With additional funding, expansion into the Metcalf Park neighborhood is also planned for 2008. The project coordinator is working to strengthen linkages with Running Rebels, Planned Parenthood, the Milwaukee Fatherhood Initiative, Hmong American Friendship Association, Hmong American Women’s Association, Inc., as well as with other community partners.

Evaluation of this project is through the Annie E. Casey Foundation, and will involve extensive community surveying ,The project is also evaluated by on-going data collection which is entered on to the coordinating center web site and pre/post tests taken at home health parties.

APPENDIX E –MHD 2008 Budget Analysis

The Center for Health Equity – Progress in 2007

The MHD Center for Health Equity is the second such center at a local health department in the nation. The first was in Louisville. Because of this, MHD has been engaged largely in planning in 2007 to build a strong foundation. Columbia St. Mary's, which has funded the Center this first year, has declared that it will provide funding for the next 2 years and possibly a 4th year.

It is commonly believed that the biggest factor affecting health is health care. The CDC estimates that only 40% of good health is a result of either health care (10%) or genetics (30%). Much of the remainder has to do with social and economic factors, such as income, education, race, and related factors such as child-care, housing, vocational training, unemployment, literacy, social support, community violence, transportation, built environment, and food quality and accessibility. Together these factors are considered "upstream determinants of health."

Many efforts are working on more "downstream" issues such as access to quality health care and racial differences in health care. The unique role of a Center for Health Equity, however, is to address the upstream factors that influence whether people have an equal chance to be healthy and stay healthy in the first place. Most of these factors are amenable to policy-level interventions, rather than individual-level interventions, which makes them ideal for a Center at a local health department.

The Department has contracted with a national expert, Lauri Andress, JD, PhD, MPH, who was the director of the Louisville Center for Health Equity. Dr. Andress is assisting MHD to avoid some of the pitfalls that Louisville experienced as an inevitable consequence of being "first out of the gate." She has met with MHD's senior managers on several occasions and with Commissioner Baker and Dr. Swain multiple times.

MHD has also established a "Start Up Council," consisting of Commissioner Baker, Dr. Swain, Dr. Andress, and six advisors. They are:

- Rafael Acevedo, Executive Director, Public Allies of Milwaukee;
- Ron Cisler, PhD, Director, Center for Urban Population Health;
- Robert Frediani, President, The Institute for Collaborative Health Interventions, Inc.;
- Corey Hoze, Director, Milwaukee County Department of Health and Human Services;
- Sheri Johnson, PhD, Administrator and State Health Officer, Wisconsin State Division of Health; and
- Stephanie Robert, MSW, PhD, Assoc. Professor & Associate Director, UW School of Social Work (nationally-known researcher on the social and economic determinants of health).

The Start Up Council has met 4 times. The members have familiarized themselves with the role of a Center for Health Equity, and have determined a mission and vision for the Center. Over the next 3-4 months, Dr. Andress and the Council will:

- Perform an Environmental Scan to be sure they know what other related activities may be occurring in the city and the state;
- Assess what upstream interventions have been done elsewhere;
- Draft a long-term conceptual model for our Center (including Strategies, Programs, Budget, and Staffing with general job descriptions)
- Draft an interim model for our Center (including initial activities & staffing) based on current funding.

MHD plans to begin an RFP and/or hiring process for staff. In addition, increased and ongoing financial support for the Center will be identified and solidified.

APPENDIX F –MHD 2008 Budget Analysis
Reliance on Non-O&M Funding For Essential Services

The following information summarizes the reliance of the Milwaukee Health Department on grants and other non-O&M sources to perform essential public health services under state and federal law.

A. Assessment

1. Monitor health status to identify community health problems:
Non-O&M activities in this area include SURVNET, and enhanced surveillance activities supported by the following grants: Bioterrorism funding, FIMR, Beach monitoring, West Nile Virus.

2. Diagnose and investigate health problems and health hazards in the community:

Non-O&M activities include STD and TB grants, Childhood Lead Poisoning Prevention Program, and CDGA funding used for STD and TB, Perinatal Hepatitis B follow-up.

The following positions are non-O&M funded in this area:

Epidemiologist, Division of Disease Control and Prevention – manages the immunization and communicable disease programs which are both basic required core public health services. This position is currently 100% funded under CDC Preparedness Cooperative Grant Funding administered through from the Wisconsin Division of Public Health. CDC Preparedness Funding to the DPH will decrease by 15% in 2008.

