The State of Milwaukee's Health

Presented to the Members of the Public Safety Committee

City of Milwaukee Common Council

Alderman Robert Donovan, Chair
Alderman Robert Puente, Vice Chair
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By

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Good morning Mr. Chair and members of the committee. Thank you for the opportunity to share with you a report on the State of Milwaukee's Health. As Health Commissioner of our great City, I remain humbled by the unparalleled opportunity to serve the citizens of Milwaukee. Further, I am honored to work with over 350 committed public health professionals as we take the necessary action to realize Mayor Barrett's vision of Milwaukee becoming the nation's healthiest city. Similarly, I am grateful for the continued support the Milwaukee Common Council as the health department operates under the simple but far reaching mission of safeguarding the health of all city residents.

Milwaukee's well being is contingent upon the health of its citizens. Mayor Tom Barrett and I are committed to improving the health status of all city residents through targeted public health programs. While I am confident that strong public health initiatives will influence the future health of Milwaukee, our city still faces significant health problems.

Today, I will briefly discuss some of the adverse trends and emerging health threats that require public health response. Addressing these issues will require concerted action. Milwaukee citizens must take increased responsibility for their health. Health care institutions and community organizations must focus on evidence based prevention strategies to provide a healthier environment.

For Milwaukee, the picture regarding the major causes of illness and death remain largely unchanged. The central public health challenges include prevention of heart disease, cancer, and the key risk factors which contribute to these problems such as smoking, unhealthy diets, diabetes, hypertension, and drug use.

In Milwaukee, worrisome trends continue in determinants of health such as income, housing, education, employment and social support networks. These trends much be addressed in a comprehensive strategy.

Next, as requested this report focuses on the following:

1) **Challenges that MHD envisions for 2005 related to the adopted Health Department budget and impact of this budget on health related services to the community:**

MHD envisions based on 2004 departmental activity, the challenge of assuring adequate "surge capacity" to meet the staffing and other resource allocation critical to an effective public health response to emerging diseases, community-wide outbreaks and to bioterrorism threats in 2005. This premise is predicated on the several key examples first, during the majority of 2004, MHD responded to a regional and statewide whooping cough outbreak (pertussis) that resulted in:

- Reallocation of staff and department resources for an 8 month period (25 FTE)
- 4500 case reports within the City
- 1000 confirmed or probable cases within the City (25-30 in typical year)
- Thousands of hours of regular staff time
- Hundred of hours of unanticipated overtime
- Numerous media releases and press conferences
- >$450,000 cost

Second, during the 2004-05 influenza seasons, MHD responded to reports of the nation's "flu vaccine shortage" and ensuing flu epidemic that resulted in:

- Reallocation of staff and department resources for an 5 month period (10 FTE)
- 5000 phone calls by the public requesting information on vaccine availability
- Development of website for medical community on flu vaccine distribution
- Hundreds of hours in teleconference/meeting time with state and federal officials
- Deployment of special community clinics targeting high risk individuals
- Establishing a "vaccine clearinghouse" for local community vaccinators
- Launching special surveillance on vaccine efficacy and pediatric deaths
- Numerous media releases and press conferences
- >$200,000 cost

Third, during 2004, the MHD was the lead agency in developing consequence management plans for two federal bioterrorism preparedness initiatives (Department of Homeland Security BioWatch and United States Postal Services' Biohazard Detection System) resulting in:

- Reallocation of staff and resources for a 6 month period (5 FTE)
- Hundreds of hours of staff time in planning and exercises
- Identification of mass prophylaxis and immunization sites in community (MOUs)
- Development of staffing plan and logistics support for mass clinics
- Coordination with MFD, MPD, FBI, DOJ and other agencies in response planning
- Educational outreach to 2300 USPS employees
- > $100,000 cost

In addition to the above activities, the MHD continued to respond to other communicable disease events (Norovirus outbreaks @ Hilton and MPS German Immersion School), planning for other emerging infectious disease occurrence (WNV and avian influenza) as well as reports and investigations associated with rabies, measles and salmonella cluster (i.e. food borne illness). All of these events entailed significant risk communication to healthcare providers, first responders and general public and media.

2) Projections of continued grant funding for 2005 and beyond:

MHD will continue to aggressively pursue grant funding from state, federal and foundation sources in 2005. We have allocated funding for consulting grant writers and we are currently pursing over 10 million dollars in grant funding as of March 15, 2005. Further, we are also working with the Department of Admistration and ITMD as they review explore the use of private technology solutions such "eCivis" a grant locator product used by over 400 local governments in 36 states.

3) Plans for reorganization within the MHD structure:

In January of 2005, MHD's structure was modified to create the Office of Violence of Prevention which reports directly to the Office of the Commissioner. Along with addressing the concerns of Domestic Violence and Sexual Assault, this office with take proactive steps to build new relationships to address violence as a growing public health concern. The cornerstone of these relationships will be continued joint efforts with Milwaukee Police Department, Milwaukee County District Attorney's office and the new Homicide Review Commission.

