

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUREAU

Executive Summary: 2010 Proposed Budget – Health Department

Overall Impact of the Proposed 2010 Health Department Budget:

O&M funding is reduced by more than \$1.3 million (10.1%). Grant and Aids funding, which has constituted approximately half of the Department's budget in recent years, is projected to be reduced by more than half to \$8 million (-51.3%). The proposed budget reductions will be accomplished largely through the consolidation and elimination of upper management positions. A new special fund for \$75,000 will be created to address an unanticipated recent increase in HIV infections. Two positions for the Center on Health Equity are eliminated. Addressing the Novel 2009 H1N1 Swine Flu Pandemic will command much of the Department's resources and attention in the immediate future.

1. The Milwaukee Health Department (MHD) 2010 proposed tax-levy supported budget is \$12,228,339, a decrease of \$1,372,542 (-10.1%) from the amount of \$13,600,881 budgeted for 2009 (page 2). This reduction is largely the result of consolidation and elimination of management positions. Position authority is proposed to be reduced from 306 to 273 including the elimination of authority for 22 Auxiliary Positions (page 3).
2. Over the last 10 years, the MHD annual O&M budget has been reduced from a level of more than \$17 million; MHD position authority has been reduced from 378 positions (page 3).
3. Currently filled management positions are eliminated including: the Community Health Services Officer, an Environmental Health Supervisor, the Chief Compliance Officer and the Network Administrator (page 3).
4. Grant funding to MHD from state, federal and private sources is anticipated to be reduced by more than 50% (pages 2, 13 and 14).
5. Capital funding is reduced to \$100,000 (\$50,000 cash and \$50,000 new borrowing). Capital needs will be met with carryover borrowing authority which exceeds \$2.3 million. The most urgent capital need is repair of the roof of the detached garage at the Northwest Health Center (page 14).
6. Federal "stimulus" funding under the American Recovery and Reinvestment Act of 2009 (ARRA) includes amounts that will assist the MHD in responding to the 2009 Novel H1N1 flu pandemic (page 9).
7. The violent injury prevention efforts of the MHD continue to focus on gun violence and particularly on illegal firearm possession (pages 5 and 6).

RESEARCH AND ANALYSIS SECTION – LEGISLATIVE REFERENCE BUDGET

MILWAUKEE HEALTH DEPARTMENT

2010 Proposed Tax Levy Budget Summary

Category	2008 Actual	2009 Budget	Change	2010 Proposed	Change
Operations*	\$13,954,010	\$13,600,881	- 2.5%	\$12,228,339	- 10.1%
Capital	\$408,087	\$864,000	+ 112%	\$100,000	- 88.4%
Positions	312	306	- 1.9%	273	- 10.8%

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

2010 Projected Grant & Aid Funding with Experience and Projections

Grants & Aid*	2008 Expended	2009 Estimate	Change	2010 Projected	Change
	\$12,100,000	\$16,748,550	+ 38.4%	\$8,158,750	- 51.3%

* Figures are approximate; actual receipts in 2009 include future years of funding for some grants, 2009 budget figures include anticipated amounts, and 2010 proposed amounts include grants not yet approved or authorized.

2010 Projected Revenues From Charges for Services and Fees

	2008 Actual	2009 Adopted	Change	2010 Projected	Change
Services	\$755,575	\$1,421,165	+ 88.1%	\$872,600	- 38.6%
Licenses/Permits	\$1,939,375	\$2,258,825	+ 16.5%	\$2,505,900	+ 10.9%
Total	\$2,694,950	\$3,679,990	+ 36.6%	\$3,378,500	- 8.2%

The Milwaukee Health Department (MHD) focuses its efforts on public health assessment, health policy development and leadership, and assuring service availability and accessibility. The health department operates from 3 health centers throughout the City. The total proposed O&M budget and anticipated grant awards for MHD in 2010 is \$20,387,089. The combined O&M budget and grant awards anticipated in 2009 is more than \$30 million. The significant reduction in 2010 funding will likely affect operational capacity beyond 2010.

Department Mission Statement

Ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community.

The Department's 3 core services are now configured as follows: disease control and environmental health, family and community health, and laboratory services. These services, previously divided in 6 categories, have been combined based upon current national models for efficient organization of public health service delivery.

