

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUREAU

Executive Summary: 2009 Proposed Budget – Health Department

1. The Milwaukee Health Department (MHD) 2009 proposed tax-levy supported budget is \$13,600,906 a decrease of \$362,308 (-2.7%) from \$13,963,214 budgeted for 2008 (page 2).
2. Grant funding to MHD from state, federal and private sources is projected to increase from \$15.5 million projected for 2008 (+ 20.6% or \$3.2 million greater than initially projected for 2008) to an estimated \$18.4 million in 2009 (pages 2 and 15, Appendix A).
3. Current Grant and Aid figures assume approval of \$7.0 million in funding for lead abatement related activities in 3 lead hazard grants from the U.S. Department of Housing and Urban Development (HUD) which are anticipated, but have not been confirmed (page 15).
4. The total grant and operating funding identified in the 2009 Proposed Plan for MHD (p. 100) is projected to increase by \$5.6 million (+3.4%) from \$27.3 million in 2008 to approximately \$32 million in 2009 (page 2).
5. Position authority in 2009 is decreased by 7 from 312 in the 2008 Budget to 305 in 2009; fulltime equivalents will decrease slightly by 3.37 FTEs (pages 2, 4 and 5).
6. Implementation of an internal compliance program and a reorganization in 2007 combining Accounting and Compliance staff has assisted the MHD in coordinating complex grants and funding mechanisms (Appendix B). Reorganization will be completed in 2009 with the employment of a new Public Health Research & Policy Director (page 5 and Appendix B).
7. The Municipal Health Services Program has successfully transitioned to community-supported providers and organizations leaving a balance of approximately \$368,000 in the Program Income Fund due to reimbursements from providers for rent, services and other indirect costs (page 4).
8. The MHD expended \$70,000 in 2008 for the final quarter of activity in the Municipal Health Services Program (page 3).
9. Operational expenditures supported by the tax levy will decrease \$17,956 from \$1,900,429 in 2008 to \$1,882,473 (-0.9%) in 2009 (page 3).
10. The 2009 proposed budget includes \$864,000 for Capital Improvements for exterior and interior maintenance, mechanical systems upgrades, building maintenance and client tracking system which is consistent with MHD's long-term Capital Plan (page 15).
11. Anticipated revenues in 2009 will increase from \$2,694,950 budgeted in 2008 to \$3,679,990 based largely upon increases in fees for licenses and inspections (pages 15 and 16).

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUDGET

MILWAUKEE HEALTH DEPARTMENT

2009 Proposed Tax Levy Budget Summary

Category	2007 Actual	2008 Budget	Change	2009 Proposed	Change
Operations*	\$13,729,738	\$13,963,214	+ 1.7%	\$13,600,906	- 2.6%
Capital	\$452,339	\$800,000	+ 76.9%	\$864,000	+ 8.0%
Positions	337	312	- 7.4%	305	- 2.2%

2009 Projected Grant & Aid Funding with Experience and Projections

	2007 Actual	2008 Budget	Change	2009 Proposed	Change
Grants & Aid**	\$13,300,000	\$15,521,900	+ 16.7	\$18,400,000	+ 18.6%

* Includes personnel and fringe, operating, services and equipment.

**Figures are approximate; actual receipts in 2007 include multiple-years of funding in some cases, 2008 budget figures include anticipated amounts, and 2009 proposed amounts include grants not yet approved or authorized.

The Milwaukee Health Department (MHD) focuses its efforts on public health assessment, policy development and leadership, and assuring service availability and accessibility. The health department operates from three health centers throughout the City. The total proposed budget for MHD in 2009 is \$32,000,000.

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.

Budget Analysis

Fiscal Overview

1. The Milwaukee Health Department's 2009 proposed budget includes an **Operations and Maintenance** budget of \$13,600,906. This amount is a 0.9% decrease from actual expenditures of \$13,729,738 in 2007, and a 2.6% decrease from the amount of \$13,963,214 budgeted for 2008. This total does not include approximately \$18.4 million in anticipated grant and aid funding from various federal, state and private sources anticipated in 2009.
2. The total number of **authorized MHD positions** is decreased from 312 to 297 in the 2009 proposed budget. **Fulltime equivalents** funded by the tax levy will be increased from 164.18 FTEs in the 2008 Budget to 166.06 FTEs in the 2009 Budget. Non-O&M funded fulltime equivalents will decrease from 110.80 FTEs to 105.55 FTEs.

