



CITY OF MILWAUKEE
HEALTH DEPARTMENT

2024 ANNUAL REPORT
DATA SUPPLEMENT

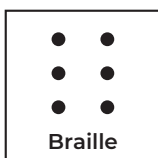


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2024 ANNUAL REPORT

About this Data Supplement

The Annual Report is a comprehensive overview of the City of Milwaukee Health Department (MHD) and includes information for each branch and program.

MHD has implemented a new format that includes a condensed main report highlighting Key Performance Indicators (KPIs), with a separate data supplement that includes detailed data tables for each program. **The main 2024 Annual Report can be found online at:**

milwaukee.gov/AnnualReports

Note*

Gaps within this data supplement are the result of several factors, including department-wide KPI restructuring and COVID-19 related program disruptions.



COMMISSIONER'S OFFICE

Finance					
City of Milwaukee Health Department Expenditures by Funding Source *					
Funding Source	2020	2021	2022	2023	2024
O&M	\$14,586,057	\$16,884,600	\$12,291,820	\$18,244,554	\$18,437,326
Grant	\$29,805,644	\$33,725,720	\$31,222,619	\$24,130,331	\$22,393,012
Reimbursable	\$349,615	\$265	\$270	\$0	\$0
Capital	\$533,734	\$624,314	\$680,102	\$37,722	\$36,003
Total Expenses	\$45,275,050	\$51,234,899	\$44,194,812	\$42,412,607	\$40,866,341

* Financial data is preliminary and subject to change.

2024 Total Expenses by Branch	
Branch	2024 Total Expenses
Commissioner's Office	\$3,072,041
Family and Community Health	\$8,028,621
COVID-19	\$1,975,105
Environmental Health	\$15,173,583
Clinical Services	\$8,905,780
Policy, Innovation, and Equity	\$3,711,212
TOTAL	\$40,866,341

COVID-19 Grant information			
Grant Name	Funding Source	Dates of Grant Period	Amount Over Grant Period
ELC Enhanced Detection	Centers for Disease Control (CDC)	8/1/2024-3/24/2025	\$1,598,008 *
COVID-19 Disparities		6/1/2021-3/24/2025	\$6,606,781 *
AMD Sequencing		8/1/2024-7/31/2026	\$806,395
ELC Detection Expansion		8/1/2024-3/24/2025	\$1,326,839 *
CDC Phylodynamics		10/1/2022-9/30/2025	\$1,186,610
City ARPA: COVID-19	US Treasury	3/21/2021-12/31/2026	\$5,737,335
COVID-19 Immunizations		6/1/2021-3/24/2025	\$997,500 *
WI DHS COVID Recovery		3/1/2021-12/31/2024	\$3,695,600

* These grants were terminated prior to their original end dates.

O&M and Grant Expenses by Department		
Department	2024 O&M Expenses	2024 Grant Expenses
Community Healthcare Access Program (CHAP)	\$362,493	\$325,472
Direct Assistance for Dads (DAD Project)	\$97,794	\$0
Empowering Families of Milwaukee (EFM)	\$1,584,595	\$1,533,078
Strong Baby and Safe Sleep	\$724,463	\$306,841
Birth Outcomes Made Better (BOMB) Doula	\$814,127	\$471,615
Newborn Screening	\$30,950	\$292,635
Women, Infants, and Children (WIC)	\$7,012	\$1,892,915
Consumer Environmental Health (CEH)	\$3,477,330	\$0
Home Environmental Health (HEH)	\$3,192,682	\$8,598,501
Emergency Preparedness Environmental Health (EPEH)	\$874,347	\$871,944
Communicable Disease (CD)	\$741,953	\$1,676,159
Sexual and Reproductive Health (SRH)	\$1,981,648	\$670,104
Milwaukee Breast and Cervical Cancer Awareness Program (MBCCAP)	\$13,342	\$488,109
MHD Laboratory Services	\$2,858,523	\$834,894
Policy, Innovation, and Equity (PIE)	\$1,017,143	\$1,955,563
Vital Records	\$366,454	\$1,090
Fetal Infant Mortality Review (FIMR)	\$0	\$0
COVID-19 Response	\$292,470	\$1,822,891
Substance Misuse / Opioid Settlement	\$0	\$687,204
TOTAL	\$18,437,326	\$22,429,015

Staffing					
City of Milwaukee Health Department Personnel					
	2020	2021	2022	2023	2024
O&M FTE	164.26	162.12	190.8	141.14	142.53
Non-O&M FTE	120.71	441.85	109.2	92.99	88.77
Total FTE	284.97	603.97	300	234.13	231.30

City of Milwaukee Health Department Total FTE* by Branch	
Branch	2024 FTE
Commissioner's Office	20
Family and Community Health	56
Environmental Health	69
Clinical Services	62
Policy, Innovation, and Equity	24

* FTE = Full Time Equivalent employee (40 hours / week).

