



MEMORANDUM

LEGISLATIVE REFERENCE BUREAU

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To: Ald. Terry L. Witkowski
From: Dana J. Zelazny, Legislative Reference Bureau
Date: November 15, 2018
Subject: ANALYSIS OF HEALTH DEPARTMENT 2017 ANNUAL REPORT

This memo is in response to your request for an analysis of the Health Department's 2017 Annual Report (the "Report") in relation to the reporting requirements set forth in the Code of Ordinances. The Report is intended to satisfy the general Health Department reporting requirements (s. 59-3-3), the Office of Violence Prevention reporting requirements (s. 59-3-4), and the grant activity reporting requirements specific to the Health Department (s. 304-81-6-f).

HEALTH DEPARTMENT REPORTING REQUIREMENTS

The Health Department is required to provide an annual report in the first six months of each calendar year of the Department's impact on health-related issues. The report must contain the following elements:

1. THE DEPARTMENT'S PUBLIC HEALTH PROGRAMS AND SERVICES.

The Report divides analysis of the Health Department into six divisions and offices:

Consumer Environmental Health
Family & Community Health
Public Health Laboratory

Disease Control & Environmental Health
Office of Violence Prevention
Office of Planning & Policy

The Report provides a summary of the individual programs within each division/office. Each program summary includes a description of program operations, a budgetary overview, and a table showing the source, amount and period of grants that support the program.

For each departmental program, the Report discusses the Health Department's goals for the program and the types of activities that the Health Department undertakes to achieve those goals. Performance Measures (five-year historical data) show the levels of services that the Health Department provides through the program. Where appropriate, the Report provides a narrative explaining significant changes in reported Performance Measures for 2017.

2. THE STATUS OF HEALTH-RELATED ISSUES, INCLUDING TRENDS OVER THE PRECEDING 5 YEARS AND EMERGING ISSUES.

Last year's Report (2016) included five-year historical data on 53 health statistics including the City's data, the most recent state and national data, a CDC benchmark, an indicator of whether the City's current status exceeds or falls short of the CDC benchmark and a trend indicator of whether over the past five years, Milwaukee's status is improving, declining or holding steady. These health statistics has been largely eliminated from the 2017 Report.

The 2017 Report does provide five-year historical City data on some health metrics related to individual Health Department programs, the "Population Health Outcomes". One or two Population Health Outcome charts are provided for some, but not all, programs.

In relation to emerging issues, the Report includes a series of sidebars that discuss more recent or unique issues the Health Department has addressed through internal action or partnerships with other agencies.

3. AN ANALYSIS OF THE QUANTIFIABLE IMPACT THE ACTIONS OF THE HEALTH DEPARTMENT HAVE HAD ON THE TRENDS IDENTIFIED IN #2 ABOVE IN THE PRECEDING YEAR, INCLUDING AN ANALYSIS OF HOW SPECIFIC HEALTH DEPARTMENT ACTIONS CONTRIBUTED TO A MEASURABLE CHANGE IN THE STATUS OF EACH HEALTH-RELATED ISSUE.

Reporting for some programs is primarily limited to an accounting of department activities, with little or no information regarding the status of local health issues and the impact of program activities. For example, the summary for the Direct Assistance for Dads program describes the program as a long-term home visiting program that engages fathers to complete care plans and track participants' progress towards participant-driven goals. Performance Measures tally program activities - the number of home visits, enrollments and screenings provided. However, the only reported Program Outcome is a chart showing the percentage of babies born full-term and at a healthy birth weight. The relationship of this particular factor to the program's goals and performance measures is unclear; furthermore, while this factor may bear some relevancy to prenatal enrollees (approximately 1/3 of the new enrollees) – the relevancy to the majority of enrollees (the remaining 2/3 of enrollees) is lacking.

Similar reporting is provided for the Empowering Families of Milwaukee, which provides health teaching, case management and support to families prenatally until the child is 3 years old. Again, the reported Program Outcome is a chart showing the percentage of babies born full term or at a healthy weight; no data or other analysis is provided in relation to program outcomes relevant to the remainder of a family's participation through a child's third birthday.

These disconnects between Performance Measures and Program Outcomes raise questions as to whether the Performance Measures are reflective of each program's operational functions, or whether they may miss key components of program performance.

Historical data for certain of the programs is significantly lacking - there is an almost complete failure to provide historical data on program activities for the Home Environmental Health (Lead) program.

4. THE DEPARTMENT'S ACCOMPLISHMENTS AND CHALLENGES.

The Report includes a list of key accomplishments and challenges in 2017 for each department.