3. The Proposed 2009 Budget for MHD **Operating Expenditures** is \$1,882,473, a decrease of \$17,956 (- 0.9%) from the amount of \$1,900,429 budgeted in 2008.
4. The Proposed 2009 MHD Budget for Operating Expenditures includes \$535,577 for **Professional Services**, a decrease of \$45,000 (- 7.8%) from the amount of \$580,577 budgeted in 2008. Professional Services expenditures include payment for physician direction and consultation for various MHD services, electronic data information consulting and grant writing.
5. The Proposed 2009 Budget for Operating Expenditures includes \$149,192 for **Other Operating Services**, the same amount as budgeted for 2008. These services include travel and training funds, equipment repair and parts, uniform allowance and other services related to department operations.
6. The 2009 MHD Special Fund for Computer Maintenance and Upgrade is budgeted at \$100,000, the same amount as provided in the 2008 Budget. This Special Fund covers general maintenance and license fees for the MHD Network of nearly 300 computers. This account also funds various software and hardware replacements, including but not limited to memory upgrades and printers. This Special Fund was identified as "Add'l Computer Work Stations/Systems Upgrade" in 2007 and budgeted at the same amount of \$100,000. The Special Fund was renamed in the 2008 Budget.
7. The Special Fund for the Task Force on Domestic Violence & Sexual Assault is budgeted in 2009 to continue to provide \$11,000 annually to support the activities of the Task Force.
8. A Special Fund was established in the 2007 Budget in the amount of \$280,000 to support the partnership between the City and the Sixteenth Street Community Health Center (SSCHC) and Milwaukee Health Services, Inc. (MHSI). This partnership was designed to ensure that clients of the former Isaac Coggs Community Health Center and the former Johnston Community Health Center continue to receive critical health services. The funds were designed to contribute towards the expansion of capacity and programming in both SSCHC and MHSI. The transition appears to have been successfully implemented. The 2008 Budget provided \$70,000 for a final quarterly payment to the SSCHC and MHSI agencies. No amount for this Special Fund is included in the Proposed 2009 Budget.
9. The 2009 Proposed Capital Improvements Budget for the MHD is \$864,000, an increase of \$64,000 (+ 8.0%) above the budgeted amount of \$800,000 for 2008. This amount is consistent with the objectives of MHD's long-range capital plan. Proposed Capital Expenditures fall into 4 areas: developing and maintaining client tracking systems; interior building maintenance projects at all 3 clinics; exterior building maintenance projects including ADA accommodations at all buildings; and mechanical systems maintenance.

10. The Municipal Health Services Program has successfully transitioned to community-supported providers and organizations leaving a balance of approximately \$368,000 in the Program Income Fund due to reimbursements from providers for rent, services and other indirect costs. The MHD intends to use the remaining program income to support the Plain Talk program and the Aids Milwaukee Initiative. The latter program has previously been supported by Community Development funding.

Personnel

1. The total number of **authorized MHD positions** is decreased from 312 to 297 in the 2009 proposed budget. **Fulltime equivalents** funded by the tax levy will be increased from 164.18 FTEs in the 2008 Budget to 166.06 FTEs in the 2009 Budget. Non-O&M funded fulltime equivalents will decrease from 110.80 FTEs to 105.55 FTEs.
2. The following 19 positions are proposed for elimination in the proposed budget:
 - 1 Training and Development Specialist (Human Resources)
 - 1 Health Center Operations Manager (Clinic Operations)
 - 1 Health Information Specialist (Clinic Operations)
 - 1 Custodial Worker II/City Laborer (Buildings & Grounds)
 - 4 Public Health Nurses (Family and Community Health Services)
 - 1 Clinic Assistant (Family and Community Health Services)
 - 1 Public Health Nurse (Childcare Provider Assistance Grant)
 - 1 Health Project Coordinator (Preventive Health Grant)
 - 1 Public Health Educator II (Breast Cancer Awareness)
 - 2 Environmental and Disease Control Specialists (State Revenue Freeze)
 - 1 Health Services Assistant (Childhood Lead Detection)
 - 1 Office Assistant II (Childhood Poisoning Prevention Program)
 - 1 Lead Hazard Prevention Manager (Lead Based Paint Hazard Control)
 - 1 Consumer Environmental Health Manager (departmental reorganization)
 - 1 Microbiologist III (Bio-terrorism Focus C Grant)
3. Numerous positions are re-titled and reclassified (2009 Proposed Plan and Executive Budget Summary, pp. 103 to 106).
4. The following 11 positions are created in the Proposed 2009 Budget:
 - 1 Community Health Services Officer (Administration)
 - 1 Health Operations Administrator (Administration)
 - 1 Program Manager (Mayors Against Gun Violence Grant)
 - 1 Accounting Assistant II (STD clinic billing)
 - 1 Ecocultural Family Interview Program Coordinator (Ecocultural Grant)
 - 1 Public Health Nurse (WIC Grant)
 - 1 Public Health Educator II (Preventive Health Grant)
 - 1 Lead Risk Assessor II (Housing and Economic Recovery Act of 2008)

- 1 Health Services Assistant (Childhood Lead Detection Grant)
 - 1 Office Assistant III (STD Clinic)
 - 1 Health Project Coordinator Immunizations (Immunization Action Plan Grant)
5. The net effect of the elimination and creation of positions, taken together with the impact of re-titling and reclassification, results in a net loss of 7 positions. MHD advises that vacant positions and reclassified positions for public health nurses should allow for retention of all public health nurses.
 6. The Employee Assistance Program Coordinator position was proposed for elimination in the MHD requested budget, but was fully restored in the proposed budget with funding provided by the Department of Employee Relations from a Special Purpose Account. The Common Council restored this position to the 2007 Budget after it was proposed for elimination, and restored the position in the 2008 Budget when it was proposed to be reduced to a 0.6 FTE part-time position. The incumbent has recently taken on additional duties related to the City's Wellness Initiative.
 7. The positions created in 2007 and retained in 2008 for the Health Inequities Reduction Coordinator and the Health Information Specialist for the new Center for Health Equity have not been filled while further planning for the Center continues. These positions have been funded under an award from Columbia St. Mary's. This 3-year award is expected to continue through 2009.
 8. Several recent public health nurse vacancies in the Nurse Family Partnership program also funded by the award from Columbia St. Mary's program have reduced the expected caseload. It is likely, therefore, that the period of the award will be extended.