Vital Records					
Performance Measure	2020	2021	2022	2023	2024
Total gross income, cash receipts, and billing	\$535,633	\$594,254	\$465,347	\$471,015	\$444,290
Births registered	8,476	8,241	10,262	11,757	11,680
Deaths registered	7,220	5,075	6,643	5,532	5,025
Total birth certificates issued	17,251	23,627	15,959	18,221	17,855
Total death certificates issued	52,649	49,194	46,447	35,792	33,253

MHD Strategic Plan

1

Anti-Racism Competency Development

Ensure all MHD staff understand why MHD will become an anti-racist organization, how the department will cultivate anti-racist practices and competencies, and what is expected of all staff members to support this work.

Strategy	Progress
1.1 Organize and complete anti-racist training via Workforce Development Grant	54% of staff participated across 22 Caring Conversations sessions

2

Re-Center Culture

Support MHD's transition to a Public Health 3.0 model by clarifying our cultural norms and aspirations reinforcing this culture through daily work.

Strategy	Progress
2.3 Develop or adopt an anti-racist culture shaping framework to guide ongoing culture work across the department	The Equity Advisory Committee developed and adopted shared Race, Equity, Diversity, and Inclusion or "REDI" Agreements as a model for department-wide anti-racism work.

3

Financial Alignment and Sustainability

Outline strategies and actions to ensure that funding pursued and accepted by MHD aligns with our goals and available resources.

Strategy	Progress
3.5 Enhance community-based program funding and improve efficiency of re-granting process	The re-granting process was improved and streamlined through collaboration with the Milwaukee Area Health Education Center to support Community Health Worker training

4

Program Evaluation and Improvement

Direct MHD's evaluation and improvement work to understand the impact of its programs, guide resources, and improve public transparency.

Strategy	Progress
4.2 Establish workgroup to review and endorse key performance indicators for internal tracking and external reporting	In collaboration with staff, the Data and Evaluation team established KPIs for MHD programs with dashboards being prepared for 2025

5

Electronic Health Record Optimization

Optimize MHD's electronic health record system to ensure the department has meaningful data to understand current performance, inform equity analysis, and effectively transition to a Public Health 3.0 model.

Strategy	Progress
5.2 Coordinate and implement full integration with allowable MHD programs, including the Lab Information Management System and program access to billing modules, in accordance with equity-based guidelines	In 2024, MHD identified an EHR system integratable with its programs. The projected OCHIN (EHR) live date is April 8th, 2025.

6

MHD Staff Recovery

Support staff in personal and team recovery and develop personal, interpersonal, and organizational practices for stress management.

Strategy	Progress
6.3 Establish consistent venues, methods, or events to support personal and interpersonal psychosocial healing from community traumas; utilize evidence-informed programs or modalities that are grounded in cultural humility, health equity, and anti-racist practices (hold staff accountable for racist comments/acts)	80% of employees attended Trauma Informed Care Training.

7

Workforce Development

Invest in staff by establishing a department-wide workforce development strategy, focusing on equitable recruitment, retention, compensation, promotion, and skill development.

Strategy	Progress
7.4 Conduct market and equity-focused studies on individual and role compensation and partner with City leaders to address recommendations	HR reduced the number of unfilled positions from 50 to 37.

8

Public Health 3.0 Strategy

Examine the implications of Public Health 3.0 transition on roles, partnerships, funding, data collection, communications, and other MHD functions.

Strategy	Progress
8.7 Evaluate program functions to build and share power with the community; recommend ways to advance power-sharing via existing programs and policies, or establish new programs and policies designed to build and share power	The Home Environmental Health Program partnered with community Community Advocates, Habitat for Humanity, and Revitalize Milwaukee, to address community-identified needs using ARPA funding.

FAMILY AND COMMUNITY HEALTH (FCH)

Birth Outcomes Made Better (BOMB) Doula					
Performance Measure	2020	2021	2022	2023	2024
Number of new families enrolled	1*	79	91	161	126
Number of babies born among families enrolled	1	74	73	117	112
Number of singleton babies born at less than 37 weeks gestation (premature)	0	10	6	11	10
Number of singleton babies born weighing less than 2500 grams (low birthweight)	0	18	11	16	15
Presence of Doulas during labor/delivery (percentage)	100%	68%	81%	72%	57%
% of Black/African American identified families enrolled	N/A	N/A	70%	69%	54%
% of infant deaths among enrolled families (not including terminations/stillbirths)	0%	1 (1.3%)	0%	0%	4 (3.6%)

* Did not enroll families until 12/2020 due to delays caused by COVID-19 pandemic.

Community Healthcare Access Program (CHAP)					
Performance Measure	2020	2021	2022	2023	2024
Number of individuals completing applications for BadgerCare Plus (new)	123	99	161	179	459 *
Number of individuals completing applications for BadgerCare Plus (renewals)	282	25	39	526 *	505
Number of Childless Adults applications (new)	78	25	26	49	36
Number of Childless Adults applications (renewals)	8	9	9	10	6
Number of Marketplace or Health Benefit Navigations	14	7	20	18	5

* About 2.5 times the amount of new applications from 2023.

* 2020-2022 CHAP was significantly impacted with the automatic renewals of benefits nationwide. In 2023 there is a significant increase due to the unwinding of BC+ which started in June 2023.

