
2016 Overview:

Health Department

Finance & Personnel Committee

October 13, 2015

Community Goals and Objectives

1. Build safe and healthy neighborhoods
 - Control the spread of communicable disease
 - Reduce injuries, disabilities, and deaths due to violence
 - Prevent the spread of food borne disease
2. Help children succeed, prepare for post secondary education and meet their full potential
 - Reduce the infant mortality rate
 - Improve immunization rates
 - Reduce the proportion of children with lead poisoning

Goals & Objectives

Measure	2014 Actual	2015 Projection	2016 Planned
Percent of all food inspections with one or more critical risk violations.	24%	35%	20%
Number of clients seen at STD clinics.	5,918	5,400	6,000
Number of immunizations administered for the city and MPS.	10,905	12,000	10,000
Percentage of children with high blood lead level.	2.7%	2.7%	2.7%

2016 Budget Summary

	2015 ADOPTED BUDGET	2016 PROPOSED BUDGET	DIFFERENCE (amount, %)
FTEs – O&M	139.79	139.18	-0.61
FTEs - Other	100.45	102.65	2.20
Total Positions Authorized	251	252	1
Salaries & Wages	\$7,331,695	7,648,911	\$317,216 (4.3%)
Fringe Benefits	3,299,263	3,671,477	372,214 (11.3%)
Operating Expenditures	1,847,059	1,887,736	40,677 (2.2%)
Equipment	40,000	5,000	-35,000 (-87.5%)
Special Funds	323,848	406,430	62,582 (18.2%)
TOTAL	\$12,861,865	\$13,619,554	\$757,689 (5.9%)

Budget Highlights

- Two Youth Violence Positions & a Consultant: \$150,000
- Public Health Nurse Career Ladder: \$100,000
- Beach Water Monitoring Special Fund: \$74,000
- Trauma Informed Care Counseling continued: \$180,000

Revenues

	2015 ADOPTED BUDGET	2016 PROPOSED BUDGET	DIFFERENCE (amount, %)
Charges for Service	\$873,000	\$902,300	\$29,300 (3.4%)
Licenses and Permits	781,400	264,400	-517,000 (-66.2%)
TOTAL	\$1,654,400	1,166,700	\$-487,700 (-29.5%)

Capital Improvements Budget

	2015 ADOPTED BUDGET	2016 PROPOSED BUDGET	DIFFERENCE (amount, %)
Health Facilities Capital Projects	366,000	405,000	39,000 (10.7%)
Lead Paint Prevention/ Abatement	0	340,000	340,000
TOTAL	\$366,000	745,000	\$379,000 (104%)

Operating & Grant Funding

	2015 ADOPTED BUDGET	2016 PROPOSED BUDGET	DIFFERENCE (amount, %)
Operating Funds	\$12,861,865	\$13,619,554	\$757,689 (5.9%)
Grant Funds	\$11,232,350	\$6,899,200	\$3,611,427(38.6%)
TOTAL	\$24,094,215	\$20,518,754	\$-3,575,461 (14.8%)

Office of Violence Prevention

Trauma Response Project

Status of City/County – District 7 Response

Trauma Response/Community Policing

- New Haven/Yale Community Policing Training
- Children's Hospital Child Protection Center Training
- MUTT Team/MPD District 7 Roll Call
- Assess & Refer Children Exposed To Violence

Budget/Administrative Issues

Intergovernmental Agreement

Project Budget – 2015/2016

Performance Measures

Office of Violence Prevention-Youth Violence

- ❑ 2016 Proposed Budget includes youth violence prevention initiative
- ❑ Mayor Barrett is committed to find new ways to effectively reduce youth violence
- ❑ Initiative will enhance ongoing programs and assist community organizations to collaboratively address youth development and violence reduction
- ❑ Two new positions added to Office of Violence Prevention
- ❑ \$150,000 for two positions and a consultant

Office of Violence Prevention-Youth Violence

■ Objectives

- Assess youth development and violence prevention efforts
 - Assess local capacity to deliver services and identify gaps in service delivery
- Establish clear and accessible measures of risk and attainment on youth development & violence reduction
 - Develop long-term, measurement-based plan
 - Establish clear, measurable goals for youth development and violence prevention
- Advocate for resource and organizational alignment
 - Align City resources and programs with community organizations
 - Support increased collaboration
- Develop and implement steps to increase the reach and effectiveness of youth & violence prevention programs
- Generate performance and attainment reports for policymakers and the community
- Coordinate events & public messages around youth development & violence