Administration

A department reorganization was approved by the Common Council on February 26, 2008 (File # 071281) combining positions in the Division of Disease Control and Prevention and the Division of Consumer Environmental Health into a single Division of Disease Control & Environmental Health. The position of Health Operations Director was eliminated and 2 new positions were created: a Public Health Research and Policy Director (to be filled shortly), and a Health Operations Administrator. An organizational chart with the Department's new configuration and identifying key leadership is attached as Appendix B.

Violence Reduction and Prevention Program

The position created in 2007 for a Violence Reduction and Prevention Initiative Program Coordinator provides strategic direction and oversight for the City's efforts to reduce the risk of violence through a variety of linked strategies. These include community policing, the development of a citywide comprehensive violence prevention strategic plan, and the development of community crime prevention collaborations for violence prevention. The reduction of violence is a top MHD priority. The MHD supports a public health

model linking city departments, academic partners and community-based initiatives in efforts to develop science-based, measurable and multi-dimensional violence prevention strategies.

In 2009, the MHD plans to release a citywide violence prevention plan, establish a Family Justice Center, identify and promote strategies for firearm safety and for reduction in the use of illegal guns, and participate in a violence prevention initiative sponsored by the Medical College of Wisconsin.

The first objective identified in the 2009 Proposed Plan and Executive Budget Summary for the MHD is to, "decrease crime by at least 10% annually to improve standing among 22 comparably sized cities." The only identified strategy is to promote a public health model for violence prevention. It is not clear which identified crimes will be used to measure progress toward this objective.

A new position was approved by the Common Council (File # 080287, adopted 7/1/08) and funded by the Mayors Against Illegal Guns Regional Coordinator Grant from the Joyce Foundation. This position has been filled by William Morales who is on leave from the Milwaukee Police Department and was previously assigned to the Office of the Mayor.

School of Public Health

The leadership of MHD continues to be closely involved in the planning for a new School of Public Health at the University of Wisconsin – Milwaukee. The MHD Commissioner and Medical Director serve on the UWM School of Public Health Planning Council. In addition, the Medical Director 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.

To be an accredited school of public health, the school must offer a Masters in Public Health (MPH) program and at least 3 PhD programs in 3 of 5 core areas of public health (Environmental Health; Social & Behavioral Health; Public Health Administration and Policy; Epidemiology; and Biostatistics). Plans currently developed include 4 PhD Programs (all but Biostatistics). The first PhD program (Environmental Health) will probably admit its first students in the fall of 2009, and the remaining programs will begin in the following 1-2 years; then the 2-year time-clock for accreditation will start, with expectation of receiving accreditation by 2013. This is a rapid timetable for starting a new school. The primary challenge at this point is assuring that the Wisconsin Legislature approves appropriate funding levels to support the school.

Center for Health Equity

The MHD Center for Health Equity, funded by Columbia St. Mary's for the last 2 years, is intended to become the second such center at a local health department in the nation. The first was established in Louisville. The purpose of such centers is to provide leadership and coordination in community-wide efforts to reduce disparities in health care based on race, ethnicity and other factors. The Center has not yet been staffed.

Planning has been conducted by the Center for Health Equity's Start-Up Council advisors and a decision has been made to use Columbia St. Mary's funds to begin staffing of the Center for Health Equity with the hire of an Associate Director. This hire will occur via a partnership (contract) with the Wisconsin Public Health Association (WPHA). The partnership with WPHA is designed to strategically position the Center for Health Equity to be competitive for additional funding from the UW and MCW medical school's Partnership Fund grant programs. A sole-source request to contract with WPHA for an Associate Director is in process. The Health Inequities Reduction Coordinator and Health Information Specialist positions in the Proposed Budget will probably not be filled until additional long-term funding is obtained for the Center.

Reliance on Non-O&M Funding Sources

Figures in the 2009 Proposed Plan and Executive Budget Summary demonstrate the reliance of MHD on non-O&M Funding for 4 of its 5 main service areas. Only Consumer Environmental Health is fully supported by the tax levy. Home Environmental Health is particularly reliant on granting agencies largely due to MHD's efforts in lead abatement supported by a variety of federal funding sources. Well more than half of MHD funding (\$18.4 million compared to \$13.6 million) is projected to come from private, state and federal sources. This reliance upon non-City funding, especially for core public health programming, creates a challenge for consistent and coherent local policy direction.

Initiatives and Issues Moving from 2008 Into 2009

DISEASE CONTROL AND ENVIRONMENTAL HEALTH

The Health Department has combined the following activities in its Disease Control and Environmental Health Division:

- Home Environmental Health
- Consumer Environmental Health
- Communicable and Emerging Disease
- Acute and Communicable Disease Epidemiology
- Sexually Transmitted Disease and HIV
- Public Health Emergency Planning and Response

The following initiatives are highlighted:

West Nile Virus

3947 catch basins were treated with larvicide to prevent mosquito-borne transmission of West Nile Virus in 2007, down from 5,546 in 2006. Multiple factors in 2008 have resulted in a reduction of risk including below average rainfall and temperatures in August. Typically, increased larvicide treatments are done when a human case of West Nile is confirmed.

Hazardous Materials

The MHD assisted or responded to 52 hazmat (hazardous materials) events with the Milwaukee Fire Department in 2007.

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

The LEPC has identified and inventoried approximately 600 companies in Milwaukee County that are involved in handling, storing or transporting hazardous materials. The LEPC meets bi-monthly to review both new and updated on-site emergency response plans as required and submitted by approximately 260 companies in Milwaukee County who have been identified as handling, storing or transporting "Extremely Hazardous Substances" (EHS) as designated by the United States Protection Agency (USEPA). Site visits to these facilities by MCEM, MHD and the City of Milwaukee Fire Department (MFD) and MHD occur each year. The MHD reports that visits were made to 25 sites in 2007 to review emergency response plans compared to 30 site visits made in 2006. The goal initially set for 2007 was 35 on-site visits.