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Performance Measure	2020	2021	2022	2023	2024
Number of Express Enrollments Applications (new and renewals)	5	0	0	3	4
Number of Non-qualified Immigrant Pregnant Women *	24	22	68	68	81
Number of FoodShare applications (new)	205	204	497 *	508	592
Number of FoodShare applications (renewals)	361	196	565 *	524	436
Number of community outreach events focused on Medicaid enrollment in which CHAP staff participate	20	5	9	2	6
# of technical assists completed by staff Goal - 375 per quarter *	1,513	1,308	2,043	3,364	3,929 *

* This service enrolls undocumented mothers in insurance coverage that lasts through delivery.

* Foodshare applications / renewals significantly increased from 2021-22. CHAP's services played a major role in supporting food insecurity issues during the pandemic.

* Includes family, new / renewals, and document verification (sending IDs, check stubs, updated job info, etc.) Goal changes yearly depending on goals of the grant. There were nearly 600 more assists this year compared to 2023.

Direct Assistance to Dads (DAD Project) Birth Outcomes					
Performance Measure	2020	2021	2022	2023	2024
Number of babies born (singletons + multiples)	2	4	6	6	9
Singletons	2	4	6	6	9
Multiples	0	0	0	0	0
Number of singleton babies born at less than 37 weeks gestation (premature)	0 *	0 *	0 *	0 *	1
Number of singleton babies born weighing less than 2500 grams (low birthweight)	1 *	1 *	0 *	1	0
Number of infant deaths among families enrolled (babies born alive who die before age 1)	0%	0%	0%	0%	0%
Number of stillbirths among families enrolled (babies who die before taking their first breath, are without a heartbeat at birth, and weigh at least 350 grams and/or are more than 20 wks gestation)	0	0	0	0	0

* One or more unknown values.

Empowering Families of Milwaukee (EFM) Birth Outcomes					
Performance Measure	2020	2021	2022	2023	2024
Number of babies born (singletons + multiples)	33	39	56	80	17
Singletons	29	39	56	74	17
Multiples	4	0	0	6	0
Number of singleton babies born at less than 37 weeks gestation (premature)	2	1	3	6	0
Number of singleton babies born weighing less than 2500 grams (low birthweight)	1	2	4	7	1
Number of infant deaths among families enrolled (babies born alive who die before age 1)	1 (3%)	0%	1 (1.8%)	2 (2.5%) *	0 *
Number of stillbirths among families enrolled <i>(babies who die before taking their first breath, are without a heartbeat at birth, and weigh at least 350 grams and/or are more than 20 wks gestation)</i>	1	0	0	0	0

* An infant born in 2023 died in 2024 before the age of 1. 2023's metric has been updated.

Overall EFM / DAD Program Outcomes					
Performance Measure	2020	2021	2022	2023	2024
Number of families served	142	158	181	215 *	210 *
Number of completed HVs	1,634	1,889	1,855	2,188	2,452
Number of families who successfully completed the program	14	15	48	26	43
% of infants (among birthing parents that enrolled prenatally) who were breastfed any amount at 6 months of age	29%	31%	25%	43%	35%
% of caregivers screened for depression within 3 months of delivery (or 3 months of enrollment is not enrolled prenatally)	42%	69%	66%	81%	72%
% of caregivers with a positive screen for depression who accepted a referral and received services	0%	25%	20%	50%	25%
% of children who received their last well-child check up	72%	86%	81%	77%	79%

* In 2023, we served 215 families (110 new, 105 continuing). In 2024, we served 210 families, with fewer new enrollments (62) but more continuing families (148), showing stronger retention.

Of the 62 new families in 2024, 58% enrolled postnatally, leading to fewer babies born into the program. This shift is largely due to EFM waitlist delays—by the time families were assigned a home visitor, they had already delivered.

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Performance Measure	2020	2021	2022	2023	2024
% of children with a family member who read, told stories and/or sang songs with their child every day	78%	72%	74%	71%	77%
% of children with a timely screen for developmental delays using a validated tool	52%	82%	74%	73%	81%
% of children with a positive screen for developmental delays whose parents accepted a referral and received service in a timely manner	69%	76%	74%	40%	35%
% of caregivers screened for interpersonal violence within 6 months of enrollment	87%	93%	87%	89%	91%
% of caregivers with continuous health insurance coverage for at least 6 consecutive months	95%	93%	94%	96%	88%
% of families that report an increase in their parenting skills and knowledge of their child's development since being in the program	N/A *	N/A *	94%	97%	98% and 88% *
% of families that report an increase in ability to manage their child's behaviors using age-appropriate discipline strategies since enrollment	N/A *	N/A *	92%	89%	85%
% of families that report an increase in their ability to take care of the health needs of their family since being in the program	N/A *	N/A *	87%	92%	90%

* These were separated into 2 metrics in 2024.

* Not measured before 2022.