Over the last 10 years, the MHD annual O&M budget has been reduced from a level of more than \$17 million; MHD position authority has been reduced from 378 positions.

Budget and Plan Analysis

Personnel

The O&M reduction of 10.1% has a dramatic impact on non-union staffing. Planned reductions involve consolidating and eliminating a number of upper management and management positions.

1. The total number of MHD positions authorized in the 2009 adopted budget is decreased from 306 to 273 in the 2010 proposed budget. Fulltime equivalents funded by the tax levy will be decreased from 166.06 FTEs in the 2009 adopted budget to 146.70 FTEs (-19.36) in the 2010 Budget. Non-O&M funded fulltime equivalents are planned to increase from 106.05 FTEs to 111.25 FTEs.
2. The following positions are eliminated in the 2010 Proposed Budget:
 - 1 Public Health Nurse Supervisor
 - 5 Public Health Nurses (note the addition of 1 Public Health Nurse in the Breast Cancer Awareness Program)
 - 1 Community Health Services Officer
 - 2 Office Assistants
 - 1 Health Project Coordinator Violence
 - 1 Network Administrator
 - 1 Network Analyst Assistant I
 - 1 Chief Compliance Officer
 - 1 Health Inequities Reduction Coordinator (Health Equity Center)
 - 1 Health Information Specialist (Health Equity Center)
 - 1 Health Care Outreach Coordinator
 - 1 Manager of Nursing Practice
 - 1 Environmental and Disease Control Specialist (0.5 FTE)
 - 1 Lead Risk Assessor II
 - 1 Environmental Health Supervisor
 - 1.5 Communicable Disease Specialist
 - 1 Health Project Coordinator Emergency Preparedness
 - 1 Employee Assistance Coordinator (functions transferred to DER)
3. The 2010 Proposed Budget retains authority for, but leaves vacant, the following positions:
 - 1.0 FTE Custodial Worker II/City Laborer
 - 0.4 FTE Human Resource Analyst Senior
 - 2.3 FTE Public Health Nurse
 - 1 Communicable and Infectious Disease Program Supervisor
4. Unfilled positions for which authority is eliminated in the 2010 Proposed Budget include the 2 positions planned for the Health Equity Center, a project funded by

grants from Columbia St. Mary's Hospitals. These positions have never been filled. Most of the remaining eliminated positions are currently filled.

5. O&M FTEs to be moved to non-O&M funding in the 2010 Proposed Budget are the following:
 - 4.0 FTE Lead Nursing Positions (correction of prior classification)
 - 1.35 FTE Public health Nurse (TB Grant funding)
6. The following new positions are authorized in the 2010 Proposed Budget:
 - 1 Public Health Nurse (Breast Cancer Awareness)
 - 5 Health Access Assistant II (recent Medical Assistance Grants)
 - 5 various positions in recently awarded Lead Grant programs
7. The request for position authority for 4 "Various Lead Public Nursing" positions and 5 additional "Various Lead Program Grant Positions" will require more specific definition when positions are filled.
8. It is not yet clear how the decision by Governor Doyle and the Wisconsin Department of Health Services to suspend new enrollment in the BadgerCare Plus program on Friday, October 9, 2009, will have on efforts (newly funded in MHD) to enroll new patients in Medical Assistance programs. It appears that a waiting list will be established in the State's program. Statewide, the program has already received applications from 60,000 individuals and was planned to initially enroll only 54,000 individuals.
9. The effect of the elimination and creation of positions, taken together with the impact of re-titling and reclassification, results in a net loss of 33 positions. MHD advises that vacant positions and reclassified positions for Public Health nurses should allow for retention of currently filled Public Health Nurse incumbents.
10. The Employee Assistance Program Coordinator position, a subject of discussion during deliberations over the last several budgets, has been eliminated from the 2010 Proposed MHD Budget, and the functions of this position have been transferred to the Department of Employee Relations (DER). The incumbent will be retiring by the end of 2009. DER has proposed outsourcing the functions currently performed by the City employee in this position.