City of Milwaukee Health Department

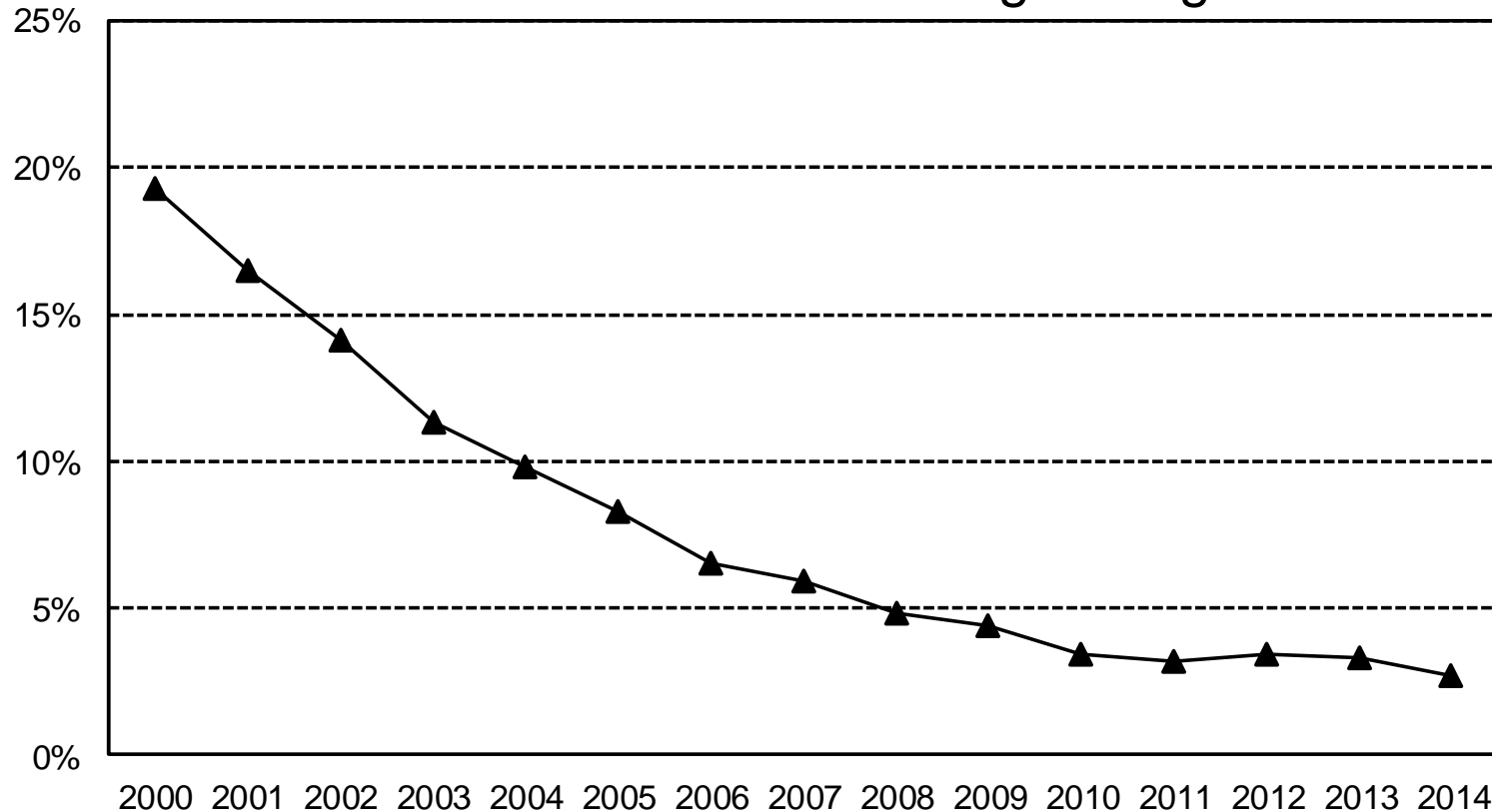


Bevan K. Baker, FACHE
Commissioner of Health

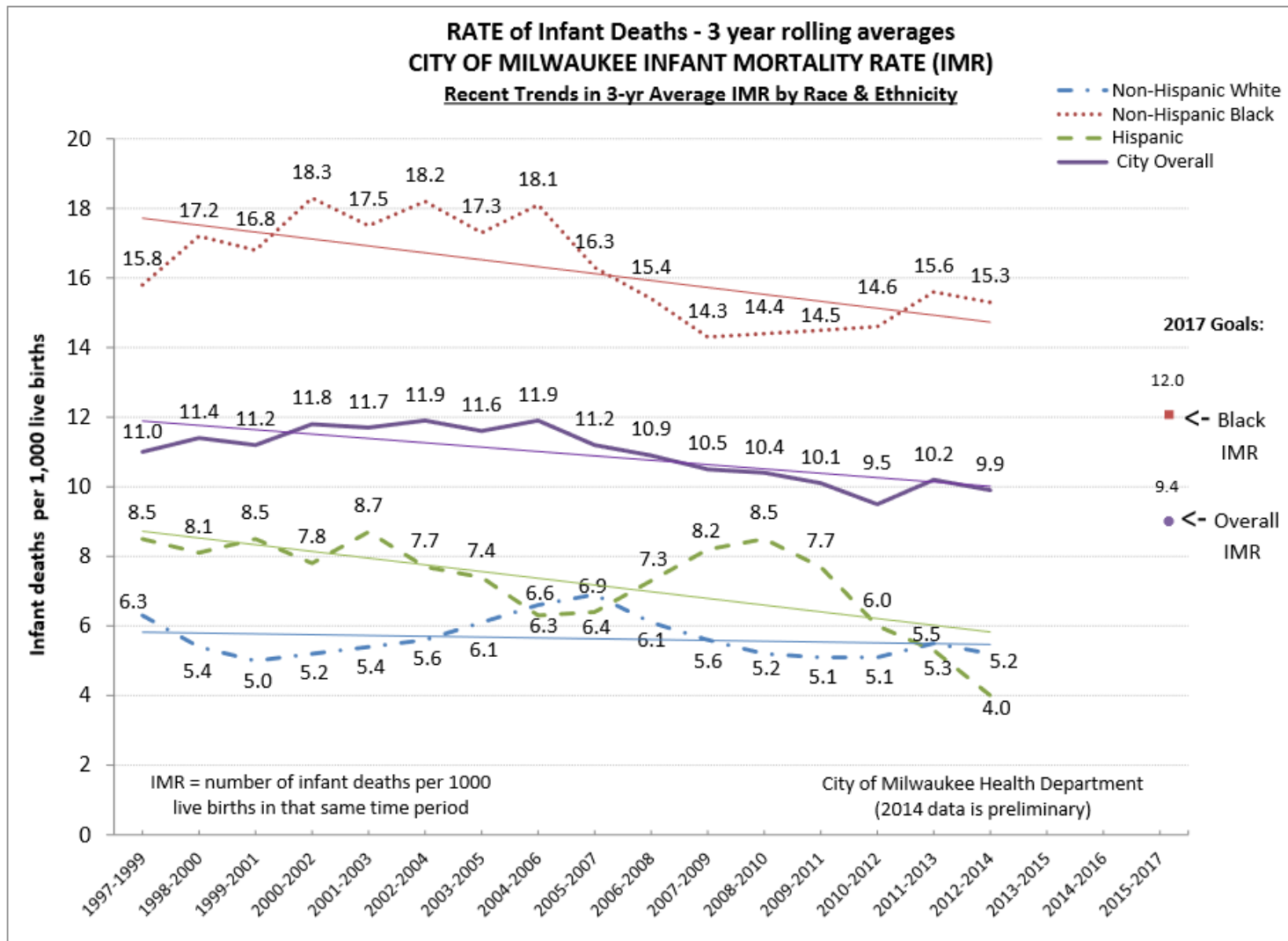
October 13, 2015

Childhood Lead Poisoning Prevention

Percent of City of Milwaukee Children Tested with Blood Lead Levels Exceeding 9 mcg/dL