The MHD also coordinated a hotline with information about PCB pollution receiving more than 500 calls in 2007.

Sexually Transmitted Diseases (STDs)

The Department reports that the incidence of gonorrhea reported in the City in 2005 was 643.1/100,000, and rose to 792/100,000 in 2007 (slightly less than initially reported). One of the Department's goals is to reduce the incidence of gonorrhea to 19/100,000 by the year 2010. Best estimates for 2008, based upon data from the first 6 months place the rate at 731/100,000, representing a small decrease if the trend continues. It does not appear that the 2010 goal is achievable.

However, the MHD has articulated a new goal (Form BMD-10 for 2009) to reduce the incidence of gonorrhea infection to 100/100,000 by 2010. The MHD states that the purpose is to, "reduce illness and injury from communicable disease, pollution, and disasters in Milwaukee by reducing the incidence of gonorrhea infections..."

It is important to note that, given the population of the Milwaukee area, the limited resources of the MHD for prevention and control, and the increased utilization of other health care providers as a result of increased MA/BadgerCare enrollment, the efforts by MHD to address issues of STD prevention and control may best be spent on leadership, coordination and education involving both the public and health providers.

The Chlamydia infection rate in Milwaukee, one of the highest in the country remains largely unchanged, and appears to be rising given preliminary 2008 figures which indicate that the rate is 1,679/100,000 compared to 1,513/100,000 in 2005.

Other strategies pursued by the MHD include field testing and treatment, modification of the current clinic patient flow at Keenan Health Center (which has successfully reduced

the number of clients referred away from the clinic), and additional educational outreach programs at festivals and fairs.

Tuberculosis

There were several higher profile tuberculosis (TB) investigations conducted in 2006 including a homeless shelter, a child care facility and UW-Milwaukee. Fewer high profile cases occurred in 2007, but the rate of infection reported by the MHD has risen from approximately 3.5/100,000 in 2006 to 4.3/100,000 in 2007 within the City of Milwaukee. Overall, these small numbers do not represent a statistically significant difference. But the goal of the MHD is to reduce this rate to 1/100,000 by 2010.

Influenza Preparedness

MHD has stepped up its campaign to encourage flu shots, especially for a broadened segment of the population considered to be at higher risk. At the present time, it appears that there is a sufficient supply flu vaccine for this year's anticipated viral strains.

Lake Michigan, Beach Water and Other Water Contamination

The MHD continues to conduct seasonal water quality testing and monitoring of 5 locations on the Lake Michigan waterfront within the City of Milwaukee. Samples are analyzed by the MHD Microbiology Laboratory. The results of this monitoring, conducted between Memorial Day through Labor Day each year, are 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.

State funding for the MHD water quality testing and monitoring program at public beaches has decreased significantly over the past few years and is expected to go from \$26,000 in 2008 to \$20,000 in 2009. 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. It is also important to note that, in 2007 more than 500 beach-water quality reports were posted, and 338 swimming pools were inspected.

Restaurant Inspection and Food-Borne Illness

The reported rate of food-borne infections in 2007 for the Milwaukee was 27.9/100,000 individuals. The 2010 goal to reduce food-borne illness to 20.35/100,000 appears to be achievable.

The on-line food establishment inspection reporting system was successfully launched and has been fully operational since June 2007. All food inspection reports completed using the MHD's electronic inspection system from January 2007 and forward are available on-line. Food operators voiced initial concerns about having the information readily available and its impact on businesses. The MHD worked with the Wisconsin Restaurant Association (WRA) to ensure that all of these concerns were addressed.

Discussions have continued over the last year about the feasibility of implementing a report card or grading system that includes on-site posting of grades based upon inspection reports. The current MHD goal is to conduct 1 inspection per year. Many other localities across the country inspect at a higher frequency, making report cards more reliable. As an alternative, based upon available resources, the MHD is planning a revision of inspection schedules to create a tiered inspection approach to high, medium and low-risk establishments. Restaurants would nevertheless be required to post information that includes accessing inspection data on-line.

Refugee and Immigrant Child Health

The MHD continues to receive funding through the State of Wisconsin Department of Workforce Development (DWD) to fund the Refugee Health Screening Project (RHSP) within the MHD. Under the RHSP agreement with DWD, the MHD is reimbursed for public health services provided to eligible refugees including screening for communicable disease at the Tuberculosis Control Clinic (TB, enteric diseases, STI's, Hepatitis A & B and blood lead levels) and outreach and health education. During 2006, 98 refugees were screened and provided the above services. In 2007, the MHD anticipated screening for 150 refugees but saw a significant increase to 253 refugee screenings. From October, 2007, to August 2008 (11 months) 361 refugees were screened. The MHD projects that it will provide 400 refugee screenings in 2009.

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

WEDSS

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

Home Environmental Health (HEH)

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

- Provide multi-disciplinary services to lead poisoned children and their families.
- Double the number of high-risk housing units made lead safe in the Lead Program target area.
- Support the involvement of disproportionately impacted neighborhoods by funding 8 community organizers to assure neighborhood-based solutions to the lead poisoning problem.
- Increase public-private partnership opportunities by maintaining at least a stable commitment of \$360,000 annually from We Energies and identifying additional partners in the private sector to match lead abatement grant dollars.