2010 Operating Expenditures, Equipment and Special Funds

The MHD 2010 Budget Request included the same level of funding for each operating account, equipment accounts, and special funds as adopted in the 2009 budget. The 2010 Proposed Budget makes the following reductions in these accounts:

	<u>2009 Adopted</u>	<u>2010 Proposed</u>	<u>% Change</u>
General Office Expense	\$ 399,937	\$ 383,937	- 0.4%
Other Operating Supplies	83,601	63,601	- 23.9%

Professional Services	535,552	505,552	- 5.6%
Property Services	194,500	178,500	- 8.2%
Other Operating Services	149,192	121,192	- 12.1%
Lab Equipment (Various)	10,000	-0-	
Computer Maintenance	100,000	95,000	- 5.0%
Total	\$1,323,590	\$1,169,282	- 11.7%

After these reductions totaling \$154,308, the one increase in these accounts was the addition of a new STD Prevention Special Fund with a proposed allocation of \$75,000.

Administration

1. 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, which is now filled by Dr. Eric Gass, PhD, and a Health Operations Administrator, filled by Raquel Filmanowicz.
2. Since his appointment in January, 2009, Dr. Gass has served as the key point of contact for all business concerning the UW-M School of Public Health. In addition, Dr. Gass has been the Health Department's representative to the Stimulus Action Team and is responsible for identifying and pursuing all ARRA funds for the MHD. Dr. Gass has also taken the lead identifying and pursuing health information technology advancements including data warehousing opportunities to advance research and integrate Health Department data across programs. Dr. Gass works with a variety of statewide public health organizations with the potential to form new collaborations.
3. Dr. Gass has responsibility as the MHD site coordinator for Medical College of Wisconsin Community Pediatrics residency program. On a monthly basis, pediatric residents rotate through MHD, attending lectures on lead poisoning, communicable disease, infant mortality, and adolescence and fatherhood, in addition to how public health can fit into their medical practice. Dr. Gass also supervises the MHD Vital Records Manager/FIMR Director and will be supervising an Epidemiologist planned to be hired in the Fall of 2009.

Violence Reduction and Prevention Program

1. 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 and

violent injury 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.

2. The MHD plans to release citywide violence prevention reports in 2010 prepared by several working groups organized by the Office of Violence Prevention (OVP). These reports will identify and promote strategies for firearm safety and the reduction in use of illegal guns. The OVP plans to continue to participate in a violence prevention initiative sponsored by the Medical College of Wisconsin.
3. The first objective identified in the 2010 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 one strategy identified is to promote a public health model for violence prevention. The U.S. Department of Justice has released several reports based upon state reporting of Uniform Crime Statistics by the Federal Bureau of Investigation (FBI), that have identified and grouped violent crime experience, based upon population size, of U.S. cities. There are 22 cities typically reported in the population range of 500,000 to 999,000. These reports should serve as a valuable baseline for comparison of violent crime.
4. A new violence reduction 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. This funding is expected to continue in 2010.
5. A model has been established that integrates the family justice center concept into the Sojourner Family Peace Center, which was created in February, 2009, by the merger of Task Force on Family Violence and Sojourner Truth House. The Sojourner Family Peace Center has established a framework with other outside partners to share physical space in order to serve victims in a holistic manner. Committed partners will address client needs related to mental health, substance abuse, housing, healthcare, education and law enforcement. The Board of Directors of the Sojourner Family Peace Center is actively seeking a location for a center of integrated services that will be centrally located in the City of Milwaukee. The Sojourner Family Peace Center anticipates service to approximately 30,000 individuals in 2009.

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. MHD Commissioner, Bevan Baker, and Medical Director, Geoffrey Swain 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. The MHD Policy and Research Director position filled by Dr. Eric Gass in January of 2009 is also actively involved in leading MHD's involvement in planning for the new school.

Center for Health Equity

1. The Center for Health Equity, established with funding from Columbia St. Mary's, is now directed by Dr. Lauri Andress under contract with the Wisconsin Public Health Association (WPHA). Dr. Andress initially served as a consultant to MHD on the development of the Center which is the second project of its type in the nation designed to provide leadership and coordination in community-wide efforts to reduce disparities in health care based on race, ethnicity and other factors.
2. Center activities continue to be funded from earlier Columbia St. Mary's awards. The 2 authorized positions originally included in budgeting for the Center have not been filled and are eliminated in the 2010 Proposed Budget.

