RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUREAU

Executive Summary: 2007 Proposed Budget – Health Department

1. The Milwaukee Health Department (MHD) 2007 proposed tax-levy supported budget is $13.7 million, slightly less than the $13.8 million (-1%) provided in 2006 (Pages 2 and 4).

2. Grant funding to MHD from state, federal and private sources is projected to decrease by at least $4.4 million from $17.1 million expected in 2006 to $12.7 million in 2007 (Pages 2 and 4).

3. The overall grant and operating funding for MHD is projected to decrease by $4.6 million (14.9%) from $30.9 million in 2006 to $26.3 million in 2007 (Pages 2 and 4).

3. Position authority is increased by 11 tax levy and grant-funded positions for 2007 (Pages 4 and 5).

4. Strategies begun in 2005 to attract more nurses to public health nursing continued in 2006 and will remain a priority in 2007 (Page 7).

5. MHD continues to monitor and respond to various public health issues of concern such as the recent *E. coli* and mumps outbreaks. MHD planning and budget will maintain surveillance, preparedness and response programming through 2007 (Pages 7 to 10).

6. The Accountability in Management (AIM) process and the implementation of an internal compliance program promise to assist the MHD in coordinating complex grants and funding mechanisms (Pages 4 and 18).

7. MHD anticipates receiving more than $ 12.7 million in new and continuing grants in 2007 (Pages 18 to 19).

8. The proportion of MHD operations supported by grant funding will be reduced from approximately 55% in 2006 % to 48% in 2007 (Pages 2 and 19). This decrease ($4.4 million) is substantially due to the ending of the Municipal Health Services and Federally Qualified Health Center Grants (Page 18 to 20).

9. The 2006 proposed budget includes $550,000 for Capital Improvements for exterior and interior maintenance, mechanical systems upgrades, building maintenance and client tracking system (Page 20).

10. Anticipated revenues for MHD in 2007 are $2.3 million, substantially the same as actual revenues received in 2005 (Page 21).

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUDGET

2007 Proposed Budget Summary: Health Department

Category	2005 Actual	2006 Budget	Change	2007 Proposed	Change
Operating	$14,240,505	$13,808,572	-3%	$13,676,315	-1%
Capital	772,694	$550,000	-29%	$476,000	-13%
Positions	345	326	-5.5%	337	+3.4%

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 will operate from three health centers throughout the city following closure of the Johnston Community Health Center.

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.

Table of Contents

This analysis is organized as follows:

Historical Information

1. Reorganization of the department in 2005 resulted in the current organizational structure:

Disease Control and Prevention/Bioterrorism– Emergency preparation and response, tuberculosis control, STD surveillance and treatment, HIV/AIDS control, refugee health, waterborne disease control, outbreak investigation, enteric disease control, air management, water quality control, land use and development.

Maternal and Child Health/ Home Environmental Health – Promote prenatal, reproductive, infant and pre-school health through immunizations, newborn screening, WIC programs in health clinics and addressing asthma control, lead poisoning prevention, treatment and abatement and household injury controls.

Consumer Environmental Health – Food control inspections, weights and measures, sales ordinance enforcement, health fire inspections, convenience store security and tattoo and piercing.

Healthy Behavior & Healthcare Access – School-aged children health, pregnancy prevention, coordinated community response, adult health and educational services, adult immunizations, chronic disease monitoring, breast and cervical cancer screening and employee assistance.

Clinic Operations – Community clinic management.

Information Technology, Business Operations & Epidemiology – provides necessary informational infrastructure for delivery of services, tracking disease, program evaluation, planning and budgeting.

Laboratory – provides analysis and scientific information related to chemistry, virology and microbiology.

Administration - includes the Office of the Commissioner, Communications, Personnel/Payroll and Injury and Violence Prevention.

2. Continuing efficiencies reported by MHD as a result of department reorganization in 2005 include:

- Improved response to outbreaks with the integration of environmental and communicable disease control functions; emergency preparedness is now centralized.
- Adoption of an interdisciplinary approach to water safety, food safety, airborne communicable agents.
- Centralized efforts in responding to personnel issues and related administrative functions leading to stronger infrastructure, consistency and cohesiveness.
- Department-wide prioritization rather than "bureau" prioritization.
- Centralization of accounting functions.
- Uniform interpretation and enforcement of administrative and human resource policies and procedures.

3. Merging Maternal and Child Health with Home Environmental Health has produced operational challenges that will be addressed in the development of plans for realigning program responsibilities in these service areas. This realignment is expected to be announced shortly and implemented by the beginning of 2007. The MHD has continued a process of planning to enhance efficiencies and streamline operations.

4. The Accountability in Management (AIM) process initiated in 2006 promises to assist the MHD and the Department of Administration in focusing on public health program and administrative priorities and integrating these priorities more successfully across City government. Two AIM meetings have been conducted with a third planned for November. Issues addressed in AIM discussions and supporting analyses include: infant mortality, lead abatement, teen pregnancy, immunizations, transitioning clients from the Coggs and Johnston clinics, the mumps outbreak, the new Columbia-St. Mary's partnership, and a MHD revenue enhancement study by the LaFollette Institute.

Analysis

1. The Milwaukee Health Department 2007 proposed budget includes an operating and maintenance budget of $13,738,683. This amount is a 9% increase from the 2005 budget. This total does not include approximately $17.1 million in anticipated grant and aid funding from various federal, state and private sources in 2007.

2. The net total number of authorized MHD positions is proposed to be increased by 11 to 337 from 326 in the 2006 adopted budget. The equivalent of 156.99 positions are funded by the tax levy and 127.0 are funded by grants and aids.

3. The 2007 proposed budget includes $498,400 for Professional Services, a decrease of $6,000. The bulk of professional services reflect physician direction and consultation for various MHD services, electronic data information consulting and grant writing.

4. The 2007 proposed budget includes $160,159 for Other Operating Services, a decrease of $5,177. These services include travel and training funds, equipment repair and parts, uniform allowance and other services related to department operations.

5. The 2007 MHD Information Technology Special Fund is budgeted at $100,000 to provide additional computer workstations and systems upgrade. The amount budgeted for 2007 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.

6. The special fund for the Task Force on Domestic Violence & Sexual Assault provides $11,000 to support the activities of the Task Force. This is the same amount as budgeted in 2006.

7. A new special fund has been established 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 is designed to ensure that clients of Isaac Coggs Community Health Center and Johnston Community Health Center receive critical health services as these centers close. The funds are designed to contribute towards the expansion of capacity and programming in both SSCHC and MHS. This amount was included as a capital item in the MHD requested budget for 2007 and has been moved to the operational budget as an O&M funded activity.

Personnel

1. The 2007 proposed budget reflects a net increase of 11 positions from the 2006 budget including 10.56 **fewer** tax levy FTEs and 18.21 **additional** grant-funded positions with 8 positions eliminated due to closure of clinics, grant changes and other program changes.

2. The following grant-funded positions are proposed for elimination:

- 1 Public Health Nurse (reduction in Bioterrorism Focus A grant)
- 1 Public Health Educator (reduction in Immunization Action Plan grant)
- 1 Office Assistant II (moved to tax levy)
- 1 Office Assistant II (WIC Nutrition Program reduction)

- 1 Lead Risk Assessor III (Operation Lead Elimination Action Program ending)
- 1 Public Health Nurse Supervisor (Adolescent Community Health position changes)
- 2 Health Project Coordinator (Preventive Health Grant and Meta House grant ending)
- 1 Radiologic Technologist Mammographer (position reduction in Breast Cancer Awareness grant)
- 2 Health Center Administrators (Municipal Health Services Program ending)
- 1 Health Insurance Specialist (Municipal Health Services Program ending)

Except for the positions of Health Insurance Specialist and one Office Assistant, eliminated positions are either vacant or the incumbent may be eligible to be placed in other MHD positions.

MHD grant funded positions are added, expire or are renewed throughout the year as funding is awarded and/or program needs change. Position changes are reviewed and approved by the Public Safety and Finance and Personnel Committees as new grant budgets are developed and presented to the Common Council by MHD.

3. The following tax levy supported positions are eliminated:

- 1 Heating & Ventilating Mechanic II (clinic closures)
- 1 Boiler Operator (clinic closures)
- 1 Health Project Assistant (revenue limitations)
- 2 Public Health Nurses (operational efficiencies in communicable disease follow-up)
- 2 Public Health Nurses (revenue limitations)
- 1 Public Health Nurse (Case Coordination Program)
- 1 Lead Risk Assessor II (revenue limitations)
- 1 Health Care Access and Services Manager (operational efficiencies)
- 1 Microbiologist II (revenue limitations)

Several positions have been reduced to less than full-time due to changes in program, operational efficiencies and limitations on revenue.

4. The Employee Assistance Program Coordinator position was eliminated in the MHD requested budget but was restored in the proposed the budget at the referenced FTE level. A discussion has been ongoing over the past three budget years as to whether the health department is the most appropriate city department venue for this position and its job duties.

5. A Nutritionist Coordinator and one Health Project Coordinator are added to the Adolescent School Health Grant, while the positions of Public Health Nurse Supervisor and Public Health Nurse are eliminated.

6. Positions of Public Health Nurse Supervisor and Public Health Nurse are created in the new Columbia-St. Mary's initiatives.

7. Positions of Health Inequities Reduction Coordinator and Health Information Specialist are also created in the Columbia-St. Mary's initiatives.

8. The functions of the Radiologic Technologist Mammographer (presently vacant) will be contracted out.

9. Six positions are added in the proposed budget due to available funding in the Comprehensive Home Visiting grant.

Public Health Nursing Status

Restoration of 2 Public Health Nurse positions in the proposed budget from the requested budget allows all of the currently employed Public Health Nurses in eliminated positions to be placed. One vacancy is anticipated. The current list of eligible candidates contains one name and will be supplemented shortly.

