

City of Milwaukee Health Department Budget Hearing

Presented to the Members of the Finance & Personnel Committee

City of Milwaukee Common Council

**Alderman Michael J. Murphy, Chair
Alderman Robert J. Bauman, Vice Chair
Alderman Milele A. Coggs
Alderman Joe Dudzik
Alderman Nik Kovac**

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By

**Bevan K. Baker, FACHE
Commissioner of Health
City of Milwaukee Health Department**

Good afternoon, Mr. Chair and members of the Finance and Personnel Committee. I'm Commissioner of Health Bevan K. Baker and I thank you for the opportunity to share the City of Milwaukee Health Department activities and 2009 proposed budget. Through the work of the Health Department, the city has experienced significant improvements in childhood immunization rates, birth outcomes among high risk pregnant women, and the number of children with high blood lead level readings. We have also strengthened our sexually transmitted disease clinic operations, established an Office of Violence Prevention and undergone an extensive and historic infrastructure change that enables us to improve efficiency and generate revenues within all of our divisions. The Health Department has accomplished these successes and many more through the implementation of evidence-based programs and meticulous data collection that capitalize on our innate ability to quickly respond to situations that threaten public health. The result? We are a local health department that is consistently recognized by national organizations such as the National Association of County & City Health Officials for outstanding and innovative programs and I am proud to share that members of my team are frequently drafted to

speaking nationally to train others on how to make their agencies more successful. Our department consists of nearly 300 dedicated individuals with varied public health backgrounds who continue to work diligently to improve the health of Milwaukee residents, particularly our most vulnerable citizens. However, the city still faces many challenges. Mayor Barrett and I are committed to addressing these issues as well as lessening health disparity gaps within our city.

Today, I'd like to discuss three main topics:

- 1) The department's 2008 key accomplishments
- 2) A few emerging health trends
- 3) And details of how we plan to expand our service delivery and enhance operations in 2009.

SECTION 1. KEY ACCOMPLISHMENTS

IMMUNIZATIONS

Immunization compliance rates have significantly improved within Milwaukee Public Schools (MPS), thanks to collaboration between the Health Department, Mayor's Office, MPS, Wisconsin Division of Public Health, Milwaukee County District Attorney John T. Chisholm,

and most recently the Department of Public Instruction and the Boys and Girls Club of Greater Milwaukee.

The most recent statistics show that 83% of MPS students were in compliance during the 2007-2008 school year, compared to 69% the previous year. This is a 30% increase from 2005, shortly after I became Commissioner. That year, only 64% of MPS students were in compliance. Our new partnerships have allowed the Health Department to reach further into the community to provide critical services. Through the Boys and Girls Club of Greater Milwaukee, six additional sites for immunization clinics have been identified. The agency will also make contributions toward the cost of clinic operations and marketing.

Our childhood immunization program is one of the most important tools we have to protect our children from disease. The Health Department provides immunizations during our weekly walk-in clinics at our three health centers, special Sat. clinics held throughout the year, and at several additional sites in conjunction with community partners such as MPS and the Boys and Girls Club of Greater

Milwaukee. As of October 20th, our public health nurses had given 20,798 immunizations to 7,487 clients.

Looking at just the last month, we have seen over 2,500 clients and administered over 7,600 shots. This represents a 66% increase in clients and a 77% increase in the number of shots over the same period in 2007.

The need for public health protection in the community is great. On August 15, the department hosted its eighth Annual Back-To-School Health Fair. Once again it was huge success. Over 3,600 individuals attended and received information and health services necessary for children to be school-ready this fall, including immunizations, blood lead tests, hearing and dental screens and physical examinations. This is an 11% increase from the number of families who were seen at our 2007 health fair. Thanks to public and private partnerships, 3,250 children also received backpacks loaded with much-needed school supplies this year. Attached to your packet are color images that show thousands of people waiting in line for this special event.

These pictures highlight the need for access to public health services in the community.