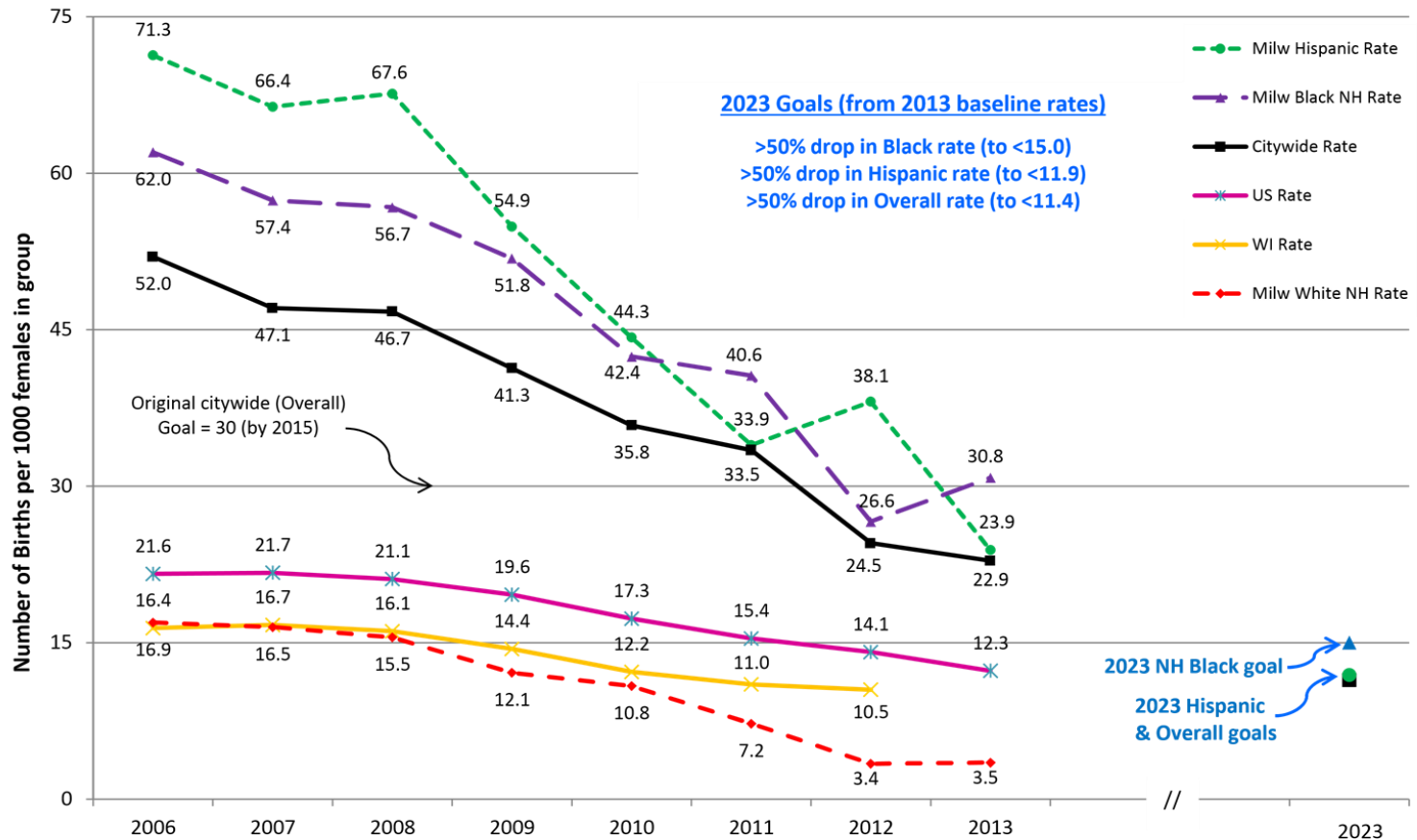


Infant Mortality



Teen Pregnancy Prevention

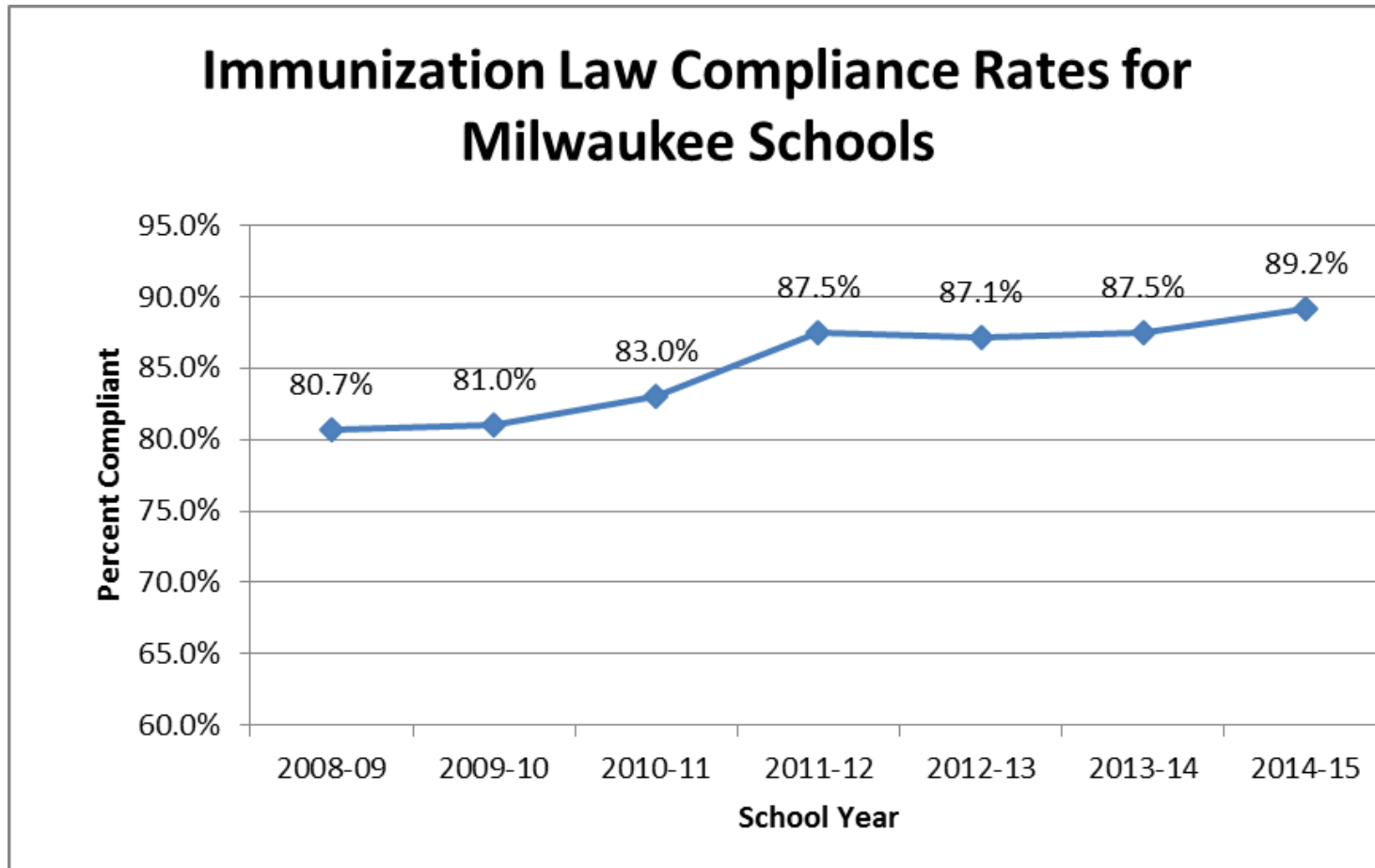
Teen Birth Rates: 15-17 Year Olds
City of Milwaukee



Notes: a) 2013 numbers are preliminary.