Newborn Hearing Screening Outcomes

Performance Measure	2020	2021	2022	2023	2024
Number of referrals received	1074	922	850	674	743
Average number of monthly cases managed by Regional Outreach Nurse Specialist (RONS)	318	305	338	287	280
Number of babies who received screening by RONS	14	6	5	14	20
Number of babies referred by RONS to Audiology	1	0	1	4	6
Number of newborns identified with hearing loss referred to early intervention	46	41	28	43	37

Newborn Blood Screening Outcomes					
Performance Measure	2020	2021	2022	2023	2024
Total number of referrals <i>(Includes newborn blood screening and whole blood referrals received from screening lab and community)</i>	110	140	106	67	27 *
Average number of monthly referrals case managed	10	12	9	13	2
Babies screened by MHD	65	76	50	37	22
Babies re-screened (birth hospital)	4	13	4	2	1
Babies re-screened (lab)	11	10	9	4	3
Infants identified and case managed with sickling disorder through NBS	26	11	11	8	0
Babies with sickle cell seen in clinic by 4 months of age	27	11	11	13	3
Infants case managed for CF	0	1	0	0	0
Babies referred and case managed for CF (that needed case management)	0	0	0	0	0
Outreach events, conferences, and health fairs attended	1	5	4	4	5

* Referrals decreased due to the state lab case-managing the results. We only received referrals when the state lab couldn't get in contact with the patients.

Safe Sleep and Strong Baby programs					
Performance Measure	2020	2021	2022	2023	2024
Number of clients served by Safe Sleep Program	371	221	163	378	493
Number of cribs distributed through classes and home visiting	386	401	306	335	208

Women Infants and Children Nutrition (WIC)					
Performance Measure	2020	2021	2022	2023	2024
Annual number of WIC Participants	12,500	11,809	12,090	15,052	15,639
% of all infants who breastfed	49%	55%	64%	59%	59%
Infants breastfed through 3 months of age	236 (37%)	281(41%)	360 (50%)	474 (55%)	413 (52%)
Infants breastfed through 6 months of age	166 (18%)	184 (21%)	232 (27%)	329 (33%)	333 (35%)
Nutrition education rate <i>(Participants who met policy contact requirement)</i>	-	67%	67%	60%	63%
Average Monthly Enrollment	8,155	7,933	8,013	9,417	9,991
Average Monthly Participation	7,404	7,273	7,442	8,689	9,388

ENVIRONMENTAL HEALTH

Consumer Environmental Health (CEH)					
Performance Measure	2020	2021	2022	2023	2024
Number of preclicensing inspections	573	747	761	850	860
Number of 30 day inspections completed	245	463	589	587	600
Number of routine food inspections completed	999	1,652	2,261	2,603	2,914

5 CDC Risk Factors Percentage Breakdown - Routine Food Inspections					
Cross Contamination	N/A	N/A	18.3%	19.1%	19.15%
Improper Holding	N/A	N/A	22%	24.8%	25.83%
Inadequate Cooking	N/A	N/A	21.2%	25.8%	25.49%
Personal Hygiene	N/A	N/A	12%	6.8%	8.34%
Unsafe Source	N/A	N/A	26.5%	23.5%	21.19%
Total number of food inspections (preclicensing, routine, reinspections etc.)	3,951	6,391	8,476	9,692	10,638
% of routine food inspections (non-mobile or temporary) with a priority violation	44%	39%	42%	47%	45%

5 CDC Risk Factors Percentage Breakdown - Temporary Event Inspections					
Cross Contamination	N/A	N/A	12.3%	3.9%	7.48%
Improper Holding	N/A	N/A	51.2%	65.7%	61.68%
Inadequate Cooking	N/A	N/A	2.5%	7.2%	9.81%
Personal Hygiene	N/A	N/A	21.2%	2.2%	1.87%
Unsafe Source	N/A	N/A	12.8%	21%	19.16%
Number of temporary events visited for initial inspections of vendors	N/A	N/A	94	95	96
Total temporary event inspections completed	5	316	429	384	427
% of temporary food inspections with a priority violation	0%	29%	29%	31%	35%

5 CDC Risk Factors Percentage Breakdown - Mobile Food Establishments					
Performance Measure	2020	2021	2022	2023	2024
Cross Contamination	N/A	N/A	14%	10.6%	10.84%
Improper Holding	N/A	N/A	41.8%	48.2%	42.17%
Inadequate Cooking	N/A	N/A	7.6%	10.1%	9.89%
Personal Hygiene	N/A	N/A	5%	5%	13.73%
Unsafe Source	N/A	N/A	31.6%	26.1%	23.37%
Number of mobile preinspections	117	157	179	207	345
Number of routine mobile food inspections completed	22	110	180	327	371
Total number of mobile food inspections (prelicensing, routine, reinspections etc.)	310	709	920	1,214	1,469
% of mobile routine inspections with a priority violation	47%	13%	19%	30%	34

Number of tattoo and body art preinspections	16	27	24	15	18
Number of tattoo and body art routine inspections	20	37	49	60	59
Total number of tattoo & body art inspections (prelicensing, routine, reinspections, etc.)	50	60	256	258	354
Number of Devices Inspected/Inspections Performed	737	1,123	836	1,166	1,114
Number of W&M complaints	14	28	28	21	72
Number of outreach trainings conducted	N/A	N/A	151	189	136
Number of food complaints	829	641	648	590	631
Number of body art complaints	1	0	1	8	5
QA average rating	N/A	N/A	94.70%	99.26%	99%

Cases Reported							
Cases reported	2020	2021	2022	2023	2024	Three Year Average	Estimated Number of Cases Per Case Reported *
Campylobacter	46	67	64	97	64	75	30
E. coli 0157	1	12	22	17	15	18	26
Listeria	0	0	0	3	4	2	2
Salmonella	52	69	76	59	71	69	29
Vibrio	1	2	1	3	9	4	142
Yersinia	2	2	4	11	3	6	123

* City of Milwaukee enteric disease cases from Wisconsin Electronic Disease Surveillance System on January 6, 2020. Data is provisional and subject to change.