5. INITIATIVES UNDERTAKEN OR PLANNED TO BE UNDERTAKEN BY THE DEPARTMENT.

The Report includes a list of actions planned in 2018 for each program.

6. HEALTH STATISTICS AND OTHER RELATED INFORMATION.

The Report provides limited health statistics and other related information over the preceding five years in relation to most programs.

7. ANY INFORMATION REQUESTED BY THE MAYOR OR THE COMMON COUNCIL.

No additional information was requested prior to the preparation of the Report.

OFFICE OF VIOLENCE PREVENTION REPORTING REQUIREMENTS

The Health Department is required to provide an annual report, in the first six months of each calendar year, of the Office of Violence Prevention's (OVP) impact on violence in the city. The Health Department's OVP report must include the seven following components:

1. THE OFFICE OF VIOLENCE PREVENTION'S PROGRAMS AND SERVICES.

The OVP report briefly summarizes the various initiatives that the OVP has undertaken, including ReCast Milwaukee, Safe Visitation and Exchange, Commission on Domestic Violence and Sexual Assault, Blueprint for Peace and Youth and Community Engagement. The Report also provides a budget overview and a table of the source, period and amount of OVP grants.

The OVP report provides a table of Performance Measures, including five-year historical data on the services and activities OVP has carried out. These include, for example, the number of families engaged through the trauma response initiative, the number of community response interventions, the number of supervised Safe Exchange services, and the number of participants in the Youth Violence initiative.

2. THE STATUS OF VIOLENCE-RELATED HEALTH ISSUES, INCLUDING TRENDS OVER THE PRECEDING 5 YEARS AND EMERGING ISSUES.

In last year's report, five-year historical data was provided for certain violent crimes and non-criminal activities (the maltreatment substantiation rate, bullied high school students, high school students who have experienced physical dating violence and the percent of children ages 8-17 afraid for their personal safety in the past year). Along with local data, the last year's report provided the most recent state and national data, a CDC benchmark, an indicator of whether the City's current status exceeds or falls short of the CDC benchmark and a trend indicator of whether, over the past five years, Milwaukee's status is improving, declining or holding steady.

This feature has been eliminated from the 2017 OVP Report. Unlike most of the other programs, there are no Population Health Outcomes reported for the OVP, or more specifically, there is no little or no reporting on violence-related health issues, trends and emerging issues in Milwaukee.

3. AN ANALYSIS OF THE QUANTIFIABLE IMPACT THE ACTIONS OF THE OFFICE OF VIOLENCE PREVENTION HAVE HAD ON THE TRENDS IDENTIFIED IN #2 ABOVE IN THE PRECEDING YEAR, INCLUDING AN ANALYSIS OF HOW SPECIFIC OFFICE OF VIOLENCE PREVENTION ACTIONS CONTRIBUTED TO A MEASURABLE CHANGE IN THE STATUS OF EACH VIOLENCE-RELATED HEALTH ISSUE.

There is no reporting or analysis of the impact of OVP activities on violence-related health issues and trends in Milwaukee.

4. THE OFFICE OF VIOLENCE PREVENTION'S ACCOMPLISHMENTS AND CHALLENGES.

The Report includes a list of key accomplishments and challenges in 2017 for each department.

5. INITIATIVES UNDERTAKEN OR PLANNED TO BE UNDERTAKEN BY THE OFFICE OF VIOLENCE PREVENTION.

The Report includes a list of actions planned in 2018 for OVP, including increasing staffing, launching the ReCast Milwaukee Coalition, launching Ceasefire Milwaukee in a priority neighborhood and expanding the Trauma Response partnership to the Milwaukee Fire Department.

6. VIOLENCE-RELATED STATISTICS AND OTHER RELATED INFORMATION.

No violence-related statistics or other related information is provided in the Report.

7. ANY INFORMATION REQUESTED BY THE MAYOR OR THE COMMON COUNCIL.

No additional information was requested prior to the preparation of the Report.

GRANT ACTIVITY REPORTING REQUIREMENTS

The Health Department is required to provide an annual report in the first 6 months of each calendar year of all grants administered by the Department (see s. 304-81-6-f).

In relation to each Health Department program, the Report lists the funder, period and total dollar amount of each grant that supports the program. The Report does not provide a breakdown for those grants that support more than one program, nor any of the other information required under paragraphs f-1 through f-4 of the code.

In response to the Legislative Reference Bureau's analysis of the 2016 Report, the Health Department stated that the 2017 Report would include reports for each grant listed when available, but that any internal grant report template would not be in place for the 2017 Report. According to the Health Department, an analysis of the impact of the Health Department's actions on each grant's goals and objectives would not be feasible at current staffing levels.

If you have any other question related to this matter, please let me know.

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