The MHD continues efforts to recruit qualified Public Health Nurses.

In early 2006, advertisements for Public Health Nurse were placed in the Milwaukee Journal-Sentinel and various community newspapers. Representatives of the MHD worked with several colleges and universities in efforts to attract nursing students to public health as a professional career choice. Nursing students are paired with Public Health Nurses to work with pregnant teens in the Cool and Hip program to further their public health experience prior to graduation.

During National Nurses week in early May, the Milwaukee Journal-Sentinel published a special section to honor Nursing. A reporter from the paper visited one of the MHD health centers and wrote an article about the MHD and Public Health Nursing. In addition, the MHD purchased space to acknowledge how MHD nurses make a difference in the community. A position description was also published in advertising.

As of September 1, 2006 the MHD had position authority for 88 Public Health Nurse positions. Of these 67 are regular authority and 21 are auxiliary and non-funded positions. 63 of the 67 regular positions were filled; 4 were vacant. It is anticipated that funding will not be renewed for two positions funded under grants. The incumbents of those positions will be reassigned to other vacant Public Health Nurse positions. Two additional positions would have been eliminated in the MHD budget request but were restored.

Issues and Initiatives Moving from 2006 Into 2007

1. Disease Control and Prevention

The service objectives for Disease Control and Prevention are focused on the prevention and treatment of sexually transmitted infections, the surveillance, prevention and control of communicable diseases, immunizations and bio-terrorist preparedness. The following analysis includes information about immunization, mumps, beach water contamination, *E. coli* and the recent spinach related outbreak, and bio-terrorism preparedness.

Immunization

MHD has adopted the U.S. Department of Health and Human Services goal of immunizing 90% of children with the "primary immunization series." The following table of comparable cities illustrates Milwaukee's challenge:

City	2000 Pop	% White	% African American	% Hispanic	% Primary Series*
Nashville/Davidson	**545,000**	**66**	**27**	**5**	**88**
Baltimore	**651,000**	**34**	**64**	**2**	**80**
Boston	**590,000**	**54**	**25**	**14**	**79**
Detroit	**951,000**	**12**	**82**	**5**	**66**
Milwaukee	**600,000**	**50**	**37**	**12**	**41**

Source: Milwaukee data from the Wisconsin Immunization Registry, rates from other cities reported from the 2004 National Immunization Survey, for children 19-35 months of age.
***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, 3 doses Polio, 1 dose MMR, 3 doses Hib, and 3 doses Hepatitis B vaccine, and 1 dose of PCV7. The primary series is recommended; Wisconsin school requirements do not include Hib (influenza). See Appendix A for further details.**

MHD is adding a new position to assure better collection of baseline data. Physician and clinic reporting to the Wisconsin Immunization Registry (WIR) is largely voluntary and there is an unknown number of immunizations missed. There is, however, no reason to believe that reporting practices in the City of Milwaukee (38% vaccinated with required series for school) are different than reporting practices statewide (88.5% vaccinated with required series).

On Tuesday, October 17, Mayor Barrett and Health Commissioner Baker announced the annual "Winterize-Immunize" campaign in anticipation of flu season. The focus is on immunizing senior citizens and young children. Vaccine supplies are expected to meet demand although problems of timely delivery have been initially reported in some areas of the country.

Appendix A contains more extensive information about Milwaukee immunization experience.

Mumps

Many MHD staff and departmental resources were reallocated to deal with the mumps outbreak this past spring. Redirection of staffing and resources resulted in a temporary but nevertheless serious impact on other ongoing programming. The outbreak affected MHD staffing/resources in some of the following areas:

- All scheduled Home Visit cases to high-risk newborns were temporarily put on hold.
- Public nursing staff from the STD/HIV and TB clinics was redirected for approximately 2 months, reducing clinical capacity and the ability to meet routine client needs.

- STD clinic had reduced nursing capacity during April and May with a substantial increase in the number of clients who were turned away after seeking STD services (during one week in May, 123 clients were turned away).

- TB program sustained nursing shortages through the beginning of June and has resulted in the deferral of services as well as reduced contract compliance.

- Communicable disease staff was redirected affecting the timely completion of certain grant activities.

During the outbreak, a total of 2793 immunizations were administered compared with 525 immunizations given over the same time period in 2005. About 40% of MHD resources for the outbreak were dedicated to university cases, 40% to MPS and 20% to other.

E. Coli

The recent outbreak of spinach-linked E. coli infections was one of several food-borne illness outbreaks addressed by MHD in 2006. Wisconsin had the largest number of confirmed cases as of October 6. The MHD mobilized to inform food dealers and the public.

Preparedness: Bioterrorism , Influenza and Other Emerging Communicable Diseases

All MHD employees have completed training in Incident Command System (ICS700), and National Incident Management System Level 100; (NIMS 100). MHD has been advised that it is the first Public Health Department in the country with every employee completing this training. Managers, supervisors, and lead workers have completed NIMS Level 200 training. Additional training is planned for the near future. Other training and preparation includes:

- Participation in CDC training to enhance regional syndromic surveillance capabilities
- Completion of MHD Pandemic Influenza Response Plan
- Completion of Year 1 of CDC Cities Readiness Initiative (CRI) related to mass prophylaxis of population within 48 hours over a 5-county region
- Enhancement of MHD BioSafety Level III Laboratory thru Department of Homeland Security Urban Area Security Initiative (UASI) funding
- Update of General Mitchell Field Airport Emergency Operations Plan to include public health emergency response (emerging infectious diseases and bioterrorism scenarios)
- Participation four (4) city, county and regional emergency response exercises (both tabletop and full-scale)
- Development of public education and outreach materials related to veterinary and agro-terrorism preparedness and general emergency planning for distribution within the Milwaukee UASI 5 county area

The MHD continues to participate in a number of regional emergency planning and preparedness forums including:

- Milwaukee Urban Area Security Initiative (5 counties)
- Cities Readiness Initiative (5 counties)
- M-W Consortium for Public Health Preparedness (2 counties)
- HRSA Region 7 Bioterrorism Preparedness Team (9 counties)
- Milwaukee Metropolitan Medical Response Team (Milwaukee county); Greater Milwaukee Metropolitan Citizens Corp (5 counties)
- Milwaukee BioWatch Advisory Committee (2 county)
- USDOJ Anti-Terrorism Task Force (SE Wisconsin)
- SE Wisconsin Homeland Security Partnership (SE Wisconsin)
- FBI InfraGard Workgroup (SE Wisconsin)
- Numerous State and local workgroups, task forces and subcommittees

Initiatives anticipated for 2007 include:

- Continuation of planning and preparedness activities associated with the Cities Readiness Initiative
- Continuation of MHD participation in Milwaukee UASI
- Participation in the Milwaukee Terrorism Early Warning System (TEWS) and Intelligence Fusion Center
- Expansion of Department of Homeland Security BioWatch Network.
- Revision of MHD Pandemic Influenza Response Plan
- Continuation of MHD participation in city, county and regional emergency exercises (tabletop and full-scale)

West Nile Virus

In 2006, MHD continued to experience a decrease in state funding for West Nile Virus surveillance, public outreach and intervention funding as compared to original funding levels in 2002-03. Furthermore, the MHD has been notified by the state Division of Public Health (DPH) to expect a decrease of up to 50% in annual State funding for West Nile Virus related surveillance and public outreach in 2007. During 2006, the MHD conducted limited dead bird surveillance along with mosquito surveillance within the City of Milwaukee. Targeted larvicide placement was initiated at select locations within the City prior to the anticipated peak season risk to humans (August - September).

Public outreach consisted of limited press releases, media interviews as requested, distribution of 800 pamphlets, telephone hotline service, development, maintenance of a dedicated web page, door-to-door outreach in limited areas of the city. Follow-up of all suspect human cases of WNV infection occurred per protocol with reporting to the DPH. MHD also participates in local and state work groups for WNV surveillance and mosquito control.

2. Maternal and Child Health (MCH)

The service objectives of the Maternal and Child Health Division include the promotion of prenatal, reproductive and infant health care, pre-school health through immunizations, newborn screening, and conducting Women, Infants and Children (WIC) programs.

Infant Mortality

Addressing infant mortality remains a high priority of the MHD. In 2005, there were 10,989 live births in Milwaukee. Approximately 18% or 1,970 of those live births met the criteria for High Risk Infants. MHD provided home visits to 1217 of those infants or approximately 61.8 percent.

Of the 128 infants that died in 2005, 94 or 73% died while still in the hospital, the remaining 34 died after being discharged home. Of the 34 infants that died at home, 27 met the risk criteria for a home visit and 14 or 52% received a contact by a public health nurse. The infant mortality rates in Milwaukee have fluctuated over the last decade but continue to trend upward for Black infants and generally downward for white infants. This disparity has resulted in targeting services by population and geography.

A more complete analysis of trends, resources and program appears in Appendix B.

Teen Pregnancy

The Wisconsin Department of Health and Family Services announced in September a small increase in the teen birth rate from 81.6/1000 births in 2004 to 84.1/1000 births for the City of Milwaukee in 2005. City and State figures will be reviewed and, if necessary, reconciled shortly. Confirmed data for teen births for the City in 2004 find a teen birth rate of 79/1000 teens ages 15 to 19. This rate has declined from 111/1000 in 1993. Nevertheless, a recent report by United Way of Greater Milwaukee found that Milwaukee ranks second of the 50 largest U. S. cities in teen pregnancy. Once again, there is a significant disparity between the pregnancy rate of black teenagers and that of white teens.

The MHD objective for 2010 is to reduce the teen birth rate to 43/1000.supports five different programs relating to teen pregnancy.