- Build HEH capacity for asthma prevention through reduction of home environmental health impacts by application for HUD Healthy Homes funding and increased collaboration with citywide stakeholders.
- Broaden HEH efforts in injury prevention by maintaining partnership with the Injury Free Coalition and providing safety home inspections for low-income families with children less than 6 years old.

Lead Abatement

The Department reported that 1,916 housing units were made lead-safe in 2006, and 1,495 in 2007. The primary reason given for reductions of units being made lead-safe in 2007 from numbers of units being made lead-safe in 2006 was due to reductions in federal and state funding. In 2006 MHD had multiple HUD grants running concurrently as well as additional funding provided by other entities to assist in making units lead-safe. In 2007, some of the funding that was available in 2006 was no longer available due to grant completions. Due to this reduction in funding from grants being closed out, the number of units that could be made lead-safe was reduced. In 2008, MHD has only one grant through HUD and limited additional funding from the CDGA office to assist in making housing units lead-safe. HUD funding available in 2008 is lower than funding that was available in both 2006 and 2007. MHD currently estimates that the total units to be made lead-safe in 2008 will be approximately 800 units. The MHD has applied for two additional HUD grants that if awarded would provide funding to make hundreds of additional units lead-safe over the next 3 years.

Asthma Control

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

- 1) HEH provides nursing case management services to a subset of cases managed by FAM Allies partners. HEH nurses follow-up on uninsured, underinsured and difficult-to-reach families that can't be served through other means.
- 2) The HEH Nursing Supervisor participates in the Care Coordination/Case Management subcommittee of FAM Allies to assure quality and continued care for asthmatic children and their families;
- 3) The HEH Lead Prevention Manager is assisting in the development of the FAM Allies Environmental subcommittee, which will assure greater focus on trigger reduction in home environments; and
- 4) The HEH Health Education Assistant supports the Parent and Neighborhood Organizing Committee and continues to develop linkages to other HEH neighborhood and resident-level activities.

An application has been made for HUD grant funding that would, if awarded, provide support for a focus on asthma management and control in the years 2009 through 2011.

FAMILY AND COMMUNITY HEALTH SERVICES

The primary goal articulated for the Maternal and Child Health service (BMD-10 for 2009) is "to promote reproductive health, child development, and school readiness in Milwaukee by reducing the ratio of African American infant mortality rate to White infant mortality rate to less than 1.3% (sic) by 2010." The Maternal and Child Health Service of the MHD promotes prenatal and reproductive health, early childhood development and school readiness; one anticipated outcome is a reduction in infant mortality and in the disparities between African American and White infant mortality rates. The following discussion addresses several key MHD initiatives in maternal and child health.

Infant Mortality

The MHD has stated that "...residents of the City of Milwaukee suffer from unacceptable and disproportionately high rates of teen pregnancy and poor birth outcomes, including preterm births, low birth weight, fetal and infant deaths, and injuries to children in the first two years of life."

It is expected that final 2007 birth and death data will be released by the State of Wisconsin by November 2008. The MHD anticipates that the data will show a reduction in Milwaukee infant mortality rates. A table with rolling 3-year averages is attached at Appendix C. The MHD continues to participate in the Fetal and Infant Mortality Review Team in efforts to better identify the causes and determinants of infant death.

Milwaukee Infant Deaths: 1997 to 2006

City of Milwaukee		Rate/1,000 Live Births			
Year*	Number of Infant Deaths	City	African American (non-Hispanic)	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	19.4	5.7	4.9
2005	128	11.5	15.7	8.4	7.0
2006	137	12.0	18.0	7.2	5.7

*Figures for 2007 have not yet been certified by the Wisconsin Department of Health and Family Services. Delay in reporting is partly due to the fact that deaths are recorded by residence of victim which may not be the same location as death.

Comprehensive Home Visitation

The Milwaukee Comprehensive Home Visiting Program (MCHVP), also called the Empowering Families of Milwaukee project, is a focused, intensive home visiting program for high-risk pregnant women and families in zip codes 53204, 53205, 53206,

53208, 53212, and 53233. The program is funded by the State of Wisconsin. The program began enrolling clients in September 2006.

Nurse Family Partnership Program

The Nurse Family Partnership Program is an intensive home visitation effort supported by funding from Columbia St. Mary's and expanded from zip code areas 53204 and 53212 to now include zip code areas 53210 and 53218. This expansion has been supported with funding from UW-Madison. The program employs five Public Health Nurses (4.75 FTEs) and one Nurse Supervisor.

Unlike the MHD's current comprehensive Home Visitation Program, the Nurse-Family Partnership model utilizes only nurses as case managers. The outcomes of this program in the more than 20 cities and states that have used this research-based delivery of service are improved health, wellbeing and self-sufficiency of at-risk, low-income parents and their children. This scientifically evaluated program known as "the Olds Model" requires specialized training.

Since August of 2007, the Columbia St. Mary's initiative enrolled 50 women as of September, 2008. MHD reports that 927 visits have been conducted and 32 babies have been born into the program. Initial evaluation of the program is encouraging: 29 of the babies were born 'at term' (i.e., not premature); 29 were born at adequate birth weight. All 32 babies had at least one physician visit before one-month of age.

Childhood Injuries

Home Environmental Health partners with Milwaukee Injury-Free Coalition for Kids (IFCK) and the Milwaukee Safekids Coalition in its efforts to reduce unintentional childhood injuries. Milwaukee County continues to have the highest rates in the state of childhood injuries presenting at local hospitals. Burns, falls and poisonings are particularly pronounced in low-income neighborhoods and in zip codes 53204, 53206, 53208, 53209 and 53210.