STD CLINIC ENHANCEMENTS

We have also had enormous success in our STD/ HIV program, which offers services to nearly 7,000 clients each year. In 2008, we implemented an express clinic service system to increase the number of clients that are seen at our STD clinic. As a result, we have projected that we'll be able to provide services to more than 8000 clients at the clinic in 2009.

HOME VISITATION PROGRAMS

Home visiting is a long standing, well-known prevention strategy to improve the health and well-being of women, children, and families, particularly those who are at risk. Public Health Nurses are a vital part of this public health protection. 2008 marked the second full year of operation for Empowering Families of Milwaukee, a comprehensive, evidenced-based intensive home visiting program for high risk pregnant women and their children. The program is aimed at improving birth outcomes, enhancing family functioning, supporting

child health, safety, and development, and preventing child abuse and neglect. It targets high-risk zip codes 53204, 53205, 53206, 53208, 53212 and 53233. To date, 280 infants were provided services through the program and 166 infants were born into the program with a healthy birth outcome. These preliminary findings indicate a significant impact on birth outcomes within the target area and we continue to seek additional funding to strengthen our impact on the community. Empowering Families of Milwaukee is such a popular program for high risk families that we have been able to enroll 97% of families prenatally, resulting in 3,600 face to face home visits so far this year.

We continue to also see families through Nurse-Family Partnership, another evidence-based, intensive home visiting program, which is funded through a private/public relationship with Columbia St. Mary's Health System along with the UW Partnership Program. The program has completed one year of home visiting to first time pregnant women, focusing on improving pregnancy outcomes, child health and development, and parent's economic self-sufficiency. In this first year thus far, the nurses have provided 1,080 educational

and supportive home visits to 72 teens and women who have given birth to 35 babies.

TEEN PREGNANCY

Reduction of teen pregnancy rates has been the focus of a joint effort of several key city organizations. In April, the United Way of Greater Milwaukee Teen Pregnancy Prevention Oversight Committee - of which Betsy Brenner, president and publisher of the Milwaukee Journal Sentinel and I serve as co-chairs and Mayor Barrett is a member and active participant - announced a goal to reduce Milwaukee's birth rate among 15-17 year olds by 46% by 2015. Currently, 55.4 per 1,000 15-17 year old girls give birth each year. This goal would reduce that rate to 30 per 1000. This is the first time an organization or individual has set forth a communitywide goal for teen pregnancy prevention in Milwaukee.

The United Way of Greater Milwaukee, City of Milwaukee Health Department and the Center for Urban Population Health reached this unprecedented, aggressive goal through a collaborative process, including extensive research and discussion, and statistical analysis.

In addition, information about other communities' goals was examined in conjunction with Milwaukee's demographics, current rates of births to teens, and potential for change.

To date, we have implemented an extensive marketing campaign that resulted in poster displays in all MPS Middle and High Schools, and in 8th grade classrooms.

And May marked the launch of www.babycanwait.com, a sexual health resource for Milwaukee's youth that includes information about healthcare, laws and legal rights, anatomy, and an opportunity to confidentially email medical providers with sexual health questions. The site also houses an extensive list of local and national resources for young people.

Through its Teen Pregnancy Prevention Initiative, United Way of Greater Milwaukee is funding the training of all MPS 4th grade teachers in the newly updated Human Growth and Development curriculum. I will work closely with Superintendent Andrekopoulos to ensure that a Human Growth and Development curriculum is approved and widely incorporated throughout the MPS system.

Our innovative approach to this complex problem has gained national recognition and is currently featured as a model approach on the Web site for the The National Campaign to Prevent Teen Pregnancy.

The Health Department has also taken a unique approach to tackling teen pregnancy through our Plain Talk program. This community-based initiative is aimed at preventing teen pregnancies by helping parents develop the skills and tools they need to communicate effectively with their children about abstinence, healthy relationships, and sexuality. The Community Partner outreach staff walk door-to-door in Milwaukee's most at-risk neighborhoods and recruit individuals to be trained as "Askable Adults." Plain Talk has reached more than 650 Milwaukee residents this year. It also began providing programs tailored to parent/teen meetings for the *Best Friends* pregnancy prevention program within MPS. So far, 82 adults and teens have participated in these events. An additional 231 parents and teens have participated in Plain Talk community activities, including quarterly dinners, Corn Roast Rallies and Plain Talk Panel discussions with medical professionals. Each of these marketing

strategies, which are unique to the Milwaukee program, enabled us to gain more participation in the program.