- Adolescent Community Health Program
- Milwaukee Teen Pregnancy Prevention Network
- The School Age Health Manager
- MHD Cross Matrix Model
- United Way Initiative

Additional information about teen pregnancy in Milwaukee appears in Appendix C.

Improve Birth Outcomes (the "Olds Model")

Supported by Columbia – St. Mary's in a new partnership (see Appendix E), MHD will initiate a special Home Visitation Program in two high-risk Zip Codes of particular interest to Columbia St. Mary's: 53204 and 53212. This program will be implemented by three full-time Public Health Nurses and a Public Health Nurse Supervisor. Unlike MHD's current Comprehensive Home Visitation Program, the "Olds Model" uses only Nurses as case managers. Also known as the "Nurse-Family Partnership" (NFP) program, the Olds Model program will also allow approximately 70-80 more at-risk mothers to receive intensive case management services in the target Zip Code areas than could be seen by MHD's current programming. This program is expected to result in improved birth outcomes such as reduction in risk of low birth weight, prematurity, and infant mortality for the women enrolled in the program.

The Nurse-Family Partnership is designed to provide first-time, low-income mothers with 2½ years of structured home visitation services from public health nurses. NFP-trained Public Health nurses will work intensively with these mothers to improve maternal health, prenatal care, and early childhood health and well-being. The partnership between Columbia-St. Mary's and the MHD presently funds the first year.

Results of the NFP model have been extensively researched and documented. According to MHD calculations, if a 4% infant mortality rate is assumed for teenage mothers, 3 infants would be expected to die in the City's population of 80 first-time pregnant women in this program. The NFP model has been shown to drop the infant mortality rate by around 30%. The City can therefore expect to prevent one death in the first year. Normally, about 30% of these teens would have a second teen pregnancy before age 20, but experience with the NFP model in other cities suggests that the City can expect a reduction in the second teen pregnancy rate to 20%. Infant mortality is most common for the closely-spaced birth, the second teen birth, or the third or fourth child of a woman who started giving birth during her teenage years. Over about a period of 5 to 8 years, the City can expect to reduce the infant mortality from 15 to 10 deaths in a population of 160 births.

Other MCH Programs

A description of other MCH programs including home visitation, WIC, the Comprehensive Nutrition Program and among others appears in Appendix B beginning at page 3.

3. Home Environmental Health

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

Every 2-3 years, MHD's Childhood Lead Poisoning Prevention Program (CLPPP) redefines the target area for lead abatement utilizing health and housing data combined with field observations (block surveys). The most recent redefined area expanded the western border on the north side and the western and southern borders on the south side.

Previous Target Area	New Target Area
32,174 Rental Housing Units	28,691 Rental Housing Units
15,255 Owner Occupied Units	29,679 Owner Occupied Units
47,429 Total Housing Units	58,370 Total Housing Units

The current number of units made lead-safe (contained in the Registry of Lead Safe Housing as of 3/31/06) is 10,292. As a result, the MHD CLPPP will target an estimated 48,078 housing units for lead hazard reduction. Rental housing units will continue to be prioritized.

The City of Milwaukee lead poisoning prevalence rate is now 8.2%. The new target area as a whole reports a prevalence rate of 13.1%. However, the north side target area reports a prevalence rate of 19.2%.

The Pilot Ordinance Evaluation conducted from 1999-2005 identified that the MHD CLPPP's abatement treatment to high risk window components had significantly interrupted the relationship between windows and blood lead elevations in children. The study, however, also identified that bare soil, porches and floors in poor condition were contributing to elevated blood lead levels in 25% of the children born into lead-safe housing units.

More aggressive treatments to bare soil, porches and floors have increased the average cost of lead hazard reduction. However, these costs are primary absorbed by rental property owners as a condition of grant funding for window abatement.

Total Cost to Eliminate Childhood Lead Poisoning
Cost Estimate, June, 2006: $50,319,150 - $90,521,754
($2,396.15/unit for 21,000-37,778 units)

More complete information about lead abatement is contained in Appendix D.

Childhood Lead Abatement Grant Funding

From 1992 through 2005 more than $56.9 million has been committed to the lead abatement and related programming. $12.2 million of this has been from the tax levy. The remainder has been from federal, state and private grants and aids. The primary source of funds has been a series of federal grants from the U.S. Department of Housing and Urban Development (HUD) and, since 2000, also from CDBG funding. The primary HUD grant cycles permit MHD to apply for additional funding every 2 or 3 years. An application was submitted for "Round 13" in June of 2006 seeking an additional $4,000,000. Due to technical errors, the application was denied. HUD issued an expedited RFP for "Round 13A"and the MHD will submit a new proposal seeking $3,000,000 before November of 2006. It is expected that an award decision will be announced by the end of January, 2007. Current grant funding is sufficient to sustain lead abatement programming through the end of 2007.

4. 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 five 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.

Environmental Administration and Planning

Funding for environmental administrative expenses and for environmental planning and review, formerly a component of MHD, was transferred, along with the MHD Environmental Scientist, to the Department of City Development in 2006. These environmental functions pertain to "Brownfield" development, an established function in DCD.

5. Healthy Behaviors and Health Care Access

Transitioning Clients from Coggs and Johnston Clinics

MHD prepared and has implemented a strategy for transitioning clients from the Johnston Community Health Center (JCHC) and Isaac Coggs Community Health Centers (ICCHC). Both facilities began transferring clients to different providers beginning in April, 2006. Clients continue to receive Municipal Health Services Program (MHSP) benefits until December 31, 2006 if they go to the Sixteenth Street Community Health Clinic or Milwaukee Health Services, Inc. through the Martin Luther King site. Both facilities will operate some level of service in the buildings through the end of 2006 and should be fully vacated by the City in 2007.

TRANSITION PLAN TIMELINE

	ICCHC	JCHC
Patients Transition Completed	7-3-06	5-31-06
Primary staffs remain until	12-31-06	6-1-06
Facility staff remains until	7-1-07	12-31-06
Policy (Medicare Waiver) ends	12-31-06	12-31-06
Patients return to regular Medicare	1-1-07	1-1-07
Patients transfer by:	MLK site 5-31-06	16th St site 5-31-06

MHD has transitioned the WIC Center at Johnston to the Southside Health Center. The Dental Care Clinic at Johnston closed at the end of June 2006. The ICCHC Vision Care Center and Dental Clinics will remain open in the annex portion of the Coggs building through December 2006.

Operating and Staff expenditures for the Johnston and Coggs transition and closure are estimated at $392,325. Most of the closure costs will be absorbed through excess program income collected for the years 1996 – 2006.

Staff Costs:	$315,000
Operating Expenditures Johnston:	$28,825
Operating Expenditures Coggs:	$54,500
TOTAL	$392,325

Two of six City staff members will be paid for work associated with the Johnston and Coggs closure through June 2007. The annual cost to maintain the two buildings once they are closed will be roughly $6,000 -$8,000. Closure of the Johnston and Coggs buildings will result in significant capital cost savings estimated at approximately $1.5 million over the next five years.

Adolescent Health

The mission of the Adolescent Community Health Program (ACHP) is to advocate, educate and promote youth health initiatives, healthy behaviors and healthy lifestyles. The programs and activities that involved Milwaukee Public Schools and the community in 2006 are WI 2010 Outcomes and MHD initiatives:

- Students receiving education through structured classes – 5456
- Students receiving counseling and care plans – 387
- Students demonstrating improvement in high-risk behavior categories – 325
- Students receiving Depression Screening and follow-up services – 340
- Pregnant students receiving special Depression Screening services – 120
- Adolescents receiving brief/ targeted interventions for sudden illness – 900
- The Glasses for Kids program gave eye tests and glasses to – 460 youth.
- The Tobacco Free Sports program teaches youth educators to promote "not smoking" and outreaches in Milwaukee on an annual basis – 6000
- The Comprehensive Nutrition program promotes healthy lunches at MPS sites and encourages schools to take the pledge to participate fully – 30 new schools.

BadgerCare

MHD will continue promotion of enrollment in BadgerCare. The program was implemented July 1st, 1999 and has enrolled over 820,948 recipients in Wisconsin. In January 2001, the total Wisconsin enrollment (applications) for BadgerCare was 75,143, with 17,585 in Milwaukee County. This compares to 89,630 Statewide and 17,444 in Milwaukee County in 2005. Milwaukee's Medicaid coverage through December 2005 was 208,583. Of this figure, 17,837 were enrolled in BadgerCare. Enrollment decreased marginally (2.6%) from 12-31-04.

Currently, the Community Health Outreach Program (CHOP) has three outreach workers and one interpreter. The program's strategy to enroll more at-risk and low-income individuals includes: targeting non-traditional sites, focusing on non-qualified pregnant immigrant women, social marketing, community events and health fairs. In 2005, CHOP provided services to over 3,000 individuals.

Center for Health Equity

With support from the new Columbia-St. Mary's partnership, the MHD will create a Center for Health Equity – one of the first such Centers in the nation. This Center is expected to address health disparities in Milwaukee by working far "upstream" of most medical and even many standard public health interventions. Columbia St.-Mary's funds will be used to hire two experienced, masters-prepared individuals: a Health Inequities Reduction Coordinator and a Health Information Specialist.

The Center's expected outcomes include development of a "dashboard" of health indicators in Milwaukee showing clear existing links to poverty, race, and other social and economic factors that influence health, internal coordination of MHD programming to focus on disparities, and increasing awareness and resolve among community leaders and the general public regarding health disparities in Milwaukee.

A description of the Columbia-St. Mary's partnership appears in Appendix E.