The Milwaukee Plain Talk Initiative

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

Tobacco and Children

The MHD receives annual funding for the Tobacco Control Program from the State of Wisconsin for its Tobacco Prevention and Control Program. Funds are dispersed to community-based organizations that conduct activities related to reducing smoking initiation among youth. Several agencies for 2007 and 2008 were funded to educate youth about the risks of tobacco use and cessation programs. Currently the State is reevaluating the funding process for the Wisconsin Tobacco Prevention and Control

Program which may affect funding in 2009 for the current CBO's funded by Milwaukee Health Department (MHD).

The smoking rates for youth in 2000 for the initial Wisconsin Youth Tobacco Survey (YTS) were 33%. The last Wisconsin YTS was conducted in 2006 and the following responses were noted:

- Smoking rates from 2000 had decreased from 33% to 19.9% in 2006.
- Use of any tobacco product decreased from 39% in 2000 to 27.2% in 2006.
- In 2006, 7.4% of public high school students were users of smokeless tobacco.
- Six out of 10 students were exposed to environmental tobacco smoke in the same room in the past week.
- More than 8 out of 10 students heard or saw anti-smoking media messages.
- 47% were taught in class the dangers of tobacco use.
- 83.6% had heard or seen commercials about the dangers of cigarette smoking within the last 30 days.
- 89.2% had seen ads for tobacco products on the internet, on TV or at the movies.

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

The coordinated school health model that is in place at MPS and the collaborative MHD Tobacco Control and Prevention (in place since 2001) initiatives appear to have significantly impacted high school smoking rates in Milwaukee. The State of Wisconsin has acknowledged Milwaukee's model program which includes Milwaukee's Tobacco-Free Sports (TF-S), Kick Butts Day, and other initiatives. TF-S is a youth-led, adult-guided program to prevent youth tobacco initiation by linking tobacco-free lifestyles with health and physical fitness. This initiative is linked through MPS sports programs such as basketball, soccer, and cheerleading. MHD will continue to collaborate in 2009 with MPS to conduct Tobacco-Free Sports and Kick Butts Day.

"WI WINS" is a science-based, state-level initiative designed to decrease youth access to tobacco products. MHD currently partners with MPD to conduct compliance checks on local vendors to ensure they are not selling tobacco products to teens aged 15 - 19. Data shows that 80% of current cigarette smokers started smoking before their 18th birthday. In 2007, 1,527 compliance surveys were completed with 77 citations issued. In 2008, 1,494 compliance surveys will be conducted. MHD will continue to partner with MPD to conduct compliance checks and issue citations in 2009.

Medicaid Outreach

MHD plans to continue the successful Medicaid Outreach program providing assistance to City of Milwaukee residents in making application for BadgerCare Plus medical insurance, food stamps and other entitlements. To continue the program, some of the costs were shifted to O&M funding in 2008. Additional grant funds have recently been

awarded. Importantly, an expanded number of individuals with health coverage means that residents who relied on the MHD for health care services in the past may now find a separate medical 'home.' Furthermore, when covered individuals utilize MHD services, the Department is eligible for reimbursement.

Grants

The MHD anticipates receiving approximately \$18.4 million in grant and aid funding in 2009. CDBG funding will be reduced in 2009 and only available for lead abatement efforts. Current grant and aid figures assume approval of \$7.0 million in funding for lead abatement related activities in 3 lead hazard grants from the U.S. Department of Housing and Urban Development (HUD) that are anticipated, but have not been confirmed. Grant funds now constitute more than half of the MHD budget. See Appendix A.

Capital Improvements

2007 Actual	2008 Budget	Change	2009 Proposed	Change
\$452,339	\$800,000	+ 76.9%	\$864,000	+ 8.0%

Exterior Building Maintenance Program

An amount of **\$228,000** new borrowing is proposed for exterior maintenance of various MHD buildings. Carryover borrowing authority is \$916,000.

Interior Building Maintenance Program

An amount of **\$290,000** new borrowing is proposed for the interior maintenance of various health buildings. Carryover borrowing authority is \$753,616.

Mechanical Systems Maintenance Program

An amount of **\$246,000** new borrowing authority is proposed for mechanical systems maintenance that includes Southside Clinic heating modifications for exam rooms. No amount was budgeted in 2007 for mechanical systems maintenance. Carryover borrowing authority is \$285,972.

Public Health Information Network

An amount of **\$100,000** new borrowing is proposed for integrating client tracking with the state system. Carryover borrowing authority is \$110,000.

Revenues

It is estimated that MHD revenues in 2009 will be \$3,679,990. This represents a significant increase (+31.7%) from \$2,793,169 actually received in 2007.