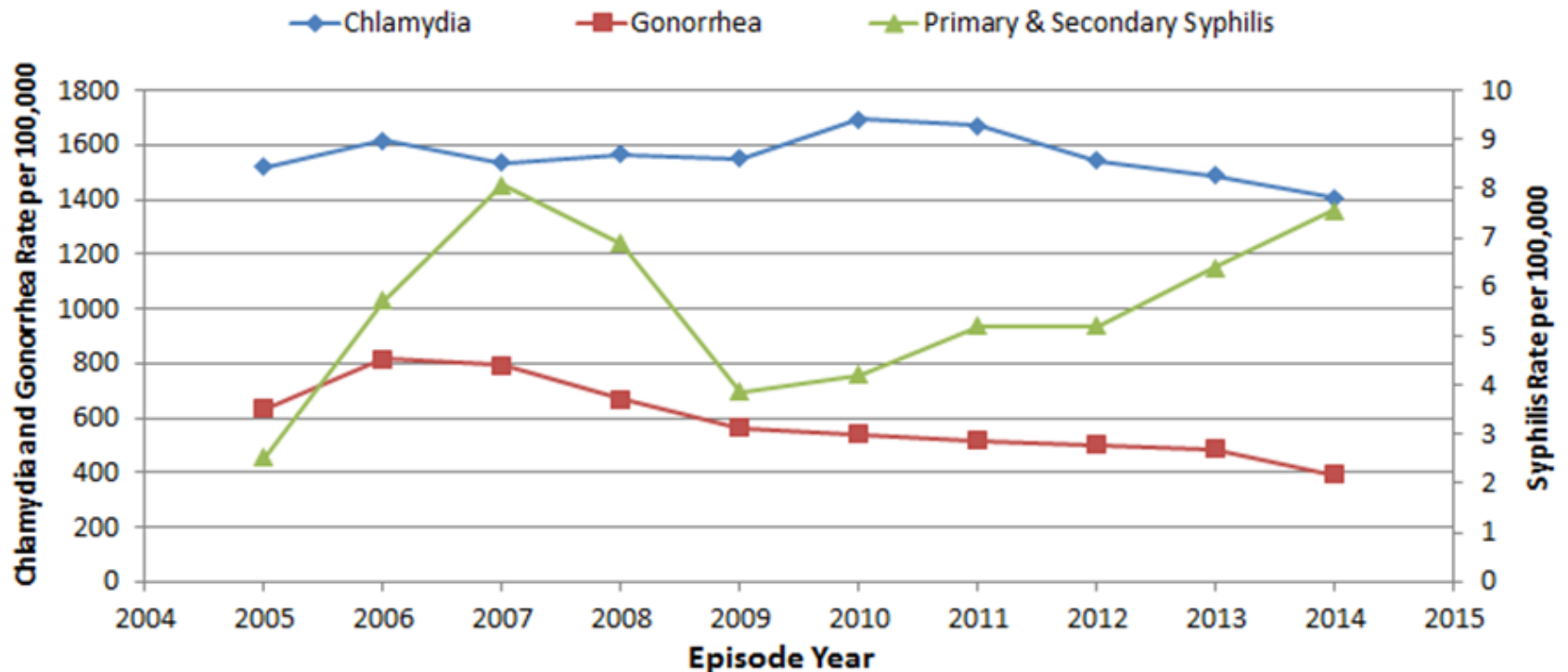
b) 2006 overall rate was 55.43 when births to girls under age 15 were included (46 births). There were 42 such births in 2007, 35 in 2008, 31 in 2009, 25 in 2010, 24 in 2011, 13 in 2012, and 14 in 2013.