6. Administrative and Other Issues and Initiatives

Client Tracking System(s)

There are 4 computerized systems tracking clients in the MHD. At present, these systems are not capable of integrating the information in each. In addition to the laboratory system, there is the CHILIS system for licenses, the SPHERE system for Maternal and Child Health, and the WEDSS system for communicable disease.

SPHERE

The Client Tracking System has been replaced by SPHERE-the Secure Public Health Electronic Record Environment. SPHERE is a comprehensive public health system used to document and evaluate public health activities and interventions at the individual, household, community, and system level. Benefits include increased nursing documentation, reporting capabilities, and efficiencies.

The MHD goal is to be fully operational with SPHERE in the MCH Division starting in January 2007. Currently, the MCH division is dedicated to staff training, form revision, development of data management protocols and working collaboratively with the Wisconsin Department of Health and Family Services (DHFS) to amend SPHERE to meet the needs of the MHD. It is important to note, however, that SPHERE currently does not have the capacity to integrate other maternal and child health program data such as: lead poisoning, immunizations and the Women, Infant and Children's program (WIC).

WEDSS

A $125,000 capital account has been requested to support the implementation of this system as well as other client tracking. This MHD is transitioning from calling the system CTS. The new system is the Wisconsin Electronic Disease Surveillance System (WEDSS) and reflects the combined project between MHD and DHFS that initiated last year. The primary purpose of WEDSS is consistent with CTS and is designed to be a unified data collection and management of all services and contacts of clients served by the City of Milwaukee Health Department staff. WEDSS is a fully developed electronic communicable disease reporting system including nursing.

1. In fiscal year 2006 MHD expects to expend $25,000 on the purchase of hardware and software to create the backup site. This backup site purpose is to provide a fail-over site in case of failure of the primary WEDSS site in Madison.

2. WEDSS system includes the functions to download of client data to a notebook (laptop) so that a visiting nurse can take the information into the field for reference and updating on site.

3. Supporting of WEDSS will include customization and participation in the annual maintenance fees. At this time these costs have not been negotiated.

4. Implementation of Electronic Laboratory Reporting (ELR) interface between MHD Laboratory Information System (LIS) and WEDSS allows the automatic electronic reporting of MHD lab results meeting the state's reportable conditions criteria to WEDSS via the ELR system that is part of WEDSS. Exact cost is not known at this time.

A contract for WEDSS has been awarded to ATLAS, for software product WEBvCMR. Currently, the software is being installed in Madison, a training and pilot plan is being developed between Atlas and the WEDSS team (representatives of DHFS and LHD's including Milwaukee). A final implementation plan has not been completed but we expect the training to begin in October and the Milwaukee pilot initiated by December.

Compliance and Monitoring

Significant progress has been achieved in developing compliance and monitoring of programs and grants with the addition in 2006 of a compliance officer and compliance analyst. The compliance officer has developed a grant-monitoring tool in close cooperation with the MHD business operations manager. The compliance officer has been on maternity leave since June of 2006 and will return in January, 2007.

City of Milwaukee v. NL Industries, Inc.

The lawsuit brought by the City against NL Industries, Inc. (formerly National Lead Company) and Mautz Paint, Inc. is expected to go to trial in early 2007. The lawsuit seeks past and future damages for the City of Milwaukee only and will be utilized to fund lead abatement efforts. Past and future damages are estimated to be $78,183,569 to $118,386,173. The defendants are currently making massive discovery requests that have placed significant burdens on MHD administration and on city resources.

Grants

In 2006, the health department anticipates receiving approximately **$17.1 million**, including CDBG funds, in awarded and continuing grants. In some cases, the grant funding identified encompasses several years. $17.1 million in grant funding represents approximately 55% of MHD's total budget in 2006. 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 contains a complete summary of grant activity moving from 2006 through 2007.

MHD 2006 Grant and Aid Amounts (Budgeted or Received) and Anticipated Grant and Aid Funding in 2007		Projected MHD Share 2007*
AIDS/HIV Counseling and Testing Grant	($11,500)	$ 11,500
Adolescent School Health Program	($497,882)	500,000
Asthma Control-US HUD	(new)	800,000
Bader Foundation Lead Abatement	(new)	50,000
Beach Monitoring Program Grant	($25,000)	25,000
Bioterrorism Focus A, B& C Grants	($456,977)	495,000
Bioterrorism – Focus CRI - CDC	(new)	170,000
Breast Cancer Awareness Milwaukee Foundation Grant	($80,000)	100,000
Breast Cancer Outreach Grant	($50,000)	-0-
Breast Cancer Awareness Program DHFS Grant	($115,200)	115,200
Breast Cancer Control Coordination	($285,800)	-0-
Breast and Cervical Cancer Screening Grant	($110,000)	-0-
Congenital Disorders Grant	($123,202)	120,000
Coordinated Community Response Grant – Wis. OJA	($30,419)	-0-
Covering Kids and Families Grant	($29,019)	30,000
Federally Qualified Health Center Grant	($1,106,500)	-0-
Fetal Infant Mortality Review	(new)	90,000
Gorski Flu Grant	($62,500 received for five year cycle)	-0-
Health and Safety in Child Care Grant – Milw. County HHS	(new)	98,000
Hepatitis B Immunization Grant	($26,500)	26,000
HIV Women's Grant	($208,682)	170,000
Immunization Action Plan Grant	($304,000)	310,000
Lead-Based Paint Hazard Control Grant - HUD 11	($654,262)	650,000
LEAP-Lead Elimination Action Program	($574,087)	-0-
Lead Demonstration Grant	($1,366,746)	-0-
Lead Detection Grant	($366,809)	315,000
Lead Outreach Grant	($403,536)	-0-
Lead Urban Initiatives Extension – HUD - 13	(new grant cycle)	3,900,000
Lead Poisoning Prevention Program Grant – Childhood	($644,690)	650.000
Maternal Health Grant	(new)	$85,297
MBCAP – Breast and Cervical Cancer Screening	($110,000)	110,000
MBCAP – Well Women Health Initiative	($280,000)	285,000
Medical Assistance Outreach Grant	($15,001)	15,000
Medical Assistance Grant	(new)	200,000
Meta House Family Works Project	($250,002)	-0-
Municipal Health Services Program	($5,006,640)	-0-
Preventive Health Grant	($82,708)	-0-
Refugee Health Services (Screening) Grant	($119,404)	90,000
Sexually Transmitted Diseases Grant	($135,429)	500,000
Student Nurses Mentoring Pregnant Teens – United Way	($40,000)	40,000
SURVNET Grant	($53,100)	60,000
Tobacco Control Grant	($288,299)	290,000
Urban Area Security Initiative	($721,910)	650,000
Weinhardt Computerized HIV Intervention Grant	($90,223)	85,000
Wellpoint Outreach Grant	($106,500)	110,000
West Nile Surveillance Project	($22,500)	10,000
Women's Infants and Children's Program	($869,411)	795,000

*Share amounts are projected and contingent upon final award.

Grant Application Initiatives for 2007

In addition to the grants identified on the previous page the MHD anticipates developing the following new initiatives:

Home Environmental Health anticipates applying for HUD funding of a Healthy Homes project (which will include home environmental interventions for asthma trigger reduction).

Healthy Behaviors/Healthcare Access Division:

- March of Dimes grant for "Community Health Care Access Outreach".
- Blue Cross/Blue Shield/WI Partnership grant for "Preparing Fathers for Families".
- WI Partnership/MCW grant for "Mental Health and Tobacco Cessation".
- WI Partnership/MCW grant for "Teen Violence and Victimization".

Capital Improvements

2005 Actual	2006 Budget	Change	2006 Proposed	Change
$772,694	$550,000	-28.8%	$476,000	-13.5%

Exterior Building Maintenance Program

An amount of **$111,000** new borrowing is proposed for exterior maintenance of various MHD buildings. Carryover borrowing authority is $621,175.

Interior Building Maintenance Program

An amount of **$240,000** new borrowing is proposed for the interior maintenance of various health buildings. Carryover borrowing authority is $431, 575.

Mechanical Systems Maintenance Program

No new funding is proposed. Carryover borrowing authority is $616,786.

Client Tracking System Replacement

Amounts of **$100,000** new borrowing and **$25,000** tax levy funding are proposed for replacement of the client tracking system (integrating client tracking with the state system). Carryover borrowing authority is $91,016.

Note: Closure of Isaac Coggs Community Health Center and Johnson Community Health Center is projected to result in a capital expense savings of $1.5 million over 5 years.

Revenues

Category	2005 Actual	2006 Budget	Change	2007 Proposed	Change
Charges for Services	$684,737	$756,860	+10%	$718,175	-5.1%
License and Permits	$1,576,535	$1,479,700	-6.1%	$1,557,000	+5.2%
Total	$2,261,262	$2,206,560	-2.4%	$2,275,175	+3.1%

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

2. The 2007 proposed budget estimates that the health department will generate revenues of $2.3 million. This estimated revenue is a 3% increase from the 2006 budget and is based on projected charges for licenses and permits and on other revenues and charges for service.

3. MHD is 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.

4. A study of MHD revenues and revenue potential was conducted by the LaFollette Institute. Several recommendations have been implementing including a Medicaid billing mechanism that appears to have increased revenues by $10,000 per month.

Further Revenue and Reimbursement Information

In general, reimbursement standards are in place that dictates standard rates of payment from Medicaid, the Medicaid HMOs, Lab tests, and Lead testing. According to the MHD established Usual and Customary Rates (UCRs), reimbursements from Medicaid and Medicaid HMOs reimburse 60% or less of the actual costs to provide the service. For example, to provide Hepatitis A immunization services, it costs MHD $30.00, Medicaid reimburses $18.00 and Medicaid HMOs reimburse $4.00-$14.75.