Immunization Program, Division of Disease Control and Prevention – currently 3.0 FTE's Public Health Nurse, 1.5 FTE Program/Office Assistant and 1.0 FTE Health Information Specialist are funded from non O&M sources. In 2007, for a one year period only, two (2) O&M funded positions were added to the Immunization Program as part of the Mayor's School Readiness Initiative (1.0 FTE Public Health Nurse and 1.0 FTE Health Project Assistant).

SurvNet Office Assistant III, Division of Disease Control and Prevention – processes communicable disease reports for Milwaukee County. The position is currently 100% funded under the CDC Epidemiology and Lab Capacity (ELC) grant administered through from the Wisconsin Division of Public Health. Surveillance and control of communicable disease is a core public health function (required basic function of all local health departments). ELC grant funding by CDC is competitive on an annual basis.

3. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

B. Policy Development

1. Develop policies and plans that support individual and community health efforts.

2. Enforce laws and regulations that protect health and ensure safety.
Non-O&M projects: Immunization Program for school compliance.

3. Research for new insights and innovative solutions to health problems.

C. Assurance

1. Link people to needed personal health services and assure the provision of health care when otherwise unavailable:

Non-O&M activities: Medical Assistance outreach, Meta House, Breast and Cervical Cancer Screening, School Age Children's Health, Immunization Program, WIC, Empowering Families, Nurse family Partnership, Newborn Screening.

2. Assure a competent public health and personal health care workforce
Bioterrorism funding is being used to fund an epidemiologist position that provides supervision for the communicable disease and immunization programs.

3. Inform, educate, and empower people about health issues
Non-O&M projects: Early Childcare Grant.

4. Mobilize community partnerships to identify and solve health problems.
Non-O&M projects: Infant Mortality Health Care Outreach Coordinator, Tobacco Control and Empowering Families of Milwaukee.

The Wisconsin Administrative Code provides at ch. HFS 140, entitled "REQUIRED SERVICES OF A LOCAL HEALTH DEPARTMENT," that a local health department can be identified as a Level I, II or III. The basic is Level I, with each progressive level adding more required activities. The designated Level for a health department determines the level and percentage of funding received annually from the State's allocations.

The City of Milwaukee is a Level III LHD. Below are the required services. The areas that are funded by non-O &M grant sources in whole or large part are noted as well:

1. Public Health Nursing Services (all LPHD's)

a. This is partially funded by grant dollars. Several MHD nurses are funded by the Empowering Milwaukee Families grant or the Nurse Family Partnership Grant. All district nurses are partially funded by CDBG dollars as well.

2. Services to Prevent and Control Communicable Disease (all LPHD's)
    a. The immunizations program has always been grant funded by the State of WI Department of Public Health. MHD receives money in a consolidated contract that pays for a variety of immunization objectives designed to move the City towards 100% compliance with childhood immunization requirements.
    b. The Disease Control and Prevention Division heavily relies on federal and state funding through many grants.
    c. Emergency Preparedness is almost all funded by grant dollars

3. Services to prevent other diseases (all LPHD's)

4. Services to Promote Health (all LPHD's)
    a. The Medical Assistance Outreach program has always been largely funded by grants. In 2007 MHD was not funded by 2 of these grants and is now asking for O&M dollars to support this key area. A key role is to assist the public in finding medical homes and supplying the public with the information needed to obtain services for themselves and their families.
    b. Due to the competitive nature of and limited outside sources of funding, the MHD will provide O&M support for several staff in the Outreach Program whose positions would otherwise have been eliminated in 2008.

5. Abatement or removal of human health hazards (all LPHD's)
    a. The Department's HEH program is largely funded by HUD grants (millions of dollars a year).
    b. Due to the competitive nature of and limited funding appropriations, the MHD will eliminate several positions in lead abatement in 2008.

6. Conduct inspections and investigations, issue licenses and enforce the Wisconsin rules (Ch. HFS 173, Wis. Admin. Code) for regulation of tattooists and tattoo establishments and regulation of body piercers and body piercing establishments (Level III LPHD's). This area is completely O&M funded.

7. Conduct an environmental health program as directed by the local board of health (commissioner) or other local governing body. (Level III LPHD's)

8. Provide or arrange for public health laboratory services appropriate to local health department resources and services that support current and emerging threats to the health of the community (Level III LPHD's)
    a. The LAB is partially grant funded. It relies heavily on these funds to purchase millions of dollars of necessary equipment in the event of a public health emergency. Several staff members are grant funded as well.

9. Provide or arrange for the provision of services that address at least three objectives from each section of sections 2 to 8 of Healthier People in WI (Level III LPHD's)
    a. This includes a variety of program areas the MHD has, mostly grant funded. We will provide more detail upon your request.