Incidence Rate per 100,000								
Cases reported	2020	2021	2022	2023	2024	Three Year Average	Healthy People 2030 Target	Healthy People 2030 Status
Campylobacter	7.7	11.6	10.7	16.3	10.8	12.6	10.9	met
E. coli 0157	0.2	2.1	3.7	2.9	2.5	3.0	3.7	met
Listeria	0.0	0.0	0.0	0.5	0.7	0.3	0.22	not met
Salmonella	8.7	12.0	12.8	9.9	11.9	11.6	10.6	not met
Vibrio	0.2	0.3	0.17	0.5	1.5	0.7	N/A *	N/A *
Yersinia	0.3	0.3	0.7	1.8	0.5	1.0	N/A *	N/A *

* Vibrio and Yersinia were not included as targets for Healthy People 2030.

Emergency Preparedness Environmental Health (EPEH)*					
Performance Measure	2020	2021	2022	2023	2024
Policies and TGDs updated	*	*	*	*	1 (training policy)
2025-2026 Policy/TGD Goals	*	*	*	*	15
Public Health Urgent Responses <i>multi-day, large-scale</i>	*	*	*	*	7 *

* Gaps are the result of restructuring nearly all EPEH program KPIs

*

- Hepatitis A exposure at restaurant
- Legionellosis outbreak at large assisted care facility
- Republican National Convention
- Mass rabies exposure in congregate sleeping quarters (2)
- Security lockdown at ZMB (2024)
- January 2024 severe wind chill sheltering event

Emergency Preparedness					
Average % of staff responses to exercised emergency notification messaging	*	*	*	*	77%
Number of emergency preparedness exercises conducted	10	Active Response	Active Response	4	7
Number of emergency preparedness exercises attended by EPEH Staff	*	*	*	*	57
Number of days responding to Extreme Weather Events	*	*	*	*	7
Mutual Agreements published with CAO approval	*	*	*	*	2
AARs / Hotwashes published	*	*	*	*	6
Job Action Sheets published	*	*	*	*	12
Checklists created <i>DO, CAT, EOC, Mass Care</i>	*	*	*	*	4
POD Site Surveys conducted	*	*	*	*	24
Open POD Site Operational Plans created	*	*	*	*	6/15
Closed POD Site Agreements	*	*	*	*	8
WEAVR Volunteer Engagement	*	*	*	*	10%
MHD Emergency Response Roles (assigned - shelter positions)	*	*	*	*	6

Environmental Health *					
Performance Measure	2020	2021	2022	2023	2024
Number of beach water samples collected for pathogenic testing	148	139	137	131	179
Total hours dedicated to beach water sampling	*	*	*	*	127.6 hrs
Number of water samples collected for annual Milwaukee Triathlon / Dragonboat Festival for pathogenic testing	*	18	18	32	8 *
Number of water quality or swim safety advisories for City of Milwaukee beaches	171	102	102	72	120
Number of beach closures - dangerous waves or currents	*	*	*	*	20
Number of beach closures - elevated bacteria	33	22	9	17	14
Number of swim advisories (yellow) - elevated bacteria	*	*	31	22	14
Number of swim advisories (yellow) - rainfall	*	*	*	*	17
Turnaround time for beach alerts (1 hour goal)	*	*	*	*	41min. average
Number of inter-agency meetings regarding beach water surveillance	*	*	*	*	12
Number of potable water samples collected for health surveillance at Summerfest Grounds	0	187	282	255	112 *
Number of environmental health related inspections/outreach conducted on-site, independently or with state/other agencies.	*	5	24	25	28
Number of public / multi-agency vapor intrusion meetings, general and site-specific	*	*	*	13	56
Number of meetings attended as part of multi-agency CAT children's asthma workgroup	*	9	12	6	1
Number of Vapor Intrusion Cases with health concerns requiring MHD involvement	*	*	*	8	28
Shelters that had extensive HVAC system or other indoor air quality improvements completed under federal disparities grant	*	*	*	*	3 *
Number of possible Carbon Monoxide exposure incidents investigated	*	*	*	94	103
Number of phone consultations with concerned citizens about environmental health hazards	*	*	*	*	265 (22 calls per month)

* Gaps are the result of restructuring nearly all EPEH program KPIs

* Added Dragonboat Festival. There was no Triathlon in 2024, event will return in 2025.

* Shortened season - Summerfest did not invite us on-site until mid-season.