Regarding recouping payments; internal parameters are being established to determine which payments should go to tax roles or collections. In 2005, $276,747.50 of non-payments associated with Lead Abatement work was placed on the City tax roles.

The City of Milwaukee Health Department is reimbursed by the state Department of Health and Family Services (DHFS) for conducting vending machine inspections. DHFS reimburses the City of Milwaukee at 90% of the net license fee for each food vending machine, vending machine commissary and vending machine commissary storage facility inspected.

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October 17, 2006

APPENDIX A –MHD 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 typically identified as an achievable and appropriate community level of protection necessary to suppress outbreaks of vaccine-preventable disease.

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% (including MPS) 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.

45% of MPS students meet the minimum immunization requirements.

93% of non-MPS students meet the minimum immunization requirements.

The disparity between the City of Milwaukee and other geographic areas concerning completion of primary series immunization rates is equally low at 38% compared with 73% in for Milwaukee County as a whole.

The bulk of the department's immunization work and staff is funded through two grants totaling $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 2006, through community outreach, social marketing and re-invigorating key partnerships (including with MPS) MHD has provided immunizations to approximately 4100 clients as of the end of April and is on pace for a record year.

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

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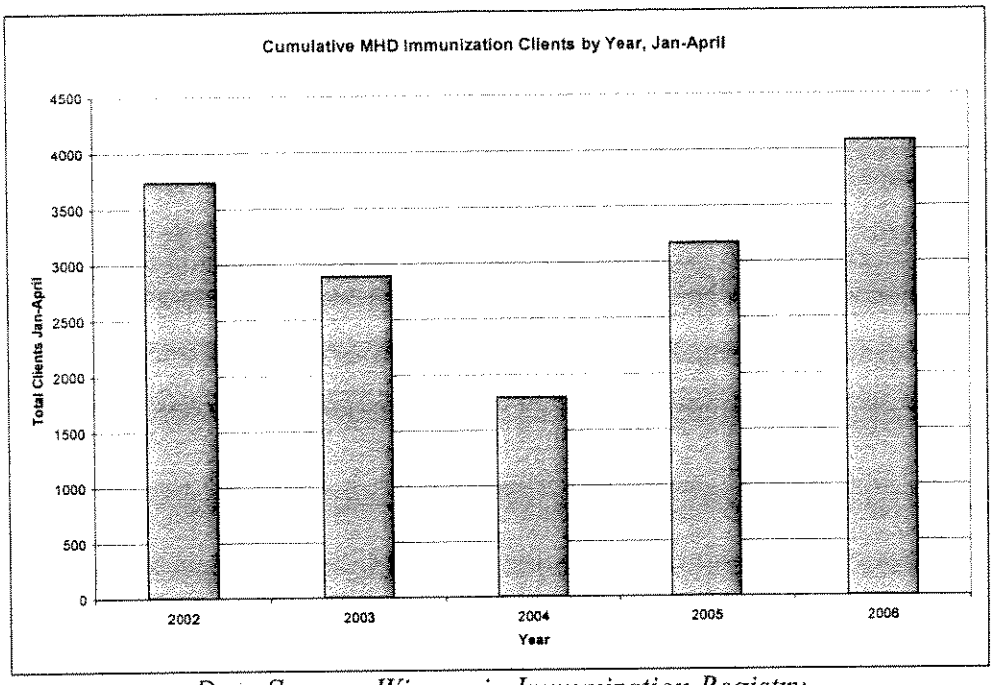
* The primary series of vaccinations is known as the 4:3:1:3:3:1 series, referring to the following vaccine doses: 4 doses Diptheria, Tetanus and Pertussis (DTP or DTaP), 3 doses Polio, 1 dose Measles, Mumps and Rubella (MMR), 3 doses Haemophilus influenza type b conjugate (Hib), 3 doses Hepatitis B, and 1 dose of 7-valent Pneumococcal Conjugate (PCV7). The primary series is recommended by health authorities Wisconsin school requirements do not include Hib (influenza) but do include an additional dose of Polio vaccine.

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



Data Source: Wisconsin Immunization Registry

MHD Immunization Data

Immunization Services								
Population		2000	2001	2002	2003	2004	2005	2006 YTD
<19 yrs	# of Clients	**11421**	**8191**	**7251**	**5219**	**4110**	**6888**	**5153**
	# of Shots	**25133**	**22606**	**21083**	**15898**	**12253**	**19856**	**13697**
Total #	# of Clients	**15645**	**11221**	**9032**	**7454**	**6229**	**8786**	**7249**
	# of Shots	**29756**	**26912**	**23490**	**18941**	**15302**	**22794**	**16860**

YTD – 1/1/06-7/23/06. Values in grey were extrapolated based on data from other years.

Funding for Immunizations*

Funding Source	2000	2001	2002	2003	2004	2005	2006	2007 Anticpt
O&M								
Walk-In Clinics	**$360,000**	**$360,000**	**$360,000**	**$360,000**	**$367,462**	**$420,635**	**$592,920**	***$590,000**
Other	**$35,845**	**$37,732**	**$39,718**	**$41,808**	**$0**	**$0**	**$0**	**$108,000**
Federal								
CDC Immz Action Plan	**$188,231**	**$285,096**	**$411,922**	**$459,915**	**$308,710**	**$308,731**	**$308,564**	**$232,693**
CDC READII	**$0**	**$0**	**$0**	**$275,000**	**$234,676**	**$34,460**	**$0**	**$0**
CDC Childhood Immz Disparities	**$0**	**$0**	**$0**	**$0**	**$0**	**$100,000**	**$300,000**	**$300,000**
CDC Other	**$0**	**$0**	**$0**	**$0**	**$11,000**	**$33,333**	**$33,333**	**$0**
CDGA Reprog Funds	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$20,000**	**$0**
Total	$584,076	$682,828	$811,640	$1,136,723	$910,848	$863,826	$1,221,484	$1,230,693

*MHD is reviewing these figures and the amounts in several programs may be less than shown.

Summer Immunization Effort w/CDBG Reprogramming Funds

The MHD received $20,000 in late May, 2006 to fund community childhood immunization clinics. The department was expected to immunize 100 children per clinic at an average cost of $2000 per clinic. As of the end of September, 9 community clinics have been held and a total of 58 children have been immunized. Some reasons for the low attendance at the community clinics may include:

- Time to establish relationships with various community centers
- Most of the clinics are first time offerings
- Community Partners have not been willing to help with collecting consent forms

Note: information in this appendix was initially compiled by Renee Joos, Department of Administration, for use in AIM discussions.

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October 17, 2007

APPENDIX B –MHD Budget Analysis
INFANT MORTALITY

Status of Infant Mortality in Milwaukee

The City of Milwaukee's Infant Mortality (IM) rate (IMR=the number of infant deaths per 1000 live births per year) remains very high. While the infant mortality rate for White infants has shown improvement in the last 15 years, the African American and Hispanic rates have fluctuated, and still remain higher than the White rate.

In Milwaukee, the IMR for non-Hispanic African Americans remains over 3 times greater than the White rate. In the state of Wisconsin, for every one non-Hispanic White infant who dies, 4 African American infants die.

In 2005, there were 10,989 live births in Milwaukee. Approximately 18% or 1,970 of those live births met the criteria for High Risk Infants. MHD provided home visits to 1217 of those infants or approximately 61.8%.

Of the 128 infants that died in 2005, 94 or 73% died while still in the hospital, the remaining 34 died after being discharged home. Of the 34 infants that died at home, 27 met the risk criteria for a home visit and 14 or 52% received a contact by a public health nurse (PHN).

Infant Mortality Trends in Milwaukee and Wisconsin

Compared to other states, Wisconsin's infant mortality ranking has worsened since 1979-1981 when Wisconsin had the third lowest African American infant mortality rate. For 2000-2002, Wisconsin ranked worst in the African American infant mortality rate. In the 2003 Big City Health Inventory, Milwaukee ranked as one of the cities with a large gap between non-Hispanic White and non-Hispanic African American infant mortality rates.

The following table presents available historical information for the City of Milwaukee relative to infant mortality:

Mortality Experience		Rate/1,000 Live Births			
Year	# Infant Deaths (City)	City	African American	White	Hispanic
1997	110	10.3	13.8	7.9	7
1998	132	12.1	18.8	6.8	6.2
1999	117	10.5	14.6	4.8	11.8
2000	127	11.5	16	5.2	6.2
2001	128	11.5	17.6	4.9	7.8
2002	134	12.5	18.7	6.4	8.6
2003	125	11.3	17.0	5.7	7.4
2004	131	12.1	19.4	5.7	4.9

Causes of Infant Mortality

In Milwaukee, the six most common causes of infant mortality are:

- Prematurity
- Congenital
- Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Death of Infancy (SUDI)
- Infection
- Mechanical or Positional Asphyxiation
- Homicide

- Infants born in the city are approximately three times more likely to die from prematurity or SIDS/SUDI and six times more likely to die from homicides than the average infant born in the US.

- In Milwaukee, prematurity, SIDS/SUDI, infection and homicides are the major contributors to the disparity between the African American and the White IMR.

- Hispanic mortality rates for prematurity and homicides also are particularly high when compared to Whites in Milwaukee or compared to all Hispanics in the US.

City of Milwaukee Health Department (MHD) Infant Mortality Interventions

The MHD uses national, state and local statistics to aid in program development. Some examples of programs addressing the leading causes of infant mortality are SIDS and Prematurity.

SIDS Reduction

The Hospital Intervention Program works to teach safe sleep practices to all mothers. In 2005, over 60 interventions were conducted with hospital staff.

The Infant Mortality Community Education Program provides education regarding safe sleep practices. Sessions were conducted at churches, schools and community organizations. In 2005 over 175 sessions were held.