Disease Control & Prevention



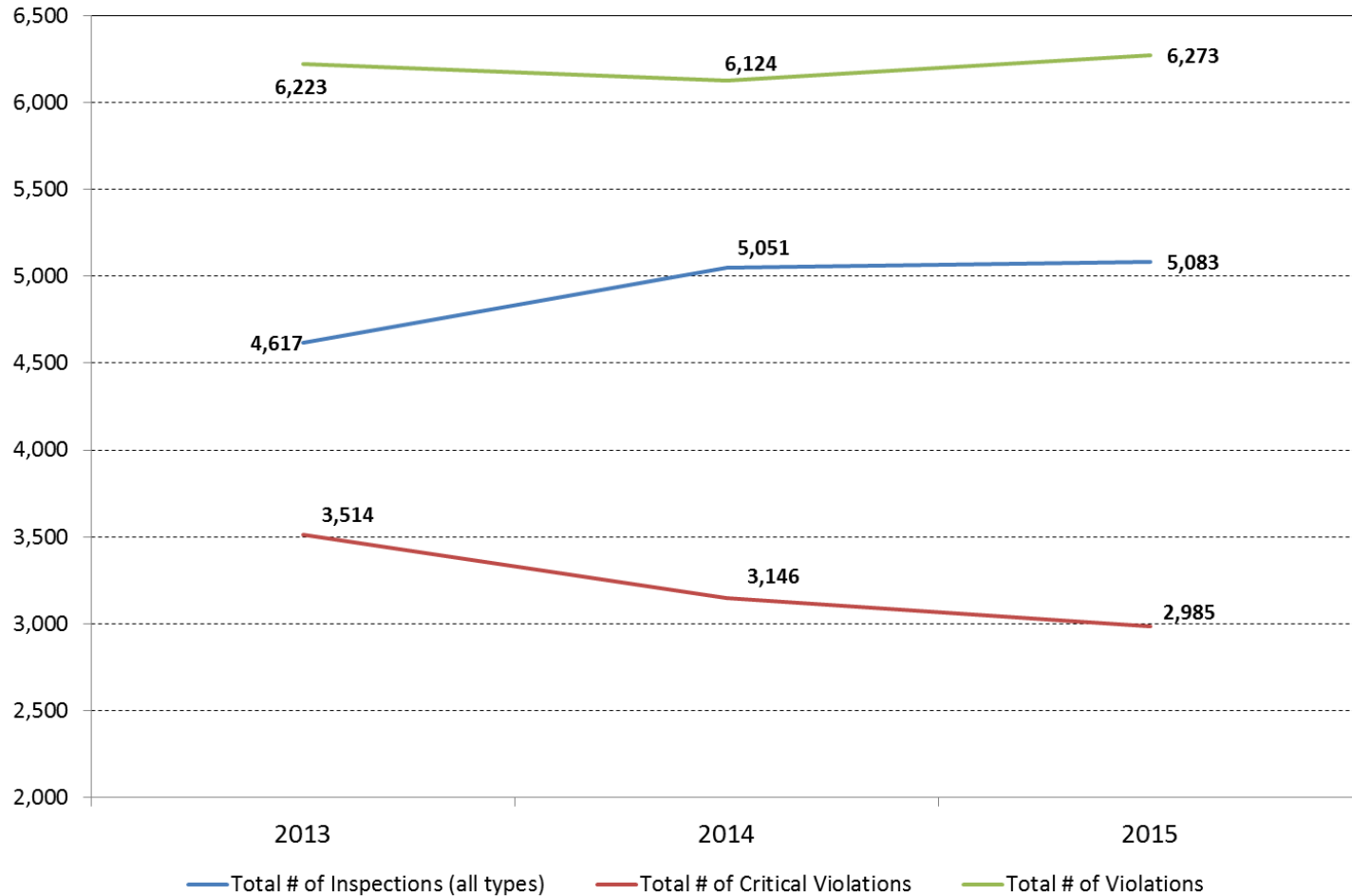
Disease Control & Prevention

STD Rates per 100,000,
City of Milwaukee, 2005-2014



Consumer Environmental Health

Food Inspection Trends, 2013-2015



Office of Violence Prevention

- Sexual assault & intimate partner violence
 - City of Milwaukee Commission on Domestic Violence and Sexual Assault
 - Sexual Assault Community Readiness Project
 - MPD Recruit Training Curriculum
 - Domestic Violence Safe Exchange & Visitation Center
- Human trafficking
 - U.S. Attorney statewide conference
 - Marquette University Restorative Justice Symposium
 - Safe Harbor legislation
 - Training & outreach
- Gang violence
 - U.S. Attorney Gang Summit
- Gun violence
 - Ceasefire Sabbath
 - Coming Together Youth Gun Violence Partnership
 - Youth Development & Violence Prevention Strategy
 - Milwaukee Gun Violence Reduction Initiative
- Trauma
 - Trauma Response Project
- Homicide Review Commission