Reliance on Non-O&M Funding Sources

Non-O&M funding for critical public health functions can shift dramatically as evidenced by 2009 experience and 2010 expectations. Several grant awards, including 3 large Housing and Urban Development (HUD) grants for lead abatement received in 2009, will be spent over multiple years though credited to 2009 Grant & Aids accounts. Nevertheless, the anticipated decrease in non-O&M funding awards in 2010 from nearly \$17 million to \$8 million is likely to have consequences in subsequent years.

Initiatives and Issues Moving from 2009 Into 2010

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 and programs are highlighted:

West Nile Virus

Nearly 4,000 catch basins were treated with larvicide in 2007, 4,800 in 2008 and 4,600 in 2009. Multiple factors in 2008 and 2009 resulted in a reduction of risk including below average rainfall and temperatures.

Hazardous Materials

The most recent information available is that 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). Between 25 and 35 site visits are made to these facilities by MCEM, MHD and the City of Milwaukee Fire Department (MFD) and MHD occur each year.

Sexually Transmitted Diseases (STDs)

The Department reports that the incidence of gonorrhea reported in the City in 2005 was 643/100,000, and rose to 792/100,000 in 2007 (slightly less than initially reported) and was 699/100,000 in 2008. The MHD articulated a new goal (Form BMD-10 for 2009) to reduce the incidence of gonorrhea infection to 100/100,000 by 2010. The MHD stated 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 comparably high and has risen to 1,652/100,000 in 2008 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.

There has been an unanticipated increase in HIV infection among younger gay males in the Milwaukee area which was investigated by a team from the CDC in September. Concerns about this increase have resulted in the inclusion of a new special fund in the MHD budget in the amount of \$75,000 for outreach and education.

Tuberculosis

The MHD has received a significant increase in grant funding for refugee screening much of which is focused upon tuberculosis screening and follow-up. One reason for the increase is the higher levels of immigration and refugee settlement from areas of Africa and Southeast Asia with a high prevalence of infection.

Influenza Preparedness

The 2010 Proposed Plan and Executive Budget Summary provides a description of the efforts of the MHD to plan for and respond to the Novel 2009 H1N1 flu pandemic. Wisconsin experienced the highest level of confirmed cases in the nation during the spring and summer of 2009. The City of Milwaukee experienced 3,300 confirmed cases through August including several fatalities. The MHD, partnering with the Milwaukee Fire Department, has begun vaccinating health care workers with the newly released “swine flu” vaccine on October 8, 2009. A public education program has been conducted during September and early October including briefings targeted at business, education and faith communities as well as City policy makers. The efforts of MHD staff to respond to this pandemic have necessarily resulted in a reduction of capacity for other efforts including childhood immunization. Detailed information about the response of the MHD to the flu pandemic was provided by Commissioner Baker on September 16, 2009, and is available in Common Council Communication File # 090070. Additional information is available at the MHD web site.

Federal ARRA funding has been made available through the State Department of Health Services and the U.S. Centers for Disease (CDC) to support pandemic preparedness planning, disease surveillance and reporting; these funds should be available for a period of 3 years.

A study of Milwaukee pandemic flu experience conducted by researchers from the Harvard School of Public Health is expected to be published later this fall. Additional studies may also be published related to the effectiveness of antiviral medications in Milwaukee households and other clustered settings.

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 was once again reduced from \$26,000 in 2008 to \$20,000 in 2009. This annual grant is awarded each spring and the funding level for 2010 is not yet known. As a result, testing at select locations has been correspondingly reduced to as little as one day per week at some locations.

Restaurant Inspection, Food Dealers and Food-Borne Illness

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 past 2 years about the implementing a report card or grading system that includes on-site posting of grades based upon inspection reports.

The MHD goal in 2010 is to conduct 1 inspection per year for low-risk establishments, 2 inspections per year for average risk establishments, and 3 inspections per year for high risk establishments. Currently, all food dealer establishments receive an average of 1 inspection per year. Many other municipalities across the country inspect at a higher frequency, making "report card" systems more reliable.

The MHD also licenses and inspects vendors at farmer's markets. Produce delivered to homes in the City from farms outside the City in programs such as Community Supported Agriculture (CSA) may not be inspected routinely.