The County Transit Media campaign including 14 safe sleep ads on Milwaukee County buses. Ads ran for 24 months on buses stationed at the 35th street garage which have routes in high infant mortality zip codes.

Targeted education during home visits by public health nurses including education on safe sleep, nutrition, general baby care, depression and referrals to community programs.

The Graco Pack 'N Play ™ Program is provided to mothers help to prevent co-sleeping and improper sleeping situations.

The "Keep Your Shorty Alive" Campaign was a four-week awareness campaign. MHD partnered with local area grocer Lena's Foods to promote key messages focused on safe sleep, prematurity, prenatal care, and infant mortality.

The Anti Smoking and Tobacco Use Campaign provides messages and integrates educational sessions throughout all MHD clinics.

Prematurity and the Reduction of Low Birth Weight Programs

The intent of the Milwaukee Community Strategic Partnership Review Program is to join grantees of the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) to develop a single key population-based indicator. The racial and ethnic disparities surrounding Infant Mortality in Milwaukee is the health indicator chosen for the review. The goal is to make an impact and make a difference, while increasing the resource pool to address the issue. Some of the organizations involved include: Black Health Coalition, Aids Resource Center of Wisconsin (ARCW), Medical College of Wisconsin (MCW), 16th Street Community Health Center, Milwaukee Health Services and Milwaukee County Health and Human Services.

The Women, Infants and Children (WIC) Program is a federal program for nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants and children up to the age of five who meet the income guidelines of 185% of the poverty level. WIC provides nutrition and health education, breastfeeding education and support, health screening, and referrals to health and social services.

The MHD WIC program serves a total of 8,233 women, infants and children on a monthly basis. In a typical month, WIC serves approximately 2000 women, 2000 infants and 4000 children.

Team nurses follow up with high-risk pregnant women identified through visits to our walk-in clinics. Team nurses generally have caseloads of 120 high-risk clients, including pregnant women, infants, preschoolers and communicable disease follow-up.

The Milwaukee Comprehensive Home Visiting Program was funded this year to plan a Milwaukee model that would incorporate evidence-based principles to serve six high-risk communities. These zip codes are 53204,53205,53206,53208,53212, and 53233. The model utilizes a multidisciplinary triad team comprised of PHN, social workers and outreach workers. The program has just completed hiring all staff: Program Manager, Project Coordinator, Office Assistant, 2 PHN's, and an Information Specialist. Five additional PHNs have been reassigned from the District nurses to work on this project. The team was augmented in September, 2006, when partnering community organizations were contracted to join the effort. Close to 70% of grant funds will be for community partners who are required to employ individuals from the targeted six zip code communities.

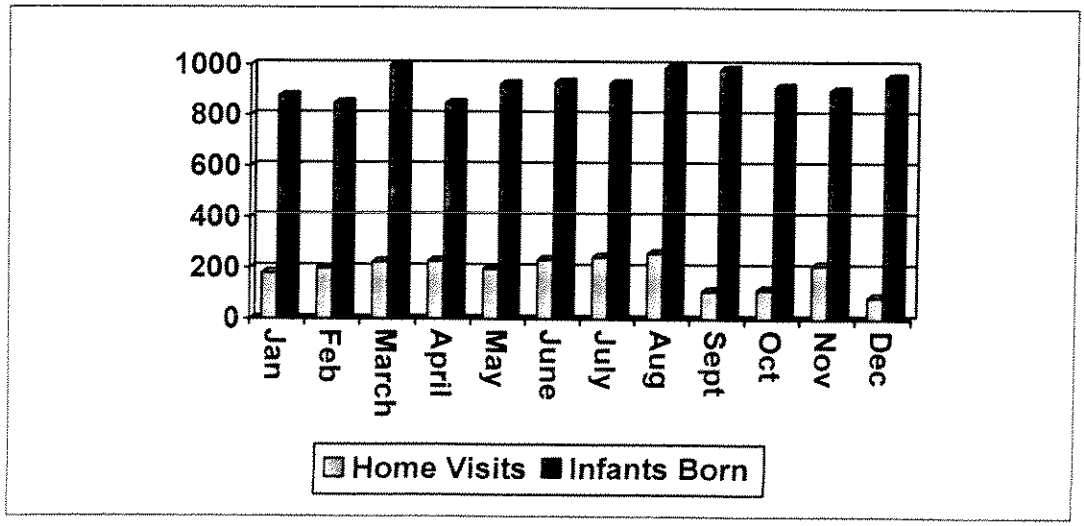
The Comprehensive Nutrition Program in MPS schools promotes healthy eating and healthy lifestyles for all students, including pregnant teens needing prenatal care. Currently, a customized nutrition program is being developed for pregnant teens, as it relates to the nutritional needs of both the mother and child. For the first half of 2006, 10 new Milwaukee Public Schools have enrolled in the Comprehensive Nutrition Program and over 10 classes have been conducted. A total of 500 students have participated in educational classes, with an emphasis on nutrition, high-risk sexual behavior, human sexuality, pregnancy prevention and healthy lifestyles.

The Pregnancy Outreach Program conducts outreach services to pregnant women. In the first half of 2006, 351 pregnant women were served, with 320 being enrolled for health care access and identification of a medical home. In addition, another 693 individuals received outreach services, many of whom received care indirectly related to the issue of infant mortality.

The Adolescent Community Health Program promotes health and positive lifestyle choices in the schools through pregnancy testing, human sexuality educational classes, depression screening of pregnant youth, counseling, anti tobacco/drug promotions, assessments and treatment referrals. Pregnant teens are at particularly high risk for Prematurity and Infant Mortality. In the first half of 2006, 69 teens received pregnancy testing, 312 teens received Public Health Nurse counseling and 207 teens were referred for needed services. In addition, related mental health issues were addressed through 123 depression screenings conducted by our nurses.

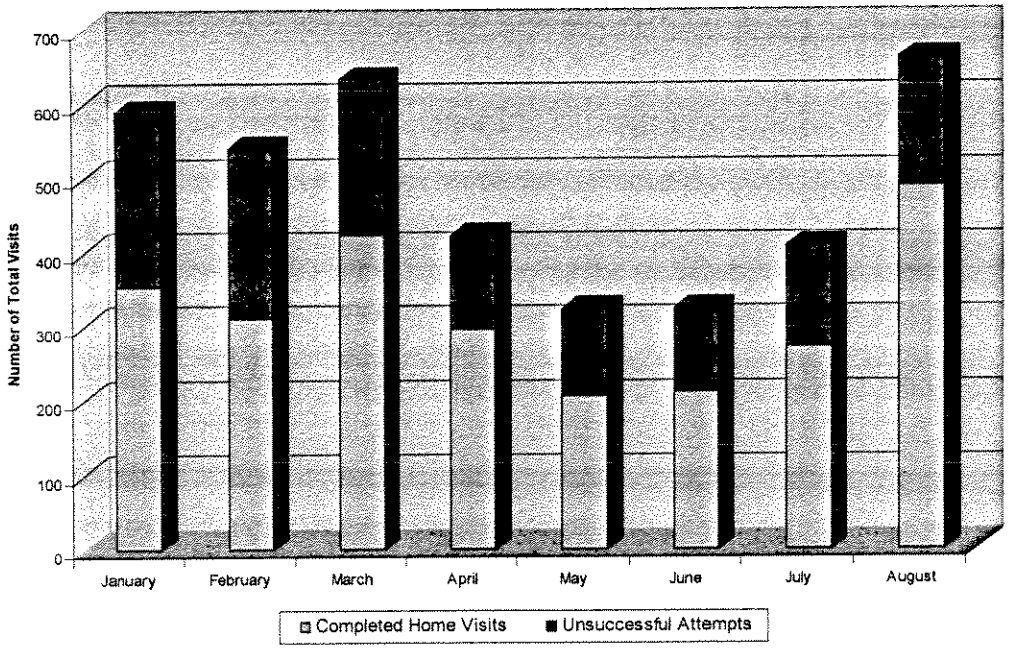
The MHD has several other programs that address infant mortality including Newborn Screening, Early Identification and Detection of Pregnancy, Meta House and No Condom No Way Campaign.

2005 Home Visits



2006 Home Visits

Through August 2006, the MHD has attempted 3,900 home visits to mothers and babies and has completed 2,561 - nearly two-thirds.



MHD Resources Assigned to Infant Mortality Prevention

Infant Mortality prevention and reduction has remained a priority in the MHD Budget in both O&M funded as well as grant funded positions. Amounts dedicated to infant mortality reduction efforts in O&M funds have been significantly reduced over the past several budgets while grant funding levels have remained fairly stable. The proposed budget includes a substantial increase in O&M funds available for infant mortality reduction efforts. Much of this increase involves a reallocation of tax levy resources from the MHD Disease Control and Prevention Division.

Funding for Infant Mortality

The following table was compiled in the course of the Accountability in Management (AIM) process. It includes estimates for 2006 as well as 2007.

Funding Source	2002	2003	2004	2005	2006	2007 Anticpt
Federal						
WIC	$891,953	$868,756	$788,091	$854,805	$826,995	$826,995
Meta House	N/A	$185,531	$85,297	$125.282	$89,569	N/A
Pregnancy Prevention	$239,393	$59849	N/A	N/A	N/A	N/A
CDBG	$470,000	$470,000	$470,000	$481,468	$471,469	$389,317
State						
Newborn Screening	$115,200	$113,329	$115,924	$115,200	$121,627	$121,627
Prenatal Outreach	N/A	$22,019	N/A	N/A	N/A	N/A
Comprehensive Home Visiting Grant	N/A	N/A	N/A	N/A	$1,218,217	$1,218,217
City (O&M)	**$2,204,277**	**$3,023,145**	**$2,778,345**	**$3,452,219**	**$2,852,917**	**$5,000,000***
Other						
Prenatal Outreach	$24,978	N/A	N/A	N/A	N/A	N/A
Early Childcare-MPS	$74,998	N/A	N/A	N/A	N/A	N/A
Columbia St. Mary's	N/A	N/A	N/A	N/A	N/A	$331,020
TOTAL	**$4,020,799**	**$4,742,629**	**$4,237,657**	**$5,028,974**	**$5,580,794**	**$7,887,156**

*This amount includes the entire MCH program, most of which, directly or indirectly, supports infant mortality reduction efforts.