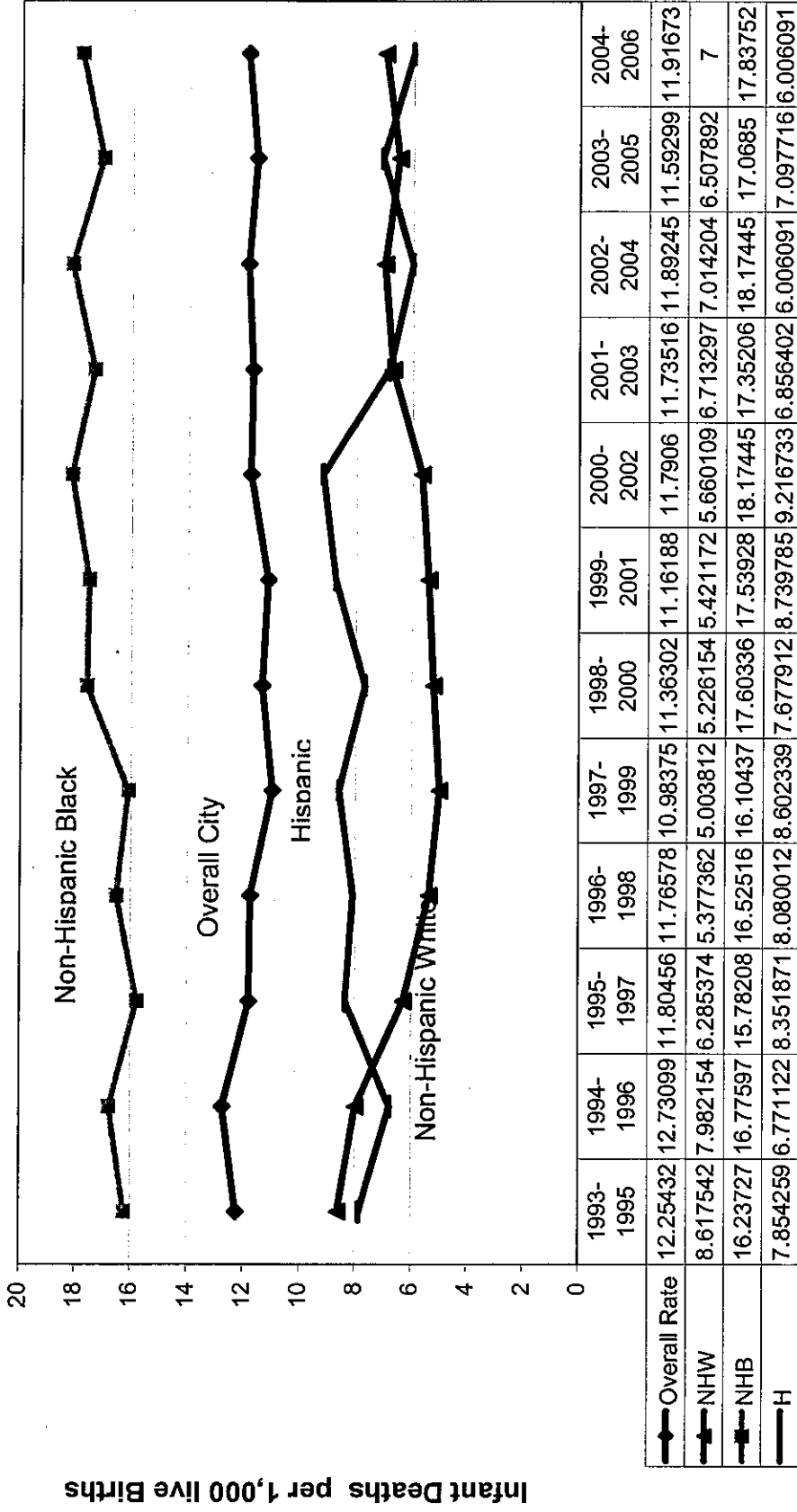
1. Revenues for the Health Department are primarily from licenses, permits, and charges for services and inspections. Recent increases in charges and fees account for a major portion of the anticipated increase in revenues in 2009.
2. MHD is also reimbursed by state and federal programs for influenza shots, childhood immunizations and health checks, lead home nursing visits, and lead inspections. Further, the department receives reimbursement for TB case management and childcare coordination. Insurance billing also provides important reimbursement.