SCHOOL OF PUBLIC HEALTH

We continue our close involvement in the planning for a new School of Public Health at the University of Wisconsin-Milwaukee. Both Chief Medical Officer and Medical Director Geof Swain and I serve on the UWM School of Public Health Planning Council. Dr. Swain also serves on the UWM School of Public Health Formation Action Team, the Socio-behavioral PhD Planning Team, and the initial faculty Search and Screen Committee.

In June, the 18-member UW System Board of Regents unanimously approved the formation of the school. And the Mayor has openly offered his support for its establishment in the Milwaukee community.

The UWM School of Public Health will be a key partner for MHD. It will allow us to expand our expertise and effectiveness on research and data analysis. It will allow us to implement the most current, evidence-based public health practices. And our community will

benefit by having a larger, stronger, and even more highly-trained public health workforce.

The School of Public Health will offer four PhD programs in epidemiology, environmental and occupational health, health administration and policy, and social science and community health. It will also offer a master's degree in public health.

Once accredited, the public health school would attract grants and research money from federal and state agencies such as the National Institutes of Health and the Centers for Disease Control and Prevention.

This past spring UWM launched a Graduate Certificate in Public Health. Their first PhD program, in Environmental Health, is scheduled to admit its first students in the fall of 2009, and the other three PhD programs and the Masters in Public Health program will likely begin enrollment the following year.

MHD also has a strong academic partnership with the Medical College of Wisconsin (MCW) that dates back 20 years. Dr. Swain was also instrumental in that relationship. Dr. Swain is now with the UW School of Medicine and Public Health, and the school has strengthened that partnership by funding Dr. Barbra Beck to guide the work of UW Population Health Fellows placed at MHD. These UW-paid post-masters-degree Fellows, along with masters-in-public-health students from UW-Madison and UW-LaCrosse and our research partners at the Center for Urban Population Health, provide an extension of our current workforce and assist us in research, evaluation and other program needs often not accomplished by our over-burdened workforce.

Since 2004, we've had seven Fellows to work at the Health Department for two years each. They have worked on several high profile projects within the department, including our Mobilizing for Action through Planning and Partnerships, or MAPP, city assessment, the tuberculosis (TB) screening program and our newborn vaccination program. Their total investment of \$492,000 was not supported by tax levy.

SECTION 2. EMERGING HEALTH TRENDS

OFFICE OF VIOLENCE PREVENTION

Violence has emerged as one of the central public health problems of our time. Violence takes many forms: between intimate partners, between strangers, and the physical and emotional abuse of children and elders. Each type of violence provides specific opportunities and strategies for prevention.

The Office of Violence Prevention's strength and imperative is in community and population-based prevention focusing on preventing violence before it is initiated, and critical referral to services for those at risk, as opposed to an approach which concentrates on service provision after victimization has occurred. This primary prevention public health approach is a systematic process that promotes healthy behaviors and environments, and reduces the likelihood or frequency of intimate partner violence and sexual violence.

We know that over 90% of violent offenders prosecuted in Milwaukee County were at one time clients of the child welfare system or as children were witness to domestic violence. Leading our collaborative efforts to break that cycle of violence is the recently

hired Coordinator of our Commission on Domestic Violence & Sexual Assault, Ms. Audrey Skwierawski (pronounced Ska – RAU –ski).

Audrey comes to the Health Department from the Office of the Milwaukee County District Attorney where she worked for 15 years as a prosecutor, supervising the domestic violence and sexual predator unit.