* Names of the 3 shelters:

- Hope House
- Repairer's of the Breach
- Walker's Point Youth and Family Center

Continued on next page >>

Performance Measure	2020	2021	2022	2023	2024
Coordinated testing of animal specimens in possible human or pet rabies exposures <i>(bats, opossums, raccoons, feral dogs and cats)</i>	*	*	*	30 (estimated)	27
Number of rabies exposure investigations	*	*	*	94	117 (44% of Calls)
Number of phone consultations regarding Indoor Air Quality (IAQ) <i>mold, radon, fugitive industrial odors, burn pits, etc.</i>	*	*	*	*	55 (21% of Calls)
Number of Safety Drills and Safety Trainings conducted	*	*	*	10	4
Number of Safety Committee meetings	7	17	10	8	2
Number of Safety Workgroup Sub-Committee meetings	*	*	*	23	32
% of employees that are respirator fit tested	76%	52%	60%	80%	51 (100%)
Number of facility hazardous chemical storage plans reviewed as part of the Local Emergency Planning Committee (LEPC)	25	64	50	48	68
Number of needle/ infectious waste removals completed	60	60	45	30	18
Consultation with Health Centers/Annual Infectious Waste Reports submitted to DNR	3	3	3	3	3

Home Environmental Health (HEH)					
Performance Measure	2020	2021	2022	2023	2024
Lead Hazard Reduction					
Number of lead inspections completed	130	121	163	271	344 *
Number of risk assessments completed	119	130	159	247	246
Number of permits issued	250	279	379	390	315
Number of MHD final clearances	123	155	144	189	183
Number of families provided relocation service	53	62	50	53	79
Number of units with orders issued	102	165	188	271	383 *

* 27% increase from 2023.

* 41% increase from 2023.

Healthy Homes					
Number of Healthy Homes assessments completed	53	83	52	40	94

Lead Surveillance and Responses					
Number of EBL outreach letters sent	2,102	2,064	2,538	5,293	5,100
Number of new children referred for nurse case management	48	87	109	204	153 *
Number of children requiring chelation	9	16	6	16	6
Number of chelation events	11	23	10	24	9
Number of nurse cases closed	53	101	69	170	111
Number of nurse case management outreach interventions	4,674	7,979	6,025	8,738	8,766
Number of initial developmental screenings completed	187	74	83	106	60

* Since Fall 2024, 23 additional children received a nurse home visit as part of outreach offer made to all reported EBLs.

Division Metrics *					
Total combined revenue generated from lead billing	\$54,650	\$90,900	\$59,050	\$125,475	\$168,525
Revenue generated from environmental investigation	\$489,000	\$81,975	\$56,625	\$85,100	\$134,700 *
Revenue generated from lead abatement licenses	N/A	N/A	N/A	\$29,025	\$25,950
Revenue generated from case management billing	\$5,650	\$8,925	\$2,425	\$5,050	\$7,875
Total amount assessed from reinspection fees	N/A	N/A	N/A	\$11,100	\$71,850
Number of outreach events attended	4	12	11	15	31

* 2022 data onward presents actual revenue. Previous years may present billing claims.

* This figure includes \$6,000 in reinspections.

Performance Measure	2020	2021	2022	2023	2024 *
Lead Epidemiology					
Number of reported blood lead tests	25,571	23,591	24,775	27,944	29,609
Total Number of children tested	20,799	19,990	20,792	22,169	23,165
Number of reported blood lead tests for children under 72 months	24,561	22,676	23,662	26,340	27,697
Total number of children under 72 months tested *	19,899	19,179	19,807	20,833	21,566
Number of children under 72 months – 3.5-4.9 µg/dL	N/A	904	979	1,272 *	1,120 *
Number of children under 72 months – 5-9.9 µg/dL	908	720	770	964	943
Number of children under 72 months – 10-14.9 µg/dL	213	170	154	173	171
Number of children under 72 months – 15-19.9 µg/dL	82	59	57	60	83
Number of children under 72 months – 20-39.9 µg/dL	66	69	61	76	88
Number of children under 72 months – Greater than 40 µg/dL	9	22	11	24	15
Percent of children under 72 months – Greater than 3.5 µg/dL	N/A	10.1%	10.3%	12.3%	11.2%
Percent of children under 72 months – Greater than 5 µg/dL	6.4%	5.4%	5.3%	6.2%	6.0%
Percent of children under 72 months – Greater than 10 µg/dL	1.8%	1.7%	1.4%	1.6%	1.7%
Percent of children 12 to 35 months of age with at least 1 reported blood lead test	61.1%	57.1%	64.9%	69.1%	*

* 2023 epidemiology data presented is preliminary and subject to change.

2018	2019
26,436 *	25,792 *

* Blood lead screening levels still have not rebounded from pre-pandemic levels. MHD continues work with DHS, providers, and community organizations to increase blood lead testing in the community.

* In late 2021, the CDC lowered their BLRV from 5 µg/dL to 3.5 µg/dL.

* This metric is reliant on DHS data that is not yet released.

CLINICAL SERVICES

Communicable Disease (CD)					
Performance Measure	2020	2021	2022	2023	2024
Number of CD cases reported	2,893	3,891	4,249	1,297	2,931
Number of reportable cases assigned to CD PHNs	447	750	1,463	1,189	1,503
Number of reportable cases followed-up by CD Program	447	750	1,463	1,189	1,503 *

* These numbers do not include COVID-19, influenza associated hospitalizations, tuberculosis, or sexually transmitted infections. Not all CDs require follow-up.