We have also created a consulting Chief Information Officer position which will provide key support to address the growing public health informatics needs of the department along with streamling key billing activities and identifying systems architecture to

enhance revenue generation. Additionally, we are recruiting a Director of Nursing Practice who will have senior level responsibility for Public Health Nursing leadership. We have also consolidated the Maternal and Child Health and Home Environmental Health Divisions under one arm of MHD. Amy Murphy will lead this newly formed unit and focus on birth to nine-year-old outcomes.

4) Initiatives in 2005 to enhance MHD and its presences in the community

Since 1867, the MHD has promoted health and served the citizens of Milwaukee. The initial thrust of the department's effort included high and continuous community visibility. To this end, MHD has revised our current seal which has been in use for decades without variation or revision. The old seal was developed as an identity marker rather than a brand icon. We have taken proactive steps to create a more visible, professional and high energy brand image to reflect to future of public health. What's more, in 2005 will be implement a community rounding effort the will deploy MHD managers and staff into city neighborhoods with the highest racial and ethnic health disparities. This plan will be implemented over 52 consecutive weeks.

5) Fetal infant mortality

The City of Milwaukee's infant mortality rate (IMR=number of infant deaths per 1000 live births) remains very high. While the White infant mortality rate in the last 15 years

has improved, the African American and Hispanic infant mortality rates have fluctuated but have not improved., Milwaukee's 11.3 IMR, out of 11,059 births, in 2004 remains significantly higher than the United States IMR of 6.9 in 2003. The city ranked a poor 40th for IMR among the 50 largest cities in the United States, and worse than countries such as Cuba, Chile, Poland, Costa Rica and Kuwait. Among African Americans in Milwaukee the rate is an alarming 15.9 .

Programs to address infant mortality include services to high risk pregnant women newborn screening, fetal infant mortality review to identity the major cause of infant death, case management (home visiting) for mothers of newborns that are considered high risk, media campaigns and Family Health Clinics.

6) Teen Pregnancy

MHD provides leadership in the community on the issue of teen pregnancy and high risk sexual behaviors, by chairing the Adolescents Pregency Prevention Workgroup. This group evaluates best practices, conducts teen forums and educational workshops. Other programs and initiatives currently being implemented include:

- Evaluating best practice teen father programs
- Social Marketing on transit buses in the form of video displays, with viewership of 500,000.

- Advocating for youth mental health services as a support program.
- Youth depression screening for pregnant students

7) MHD efforts related to tobacco use among minors

MHD effort in 2005 will focus on restricting the amount and type of tobacco signage that businesses display. In 2005, 600 youth will participate in the City of Milwaukee Tobacco Free Sports Program. Also, City of Milwaukee youth will actively plan and lead anti-tobacco advocacy activities, focused on the elimination of second hand smoke. A total of 2118 compliance investigations at licensed tobacco retail vendors, who sell to minors, will be conducted. Last, a tobacco related peer education program will be implemented.

8) Milwaukee Health Department Emergency Preparation Efforts

- ***Enhanced disease reporting & surveillance*** – centralization of electronic disease reporting in Milwaukee County as well as development of early warning and detection "syndromic surveillance" (Biosense, NEDSS)

- ***Improved Laboratory Analytical Capacity*** – development of a BioSafety Level III laboratory (one of three in State) for rapid identification of select

bioagents critical to effective community response (initiating appropriate treatment to exposed individuals. (LRN, Select Agent Program)

- ***Mass Casualty Planning*** – identification of community and regional mass clinic and treatment centers for general public for dispensing antibiotics, immunizations or other medical therapy to exposed or susceptible individuals (SNS, MMRS)

- ***Enviromental Surety*** – identification of decontamination systems and logistics for first responders, general public and for potentially contaminated facilities and infrastructure. (BIOWATCH, BDS)

- ***Risk Communications*** – development and deployment of electronic messaging to community partners, healthcare providers and public before, during and after an event. (HAN, Epi-X, EMSystem)

Overview of Regional Emergency Preparedness Cooperation Efforts:

- Routine participation in State of Wisconsin Division of Public Health Regional Public Health Consortia (Milwaukee-Waukesha Consortium for EPHP) and SE Wisconsin Region #7 Hospital Bioterrorism Planning Team (8 counties).

- Coordination of planning and response between law enforcement (MPD, FBI, DOJ), Milwaukee Fire Department (HazMat and EMS), Milwaukee County Emergency Management anad other state and federal agencies (USEPA, FDA, CDC, DATCP, WEM, WDNR, OJA).