To help address the proliferation of illegal guns in Milwaukee, the Health Department recently received a grant through the Joyce Foundation and Mayors Against Illegal Guns that funds a position dedicated to the coordination and planning of gun violence prevention and illegal gun-related initiatives both locally and regionally. I am pleased that the individual who will staff this important position is Bill Morales (pronounced Moe – RA – lace), a twenty year veteran of the Milwaukee Police Department with an extensive training background.

EMERGENCY PREPAREDNESS

The potential for public health emergencies is a very worrisome possibility in today's world. The key to dealing with disaster or unexpected illness is to plan. Though there is no way to project

specifics, our city's health department has extensive experience in handling emergencies, and that experience enables us to be prepared for catastrophic problems. For example, MHD's coordinated action to the discovery of a suspect measles case in April enabled a quick response that controlled spread of the disease and protected public health. More than 3,500 citizen phone calls were fielded. The department held 11 special measles clinics and administered approximately 1,300 vaccinations. And we reacted similarly to control mumps and pertussis outbreaks in the community. This is a fine example of preparedness planning experience that assisted in a real-time threat to the health of our community and I'm very proud of that.

I am also excited about a new and innovating partnership with the Milwaukee Fire Department (MFD). This partnership is a pilot project based on a model that has been successfully implemented in other parts of the country such as Arizona and Colorado. The goal is to improve immunization compliance and boost surge capacity during emergency preparedness. We launched our annual flu campaign at a firehouse on Oct. 7 and MFD paramedics will administer flu vaccine at two special clinics in local area firehouses on Nov. 8. Use of MFD

personnel for this type of clinic is a good test of city capacity should there be a need for stand-up community clinics during an emergency such as pandemic flu. Paramedics are trusted members of the healthcare community and building this capacity is good for both the health department and community at large in meeting the medical needs of the public.

We continuously monitor for other communicable diseases, including E.coli, Norovirus, vector borne disease such as West Nile Virus and rabies, and for antibiotic resistant strains of tuberculosis, shigella and gonorrhea.

And everyday we protect community health by monitoring Milwaukee's restaurants and large sports and entertainment facilities through food inspections to stave off illnesses that could skyrocket through our community without proper prevention and / or intervention.

SECTION 3. OPERATIONS ENHANCEMENTS

We realized early on that our 2009 budget allocation would have an incredible impact on our infrastructure and capacity. As a department we know full well that tax levy support will not be increased, however as a department we have historically and consistently leveraged tax levy support to obtain large amounts of federal and private grant dollars to augment our operating budget by almost half. However, I understand these are very austere times and we had to think creatively and strategically with this impending budget. I am pleased to report that through our budget planning process we identified over \$900,000 in projected revenues for the city, which includes:

- STD/HIV family planning waiver reimbursement \$600K
- Food license fee increase \$212K

We're also exploring other options.

The department has adopted an academic and business model approach to public health. My management team and I believe we

can enhance other areas of the department to increase efficiency and revenue.

Another area we are making significant operational modification is our Food Inspection Program. Under the recommendation and leadership of Alderman Murphy we will be moving ahead with implementation of a tiered inspection model which means

- complex operations get inspected three times per year,
- moderate operations get inspected two times per year, and
- simple operations get inspected once per year

We support the ordinance that was recently approved by the Public Safety committee that mandates recertification to ensure management of operations are up to date on restaurant and food compliance by completing an accredited test issued by the state.

Also, establishments will have to conspicuously place a placard (and a sample is attached to your briefing packet) that clearly identifies the

- Establishment name
- Permit number

- Date of last inspection
- Direction to our website to view the inspection report

We will work to improve online reporting and our website to include possible linkages to the Department of Neighborhood Services system for enforcement and communication. We are also planning the development of a marketing and communications campaign to assist the public on how to access this information as the final component to this new strategy.

Public health is a huge issue for the Milwaukee community. Our job is not easy, but we are prepared to tackle challenges that arise and prevent many from occurring.

It is our mission to enhance the health of each individual and their families to safeguard the health of the Milwaukee community.

I am happy to answer any questions you may have at this time.