Lead Abatement

The Department reported that 1,916 housing units were made lead-safe in 2006, and 1,503 in 2007 and approximately 850 in 2008. 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. New grants, including federal stimulus funding, may assist the MHD in reaching its goal of abating 850 to 1,000 additional units in 2010.

Asthma Control

A successful application to the U.S. Department of Housing and Urban Development now provides funds in conjunction with lead abatement efforts to abate conditions that contribute to asthma. These asthma management and control funds will be available through 2011.

FAMILY AND COMMUNITY 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 and 2008 birth and death data will be released by the State of Wisconsin by November 2009. The MHD anticipates that the data will show a reduction in Milwaukee infant mortality rates. 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

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	16.0	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

*Certified figures for 2007 and 2008 from the Wisconsin Department of Health Services are not available. However, MHD preliminary data appears to show that 120 infant deaths and 78 stillbirths occurred in 2008, compared to 111 infant deaths and 82 stillbirths in 2007.

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 continues to be 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 initially Supported by funding from Columbia St. Mary's and expanded from zip code areas 53204 and 53212 to include zip code areas 53210 and 53218. This expansion was supported with funding from UW-Madison. Columbia St. Mary's funding has been replaced with new grant funding effective January, 2010.

Unlike the MHD's 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.

Childhood Injuries

Home Environmental Health staff 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. Plain Talk is 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. The State has reevaluated the funding process for the Wisconsin Tobacco Prevention and Control Program increasing funding in 2009 for the current community-based organizations funded by Milwaukee Health Department (MHD). This increase is likely to continue through 2010.

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 (20.7%). 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.

Media efforts, special pricing for nicotine replacement therapy, and new cigarette taxes are credited with the increased number of calls to the "Quit Line" which have approximately doubled per month.

"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, nearly 1,500 compliance surveys were conducted.

Childhood Obesity

As part of the 2009 Plan and Executive Budget, the Mayor announced a new MHD initiative to address increasing rates of childhood obesity. A goal was established to reduce childhood obesity by 4% in 2012. The 2010 proposed objective is to "maintain existing childhood obesity rates." In addition to working with nutritional choices in the WIC program as described in the 2010 Proposed Plan, the MHD is working on initiatives with schools to promote childhood wellness including exercise.

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 and 2009. Additional grant funds have recently been awarded that will support 5 new positions. 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. Appendix A displays a graph correcting Figure 3 of the 2010 Proposed Plan and Budget Summary at page 93.

Grants

The MHD anticipates receiving approximately \$8,158,750 in grants from federal, state and private sources in 2010. It is estimated that \$16,748,550 will be received in grants during 2009. Some of these funds cover multiple years of programming. Approximately \$12,100,000 was actually expended from grant funds in 2008. The reduction in

projected grant funding of more than 51% between 2009 and 2010 will likely have an impact on the MHD budget and services after 2010. Grants to support multiple years of activity are fully credited in the year received which assists in evening out the impact of year-to-year fluctuations in total non-O&M funding.

Capital Improvements

2008 Actual	2009 Budget	Change	2010 Proposed	Change
\$408,087	\$864,000	+ 112%	\$100,000	- 88.4%

An amount of \$800,000 was requested in new capital borrowing. Carry-over borrowing has been identified as follows:

- Exterior Building Maintenance Program - \$844,000.
- Interior Building Maintenance Program- \$927,831.
- Mechanical Systems Maintenance Program- \$401,000.
- Public Health Information Network- \$132,991.

New cash levy funding in the amount of \$50,000 is proposed for data repository.

New borrowing authority in the amount of \$50,000 is proposed for health facilities projects.