Note: much of the information in this Appendix was compiled for discussion in the AIM process.

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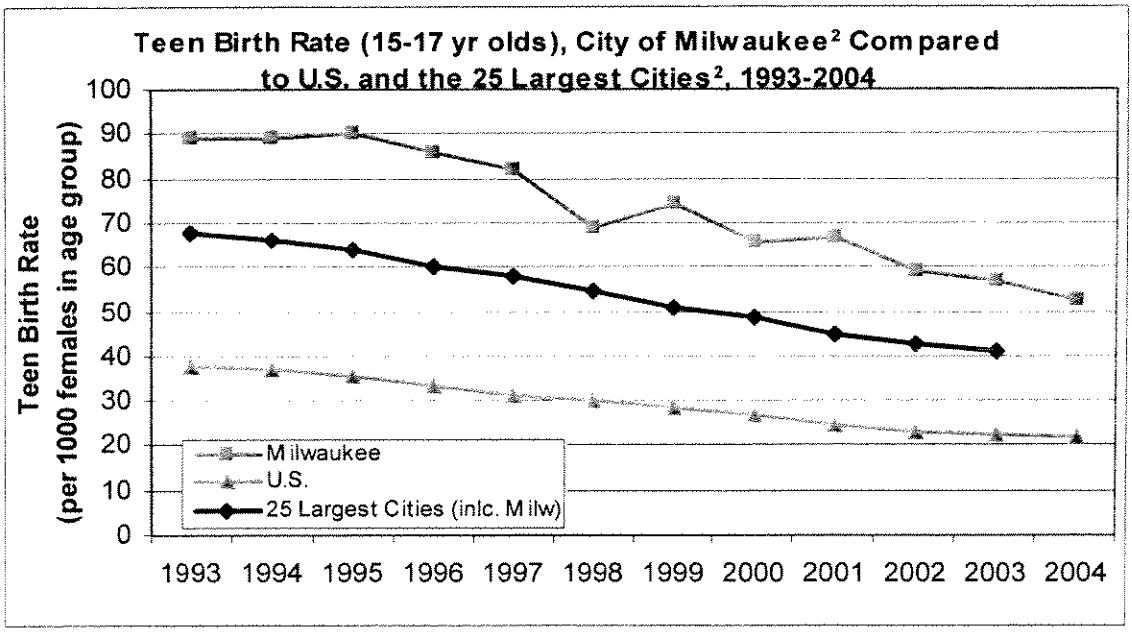
October 17, 2006

APPENDIX C –MHD Budget Analysis
TEEN PREGNANCY AND BIRTHS

Reducing the teen pregnancy rate in Milwaukee continues to be a priority of the Milwaukee Health Department.

In September, 2006, the Wisconsin Department of Health and Family Services announced a small increase in the teen birth rate (ages 15 to 19) from 81.6/1000 births in 2004 to 84.1/1000 births for the City of Milwaukee in 2005. City and State figures will be reviewed and, if necessary, reconciled shortly. Confirmed data for teen births for the City in 2004 find a teen birth rate of 79/1000 teens ages 15 to 19. This rate has declined from 111/1000 in 1993. Nevertheless, a recent report by United Way of Greater Milwaukee found that Milwaukee ranks second of the 50 largest U. S. cities in teen pregnancy. Once again, there is a significant disparity between the pregnancy rate of black teenagers and that of white teens.



Currently MHD supports five different programs relating to teen pregnancy.

- Adolescent Community Health Program
- Milwaukee Teen Pregnancy Prevention Network
- The School Age Health Manager
- MHD Cross Matrix Model
- United Way Initiative

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October 17, 2006

APPENDIX D – MHD BUDGET ANALYSIS*
LEAD ABATEMENT

Elevated blood lead levels in children are associated with decrease in IQ, mental illness, loss of judgment, violent behaviors and other negative health outcomes. Studies find that children with high blood lead levels are 6 times as likely to drop out of school resulting in serious social and economic consequences. The City of Milwaukee is a national leader in addressing childhood lead levels and in lead abatement.

Changes to Abatement Standards & Effect on Funding and Goals

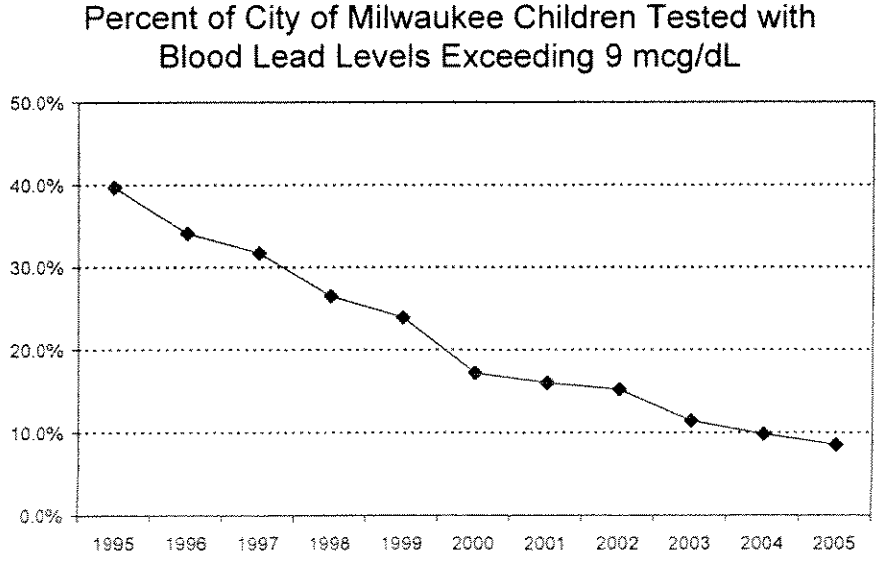
The Pilot Ordinance Evaluation conducted from 1999-2005 identified that the MHD CLPPP's abatement treatment to high-risk window components had significantly interrupted the relationship between windows and blood lead elevations in children. The study, however, also identified that bare soil, porches and floors in poor condition were contributing to elevated blood lead levels in 25% of the children born into lead-safe housing units.

More aggressive treatments to bare soil, porches and floors have increased the average cost of lead hazard reduction. However, these costs are primary absorbed by rental property owners as a condition of grant funding for window abatement.

Total Cost to Eliminate Childhood Lead Poisoning

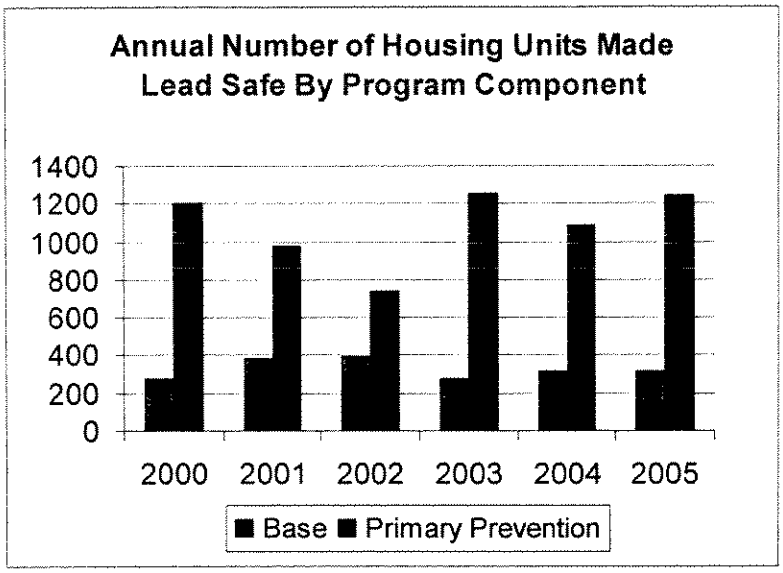
Current Cost Estimate: $50,319,150 - $90,521,754
($2,396.15/unit for 21,000-37,778 units)

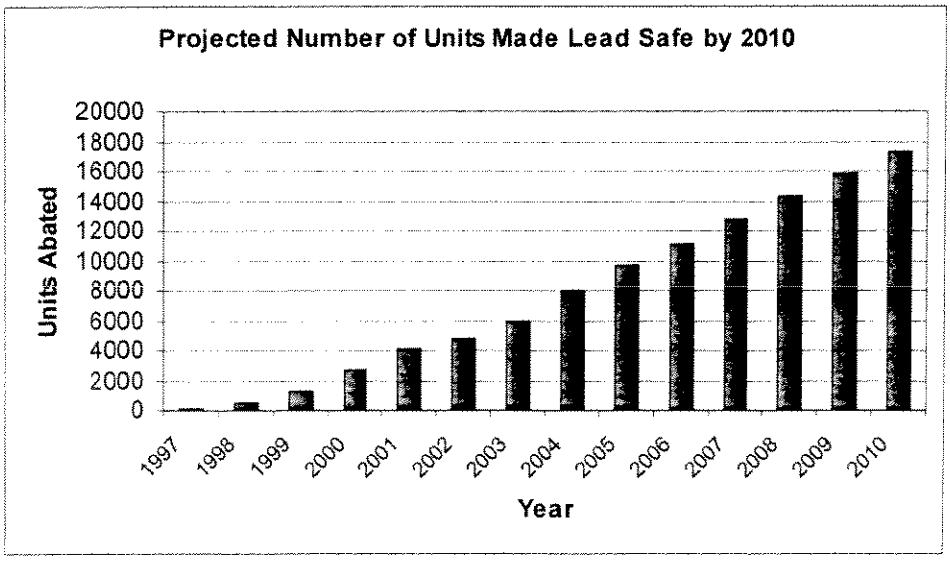
Positive Results:



Numbers of Units Abated by Program

At the current rate of abatement, approximately 18,000 housing units will be made lead safe by 2010, leaving roughly 40,000 units unabated. Unless lead abatement funding levels significantly increase, all targeted housing units will not be abated until the year 2040. In the figure below, "base" funding refers to amounts spent on abatement in cases where lead poisoning has occurred. Some of these expenditures may be recoverable from property owners. "Primary prevention" refers to proactive efforts to identify and abate lead risks.