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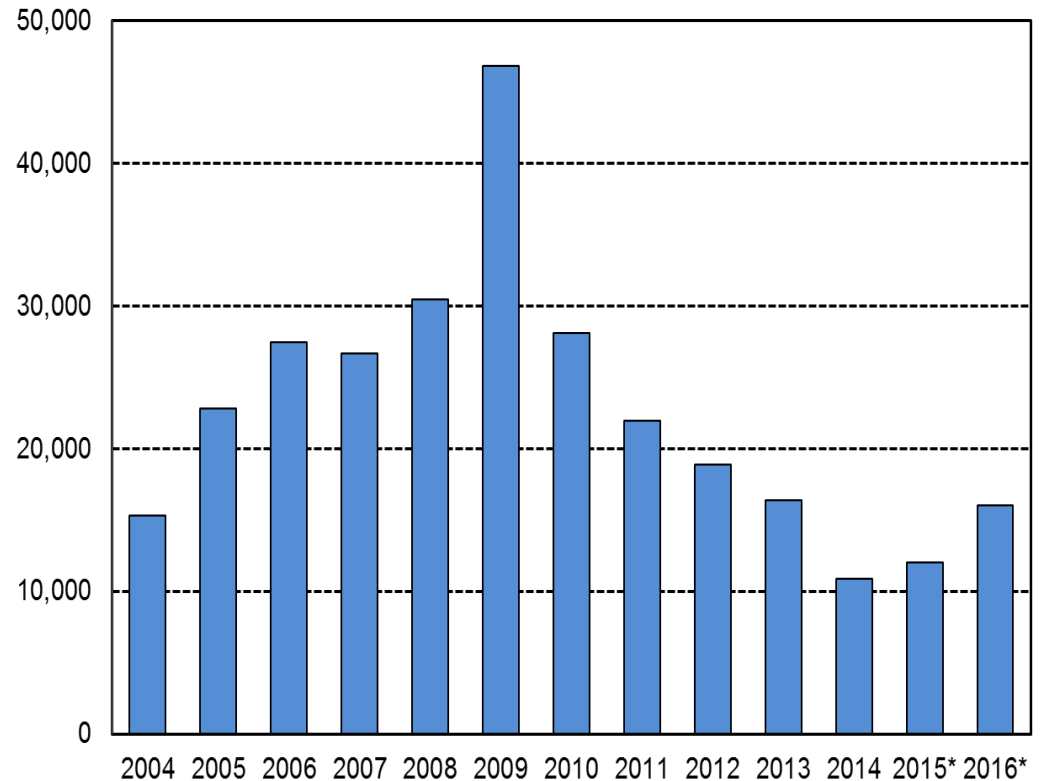
Tom Barrett, Mayor
Bevan K. Baker,
Commissioner of Health
www.milwaukee.gov/health

Reference Slides....

Immunization Trend

- 2014 10,905 immunized Milwaukee
- Projected Immunization to be administered in 2016 Approx. 16,000
- *The Immunize Milwaukee!* Broaden partnerships and advocacy for improving both child and adult immunization rates
- Reduce disparity in vaccination rate among minority group