Immunizations					
Number of clients immunized	4,832	219,291	23,652	3,578	4,106
Total number of immunizations provided	4,284	119,753	33,856	7,225	10,602
Number of offsite immunization clinics	0	0	13	39	58
School / childcare education sessions provided	0	0	3	3	3
Number of 2-year-old reminder/recall letters mailed	988	0	4,021	1,768	3,294
% of 2-year-olds in the City of Milwaukee who are up to date on their immunizations by 24 months of age	58%	57%	57%	58%	61%
% of children in compliance with school required immunizations	92%	83%	92%	79%	85%

* These numbers now include COVID-19 immunizations, a change from 2022.

Flu Vaccination Rates by Age					
Performance Measure	2019-20	2020-21	2021-22	2022-23	2023-24
6 months -17 years	40%	37%	29%	24%	21%
18 - 65+ years	60%	63%	56%	39%	41%

Tuberculosis					
Performance Measure	2020	2021	2022	2023	2024
Number of chest x-rays performed at KHC	123	171	127	123	224
Number of TB clinic visits	236	266	240	197	460
Number of Directly Observed Therapy home visits	670	1,023	901	1,201	1,287
Number of refugees with a Class B designation who were provided services (e.g., evaluations, treatment, and other TB care)	11	13	40	52	39
Number of tuberculosis cases in the City of Milwaukee	9	11	12	12	20
Number of clients provided TB case management	9	11	12	12	20

Milwaukee Breast and Cervical Cancer Awareness Program (MBCCAP)					
Performance Measure	2020	2021	2022	2023	2024
Screening Objective (unduplicated)	700	900	950	1,400	950
Total number of breast cancer screenings	792	838	985	1,146	1,539
In-house breast cancer screenings	365	327	341	488	0 *
Provider breast cancer screenings	427	511	644	658	1,539
Total number of cervical cancer screenings	75	89	130	77	88
In-house cervical cancer screenings	71	84	125	72	0 *
Provider cervical cancer screenings	4	5	5	5	88
community events	0	0	5	7	4
Number of diagnostic services provided	N/A	N/A	728	401	422

* MBCCAP transitioned to a care coordinator role in February 2024, with a focus on connecting clients to services provided by our community partners.

Sexual and Reproductive Health (SRH)					
Performance Measure	2020	2021	2022	2023	2024
Number of KHC clinic visits (duplicated patients)	5,415	5,390	7,677 *	8,652 *	9,216
Number of persons tested for STIs (unduplicated as of 2022)	4,425	5,350	3256	4597	4,318
Number of persons turned away due to clinic capacity limitations	393	118	35	13	13
Number of HIV tests	3,367	3,370	3,431	3051	4,866
Number of condoms distributed at KHC	100,000	92,000	98,085	124,854	144,988
Number of persons provided emergency contraception	155	278	375	603	858
Number of STI/HIV cases assigned to MHD staff for case management	1,109	1,036	1,556	1,466	1,960
New HIV infections identified in the City of Milwaukee	97	100	113	90	107
Cases of gonorrhea in the City of Milwaukee	4,786	5,072	4,907	3,985	4,021
Cases of primary and secondary syphilis in the City of Milwaukee	192	445	437	294	224
Cases of chlamydia in the City of Milwaukee	9,405	9,623	9,215	9,127	8,842
% of HIV cases linked to care within 1 month of diagnosis in the City of Milwaukee	81%	74%	78%	84% ³	79%

* Updated metrics from 2024 Patagonia ESB report.

Incidence rate per 100,000					
Cases reported	2020	2021	2022	2023	2024
Gonorrhea	811.0	890.9	828.0	695.6	716.3
Chlamydia	1593.6	1690.2	1554.9	1599.4	1575
Primary and Secondary syphilis	32.5	78.2	73.7	51.28	39.9
HIV	16.4	17.6	19.1	15.8	19.1

Milwaukee Health Department Laboratory (MHDL)

Performance Measure	2020	2021	2022	2023	2024
Tests Performed: Communicable Diseases					
Respiratory pathogens	386	562	423	297	476
SARS-CoV-2 (COVID-19)	26,649	14,028	4,771	*	*
Gastrointestinal pathogens	215	260	157	126	55
Syphilis	5,838	6,900	7,725	8,054	8,814
Chlamydia	10,350	11,562	11,742	12,583	15,286
Gonorrhea	13,532	14,024	14,048	14,879	17,434
Mycoplasma	1,288	1,722	2,502	1,346	950
Trichomonas	4,365	5,295	5,281	5,975	7,538
HIV	3,415	3,586	3,836	4,084	5,219
Hepatitis C	-	-	-	-	1,716
Herpes	283	354	330	395	323
Other (Clinical/Reference)	553	568	223	245	678

* This metric is now included in the respiratory pathogens data.