- Assurance of "communication interoperability" – redundant and shared systems including land-line, cell, radio, internet, satellite for interagency coordinated response.

- Participation in training and exercises including joint training and field exercises between and within first responder agencies.

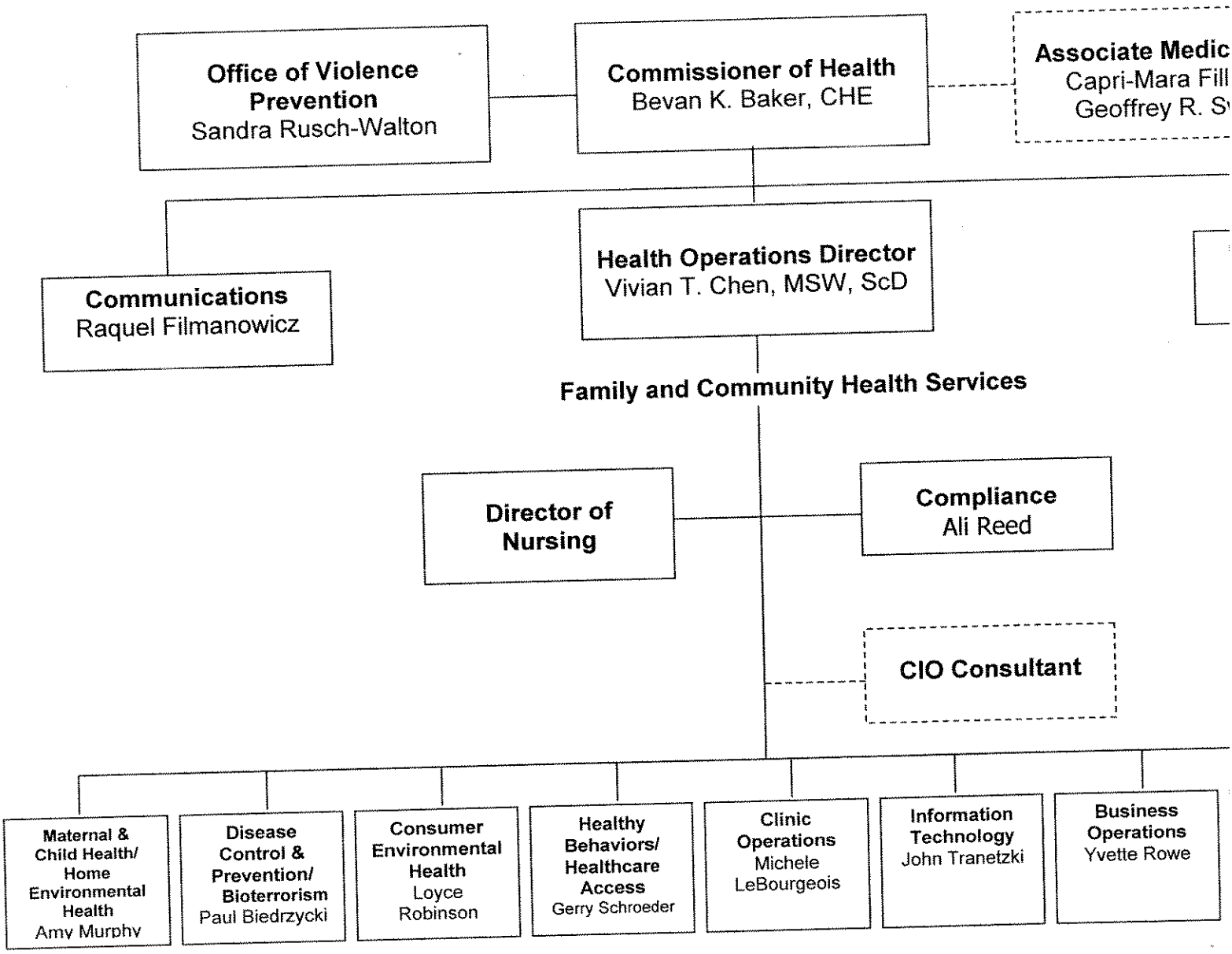
- Establishing a "Joint Information Center" through coordination of media and public risk communications across first responder agencies.

- Leveraging various funding sources and monies for preparedness through grants including state and federal agencies (CDC, DHS , DHFS and OJA). Most recently this includes monies from the U.S. Department of Homeland Security under the Urban Area Security Intiative (UASI)

In 2005, MHD will provide in-house customer service all MHD employees to create, commit to and sustain a departmental customer services strategy. We will maintain a focus on birth to 9-year-old outcomes along with enhancing adolescent health strategies.

In summary, if we are to reduce current health disparities and change the future health of our city, we must think differently about our health. We must act now and focus on prevention. Thank you. I would be happy to answer any questions that you may have.

City of Milwaukee Health Department
Organization Chart



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