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October 14, 2008

APPENDIX C

City of Milwaukee

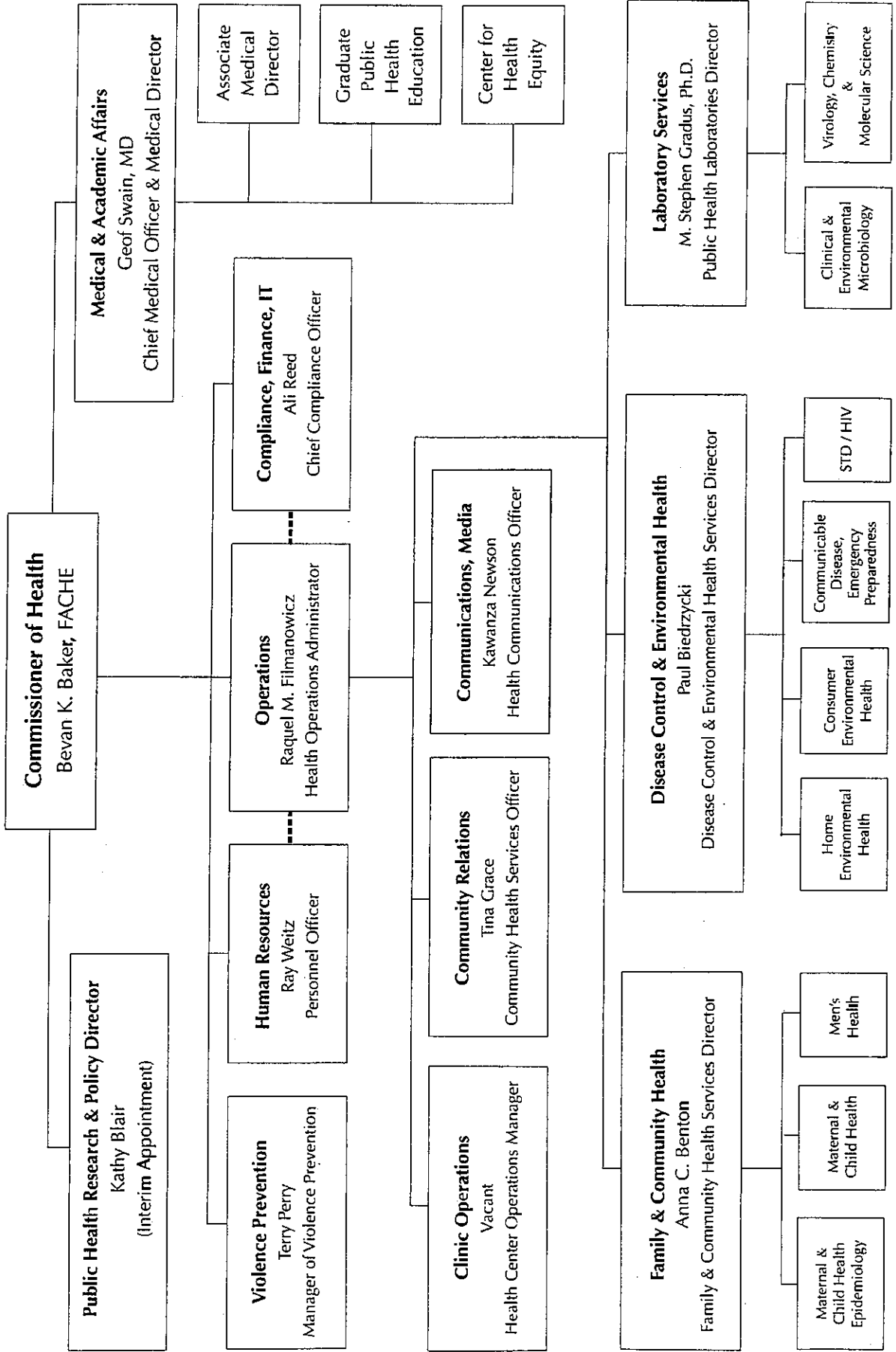
Infant Mortality: Three Year Rolling Average Rates



Source: City of Milwaukee Health Department: Vital Statistics, City of Milwaukee Resident Births and Infant Deaths

APPENDIX B

**2008 City of Milwaukee Health Department
Organizational Chart**



APPENDIX A

2009 GRANT AND AID REQUESTS		
MILWAUKEE HEALTH DEPARTMENT	2008 PROJECTION	2009 PROJECTION
	GRANTOR	GRANTOR
		SHARE
Adolescent Community Health Program	551,000	531,000
Beach Monitoring Grant	26,000	20,000
Bioterrorism Grant - Consolidated	168,100	0
Bioterrorism Grant - PH Preparedness (new)		365,000
Bioterrorism Grant - WSLH (Lab)	66,000	0
Bioterrorism Grant - CRI/Pandemic Flu	528,800	300,000
Breast Cancer Awareness Program - Milwaukee Foundation	100,000	100,000
Breast Cancer Awareness Grant - DHFS	104,500	104,500
Breast & Cervical Cancer Screening	100,000	99,550
Breast & Cervical Cancer -Well Women Health Initiative (Consolidated)	246,500	133,500
Breast & Cervical Cancer - Case Coordination	0	120,000
Child Care Provider Assistance Program	44,000	0
Childhood Immunization Disparities Grant	300,000	300,000
Church Based Health & Wellness (new)		6,000
Congenital Disorders Grant	122,000	133,000
Early Identification and Detection of Pregnancy	43,000	43,000
Eco-Cultural Grant	0	150,000
Fetal Infant Mortality Review	100,000	100,000
Healthy Homes Demonstration Grant (new)		1,000,000
Hepatitis B Immunization Grant	47,000	47,000
HIV Women's Grant	201,900	225,000
Immunization Action Plan Grant	305,000	305,000
Intensive Home Visiting/MHD Center for Health Equity	500,000	500,000
Lead Detection Grant	306,000	303,000
Lead Prevention Grant	692,100	660,000
Lead Hazard Control Project	3,000,000	3,000,000
Lead Hazard Reduction Demonstration Project	4,000,000	4,000,000
Lead-Housing & Economic Recovery Act of 2008 (new)		70,000
Mayor's Against Guns Violence	0	75,000
Milwaukee Alliance on Sexual Health (MASH)	33,000	0
Medical Assistance Grants (misc. grants)	200,000	200,000
Milwaukee Comprehensive Home Visiting Program	813,000	813,000
Nurse Family Partnership	150,000	150,000
Plain Talk Initiative (misc. grants)	100,000	200,000
Preventive Health Grant	71,000	71,000
Refugee Health Services Grant	136,000	140,000
Sexually Transmitted Diseases Grant	671,000	605,000
Survnet Grant	60,000	60,000
Tobacco Control Grant	271,000	266,000
Urban Area Security Initiative	500,000	500,000
Weinhardt Computerized HIV Intervention Grant	95,000	95,000
West Nile Surveillance Project	20,000	15,000
Women's Infants and Children's Grant	850,000	1,035,000
Health Department Totals	15,521,900	16,840,550

Note: This table does not include approximately \$650,000 in CDBG lead abatement funding and an estimated increase in Youth Tobacco funding that should bring the total grant and aid funding to approximately \$18.4 million.