Tests Performed: Environmental Health					
Lead in dust wipes, paint, soil	3,956	6,931	6,963	11,291	10,546
Lead in Water	979	514	580	793	663
Summerfest Water (Potable)	0	601	624	526	234
Beach Water (Recreational)	147	140	137	135	171
Water Treatment Plant (raw and finished water- Potable; Cryptosporidium, Giardia and culturable viruses)	86	98	84	78	20
SARS-CoV-2 (Air sampling)	N/A	N/A	205	44	129
Other (Environmental/Reference)	414	130	384	3	372

Performance Measure	2020	2021	2022	2023	2024
Other Performance Measures					
Number of LRN Activities: Bio-threat Detection <i>(included proficiency testing)</i>	11	14	14	31	5
Number of active grants	9	13	17	7	8

Outcome Measures					
Number of certifications maintained *	7	7	7	7	7
Number of successful regulatory inspections	3	3	3	6	5

* MHDL maintains 7 certifications:

- Clinical Laboratory Improvement Amendment (CLIA) certificate of compliance (ZMB, KHC and SSHC locations)

- Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) – Milk, Food and Water Lab certification

- Wisconsin Department of Natural Resources (DNR) – Lead in Water certification

- American Industrial Hygiene Association Laboratory Accreditation Programs (AIHA-LAP, LLC) – Environmental Lead certification

- CDC Environmental Legionella Isolation Techniques Evaluation (ELITE)

Customer and Community Impact Measures					
Clients/partners served	96	70	55	49	42
Monthly e-reports to clinical partners & stakeholders (12 per calendar year) on laboratory surveillance	100%	100%	100%	100%	100%
# of interns and fellows hosted	4	7	7	7	7

POLICY, INNOVATION, AND EQUITY (PIE)

Performance Measure	2020	2021	2022	2023	2024
Records Requests					
Number of data requests (internal and external)	N/A	N/A	324	33	14 *
Open records requests	146	127	66	90	160

* The current number of data requests appears low due to underreporting in our previous tracking system. We are actively revamping our internal tracking process to accurately reflect both internal and external data request volumes, and better capture the scope of work being performed in this role.

Substance Misuse Initiatives					
Number of Narcan kits distributed	403	582	1,546	2,772	2,502
Number of Fentanyl test Strips distributed	N/A	1,500	10,954	24,593	5,845

Communication and Community Engagement					
Number of MHD website unique visits	108,954	401,049	373,901	1.6 million	950,000
Number of press releases	N/A	N/A	75	20	23
Number of graphics requests	N/A	N/A	N/A	200 +	275

Social Media metrics Breakdown By Platform					
Facebook					
Engagement	N/A	N/A	8,111	1,500	2,348
Total people reached	N/A	N/A	1,185,641	784,000	687,897
Instagram					
Engagement	N/A	N/A	10,544	3,800	4,020
Total people reached	N/A	N/A	84,484	127,000	140,723

Engagement: the cumulative number of reactions, comments and shares on social media posts.

Reach: the number of unique people who see our content.

WorkPHORCE Health (Public Health Occupational Readiness Centered in Equity)					
Performance Measure	2020	2021	2022	2023	2024
Number of student and fellow placements at MHD	*	*	23	36	42
Number of active Academic Affiliation Agreements	19	21	29	29	32
Number of policies revised	*	*	61	20	8 *
Number of Preceptors Trained in prEcept Anti-Racist Preceptor Training (Internal Staff only)	*	*	*	*	18 *
Number of Recruitment events/presentations/ career panels	*	*	*	*	11
% of positions that allow for clear upward movement and career growth (career ladder paths)	*	*	*	*	47.50%

* Gaps are the result of new/ restructured KPIs.

* 1 policy under review by leadership team.

* 19 external staff were also trained.

Fetal Infant Mortality Review (FIMR)*					
Performance Measure	2020	2021	2022	2023	2024
Number of infant deaths	97	72	81	74	57
Infant mortality rate per 1,000 live births	11.2	8.8	11.3	9.38	7.25
Number of stillbirths *	48	48	53	55	51
Number of reviews completed	5	6	5	6	0
% maternal interviews completed	0	0	0	0	0
Number of partners actively engaged	45	46	46	55	65
% of cases analyzed	80% with continuing analysis	45% with continuing analysis	45% with continuing analysis	16% with continuing analysis	0% with continuing analysis

* Data is under ongoing review and is subject to change.

* Stillbirth defined as babies who die before taking their first breath, are without a heartbeat at birth, and weigh at least 350 grams and / or are more than 20 weeks gestation.

Infant Mortality Rate by Race and Ethnicity (Mortality per 1,000 births) *						
Year	Overall Rate	NH Black *	NH White *	Hispanic/Latinx	Asian	Multiracial
2015 - 2017	10.5	15.5	5.1	5.8	6.6	10.7
2016 - 2018	10.8	15.9	5.7	6.2	5.7	9.1
2017 - 2019	10.6	15.3	4.4	7.1	5.4	10.4
2018 - 2020	10.2	14.9	4.2	7.1	3.8	13.1
2019 - 2021	9.27	13.69	2.99	6	4.04	4.1
2020 - 2022	9.41	13	4.36	6	5.65	4
2021 - 2023	8.8	15.64	5.43	5.3	4.05	6.65
2022 - 2024	8.47	11.93	5.25	4.53	5.84	N/A - Incomplete

* NH = Non-Hispanic.

* Data is under ongoing review and is subject to change.