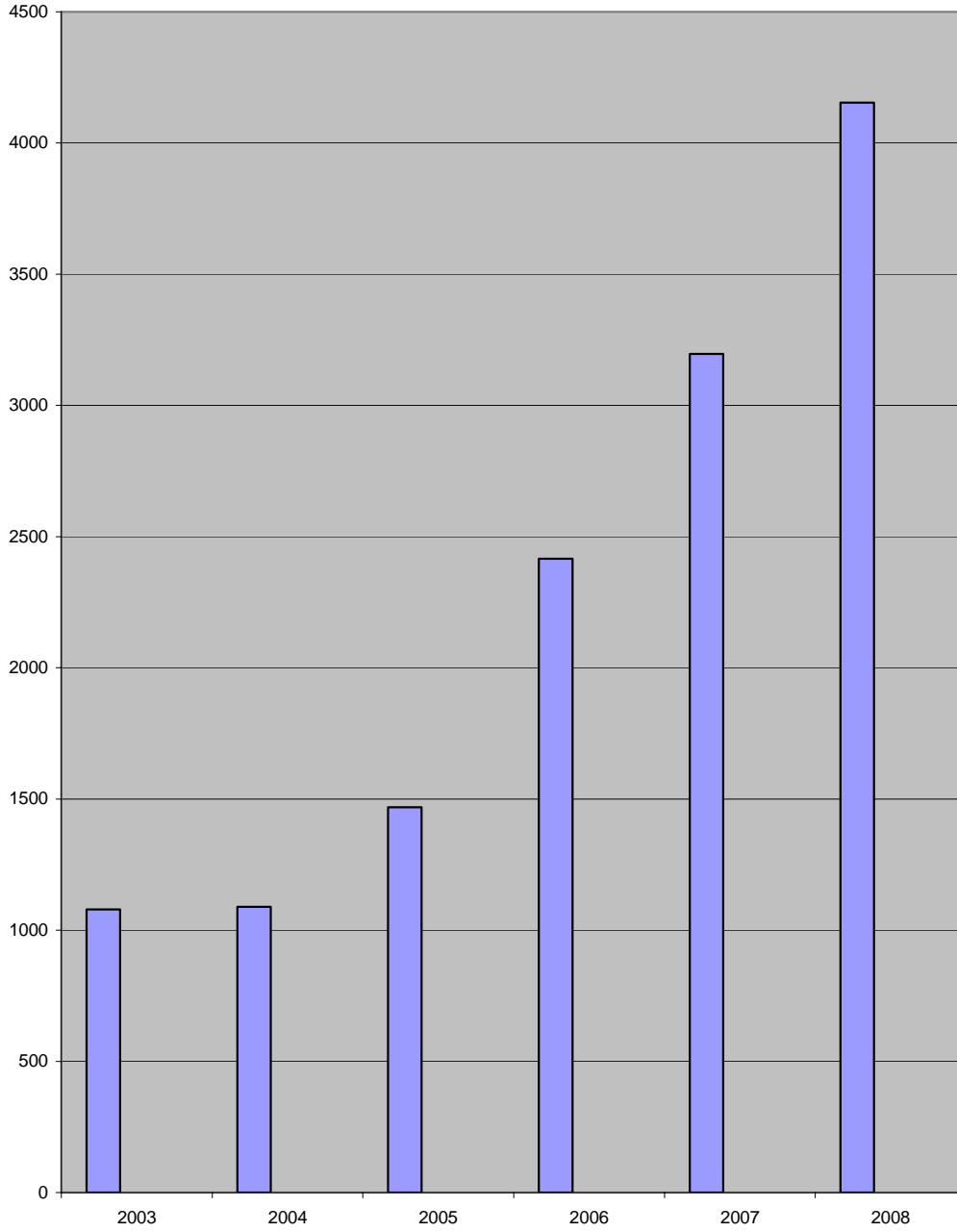
The most urgent capital project involves repair of the roof at the Northwest Health Center. In addition to the \$50,000 proposed for health facilities, approximately \$134,000 in carry-over authority will go to this project.

Revenues

It was estimated that MHD revenues in 2009 will be \$3,679,990. This would represent a significant increase (+31.7%) from the amount of \$2,694,950 actually received in 2008. However, the 2009 estimate for charges for services was predicated upon billing for STD screening and treatment. Expected revenue from these charges has not been entirely realized although increased receipts from billing for STD care has resulted in receipt of more than \$350,000 to date, and is expected to result in additional receipts before the end of 2009.

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Appendix A
Number of Clients Signed Up for Insurance
(Corrected Figure 3 - 2010 Proposed Plan and Budget Summary, page 93)



Number of Clients Signed Up for Insurance

2003	1079
2004	1089
2005	1468
2006	2416
2007	3197
2008	4154