Lead Abatement Funding & Housing Units Abated

Year	Lead Program Funding	Housing Units Abated	Program Cost Per Unit
2001	$4,674,671	1352	$3,458
2002	$4,309,730	1134	$3,800
2003	$5,034,816	1530	$3,291
2004	$5,194,251	1394	$3,726
2005	$6,352,587	1562	$3,691
2006	$6,000,000 (estimate)	1300 (estimate)	$4,615
2007	**$6,000,000 (estimate)**	**1300 (estimate)**	**$4,615**

Targeted Areas

Every 2-3 years, MHD's Childhood Lead Poisoning Prevention Program (CLPPP) redefines the target area for lead abatement utilizing health and housing data combined with field observations (block surveys). The most recent redefined area expanded the western border on the north side and the western and southern borders on the south side.

Previous Target Area	New Target Area
32,174 Rental Housing Units	28,691 Rental Housing Units
15,255 Owner Occupied Units	29,679 Owner Occupied Units
47,429 Total Housing Units	58,370 Total Housing Units

Lead Lawsuit Update

A January 2007 trial date has been set for the City of Milwaukee lawsuit against NL Industries, Inc., formerly known as National Lead Company, and Mautz Paint, Inc. The lawsuit seeks past and future damages for the City of Milwaukee only and the proceeds of a judgment or settlement would support lead abatement efforts.

Past Damages:	$27,864,419
Future Damages:	$50,319,150 - $90,521,754
Total Damages:	$78,183,569 – $118,386,173

The defendants are currently making massive discovery requests that placed significant burdens on MHD administration and on city resources.

*Based upon information compiled by Renee Joos, Department of Administration.

Richard L. Withers, 286-8532
Legislative Research Analyst - SR
Legislative Reference Bureau
October 17, 2006

APPENDIX E – MHD BUDGET ANALYSIS

Columbia-St. Mary's and Milwaukee Health Department Funding Initiative

Columbia St. Mary's has made a commitment of $500,000 for 2007 to support MHD efforts to improve birth outcomes and reduce health disparities in Milwaukee. Funding is expected for future years, but details are still under negotiation. This funding will be used to support and supplement the currently under-funded priorities in improving birth and developmental outcomes and in leading community-wide efforts to overcome disparities in health care. This funding does not supplant funds that currently support the MHD budget from either tax-levy or other grant sources.

The MHD will use these funds from Columbia St. Mary's for two primary projects:

1. "Improved Birth Outcomes – Olds Model", and

2. "Center for Health Equity"

Improved Birth Outcomes – Olds Model

MHD will initiate a special Home Visitation Program in two high-risk Zip Codes of particular interest to Columbia-St. Mary's: 53204 and 53212. This program will be implemented by three full-time PHNs and a Public Health Nurse (PHN) Supervisor. Unlike MHD's current Comprehensive Home Visitation Program (see diagram at page 4), the Olds Model uses only Nurses as case managers. The Olds Model program, sometimes referred to as the Nurse-Family Partnership program, will also allow approximately 70-80 more at-risk mothers to receive intensive case management services in the target Zip Code areas than could be seen by MHD's current programming. This program is expected to result in improved birth outcomes such as reduction in risk of low birth weight, prematurity, and infant mortality for the women enrolled in the program.

The Nurse-Family Partnership is designed to provide first-time, low-income mothers with 2½ years of structured home visitation services from public health nurses. NFP-trained Public Health nurses will work intensively with these mothers to improve maternal health, prenatal care, and early childhood health and well-being. The partnership between Columbia-St. Mary's and the MHD presently funds the first year.

Results of the NFP model have been extensively researched and documents. According to MHD calculations, if a 4% infant mortality rate is assumed for teenage mothers, 3 infants would be expected to die in the City's population of 80 first-time pregnant women in this program. The NFP model has been shown to drop the infant mortality rate by around 30%. The program can be expected to prevent one death in the first year. Normally, about 30% of these teens would have a second teen pregnancy before age 20, but experience with the NFP model in other cities suggests that the City can expect a reduction in the second teen pregnancy rate to 20%. Infant mortality is most common for the closely-spaced birth, the second teen birth, or the third or fourth child of a woman who started giving birth during her teenage years. Over about 5-8 years (during which time this population may expect about 160 more births) the MHD expects to have reduced the likelihood of infant mortality by 30% for the expected 15 infant deaths (i.e. an additional 5 deaths prevented).

NFP program objectives go well beyond a simple reduction in infant mortality figures. The NFP program has been shown in published, peer-reviewed trials to achieve both improved birth

outcomes and improved long-term health in children of at-risk mothers. Measurable outcomes are expected to include decreased rates of smoking, alcohol and other drug use, and other risk behaviors during pregnancy; decreased rates of pre-term and low birth weight deliveries, increased intervals to subsequent births, and decreased rates of infant death and injury. As with infant mortality, measurable results in these domains will become more clear as the NFP program enrolls more at-risk women over longer periods of time. Over time, additional, important, longer-term outcomes may be expected as well; published studies show that children whose mothers participated in NFP interventions had decreased smoking and alcohol use, fewer arrests, and decreased number of sexual partners when they became teens and young adults themselves.

A RAND meta-analysis revealed costs per child in the $7000-$9000 range for the NFP program, but a cost-benefit ratio as high as 5.7 (i.e., $5.70 in benefits or savings to society for every $1.00 invested). Wisconsin is not among the 22 US states with existing NFP interventions. Successful implementation of the NFP model in Milwaukee can pave the way for additional sites to be developed in other Wisconsin communities that struggle with poor birth outcomes and racial, ethnic, or socioeconomic disparities in infant, child and adolescent health.

MHD Center for Health Equity

The MHD will establish a Center for Health Equity – one of the first such Centers in the nation. This Center is expected to address health disparities in Milwaukee by working far "upstream" of most medical and many standard public health interventions. Columbia-St. Mary's funds will be used to hire two experienced, masters-prepared individuals: a Health Inequities Reduction Coordinator and a Health Information Specialist.

The Center's expected outcomes include development of a "dashboard" of health indicators in Milwaukee showing clear existing links to poverty, race, and other social and economic factors that influence health, internal coordination of MHD programming to focus on disparities, and increasing awareness and resolve among community leaders and the general public regarding health disparities in Milwaukee.

The funds from Columbia St. Mary's are not sufficient to fully fund the Center, but they will be crucial in getting the Center and its work up and running. In the future, MHD expects the Center to have substantial additional funding from other sources to support additional important interventions. Plans include a comprehensive "upstream" demonstration project in a well-circumscribed area, with interventions in areas such as education and vocational training, child-care, literacy, violence prevention, and the built environment. A community consultation program and a grant-giving program to help empower community groups and leaders are also planned.

PROJECTED 2007 ANNUAL BUDGET FOR THE COLUMBIA-ST. MARY'S INITIATIVE

Initiative / Position	Salary	Fringes	#	Total
Improved Birth Outcomes – Olds Model				
Public Health Nurse	$50,000	$21,000	3	$213,000
Public Health Nursing Supervisor	$69,000	$28,980	1	$97,980
Olds Model Training (~$5010 per nurse)			4	$20,040
Center for Health Equity				
Health Inequities Reduction Coordinator	$69,000	$28,980	1	$97,980
Health Information Specialist	$50,000	$21,000	1	$71,000
Total				**$500,000**

Healthy Birth Outcomes Programming

Existing Comprehensive Home Visitation Program

- Teams of PHNs, Social Workers, and Case Workers
- Active in Zip Codes 53204, 53205, 53206, 53208, 53212, and 53233
- Will follow about 300 of the 2000 annual births in these 6 Zip Codes

New Olds-Model Home Visitation Program

Public Health Nursing Supervisor*

Public Health Nurse* | Public Health Nurse* | Public Health Nurse*

- Traditional Olds Model (PHNs only)
- Active in priority Zip Codes 53204 and 53212 (CSM's focus areas)
- Will follow about 70-80 births in these two Zip Codes in the first year - - over and above those seen by the existing program

MHD CENTER FOR HEALTH EQUITY

Health Equity Center Director (future)

Health Inequities Reduction Coordinator*

- Focus all MHD programming
- Internal MHD employee education
- External communications and community education

Health Disparities Information Specialist*

- Community Assessment
- Milwaukee Health Equity Index / "Dashboard" and Fact Sheets
- Data analysis, including evaluation of Olds Model program

SES Upstream Demonstration Project (future)

Community Capacity Building Grant Program (future)

Community Capacity Consultation Program (future)

Health Impact Assessment Policy Analyst (future)

**Positions proposed to be funded by Columbia St. Mary's. First year proposal only; allocation of CSM funding subject to review and reallocation in future years, with understanding that overall purpose is to reduce health disparities.*