Immunizations Administered
2004 through 2016

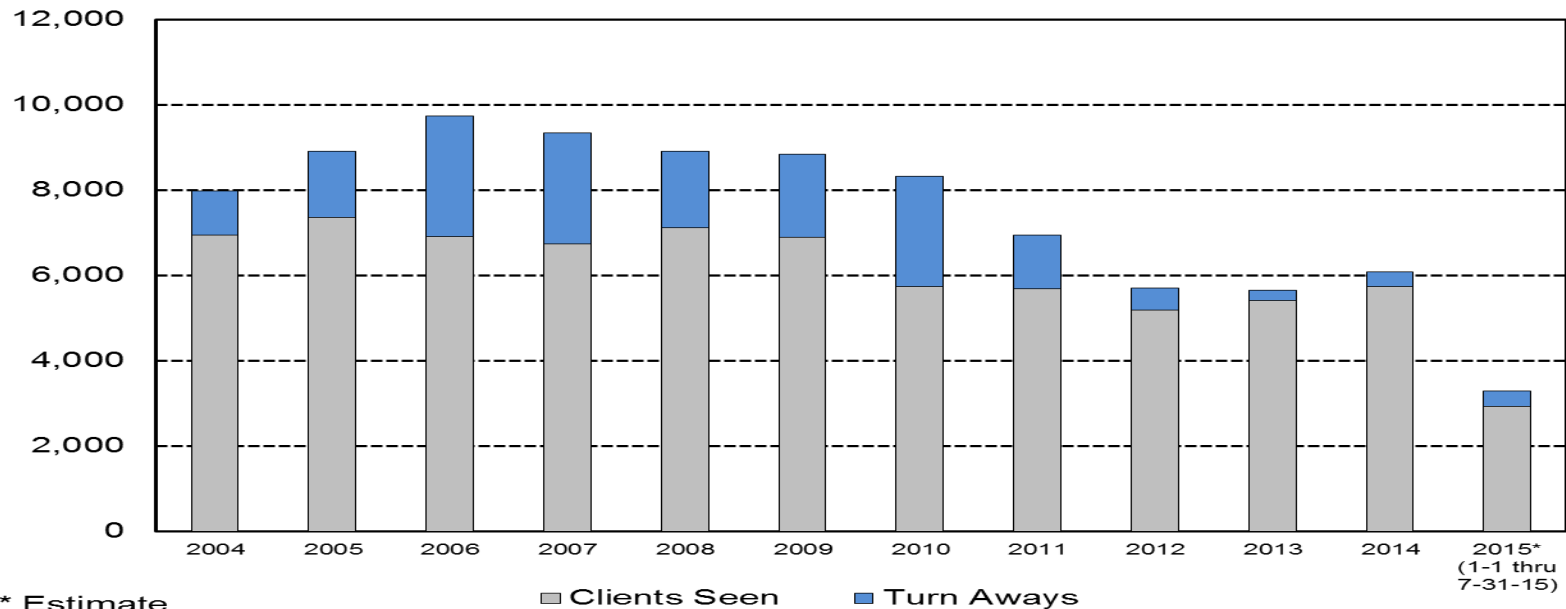


* Estimate

STD's

	Clients Seen	Turnaways	Total Visits	Turnaway Rate
2010	5,728	2,600	8,328	45.4%
2011	5,687	1,257	6,944	22.1%
2012	5,191	502	5,693	9.7%
2013	5,400	254	5,654	4.7%
2014	5,740	344	6,084	6.0%
2015* (1-1 thru 7-31-15)	2,921	370	3,291	12.7%

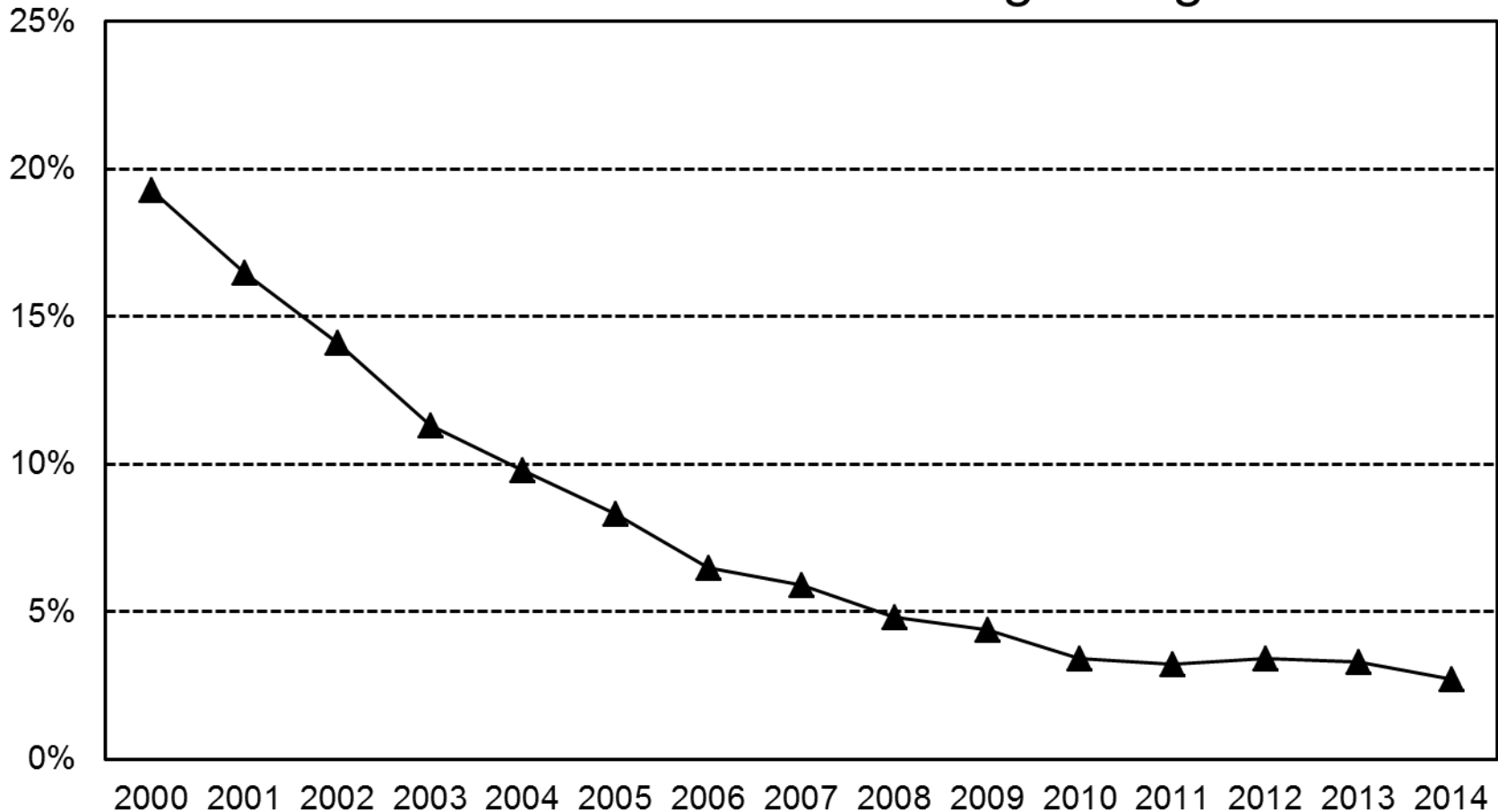
Clients Seen at the STD Clinic



* Estimate

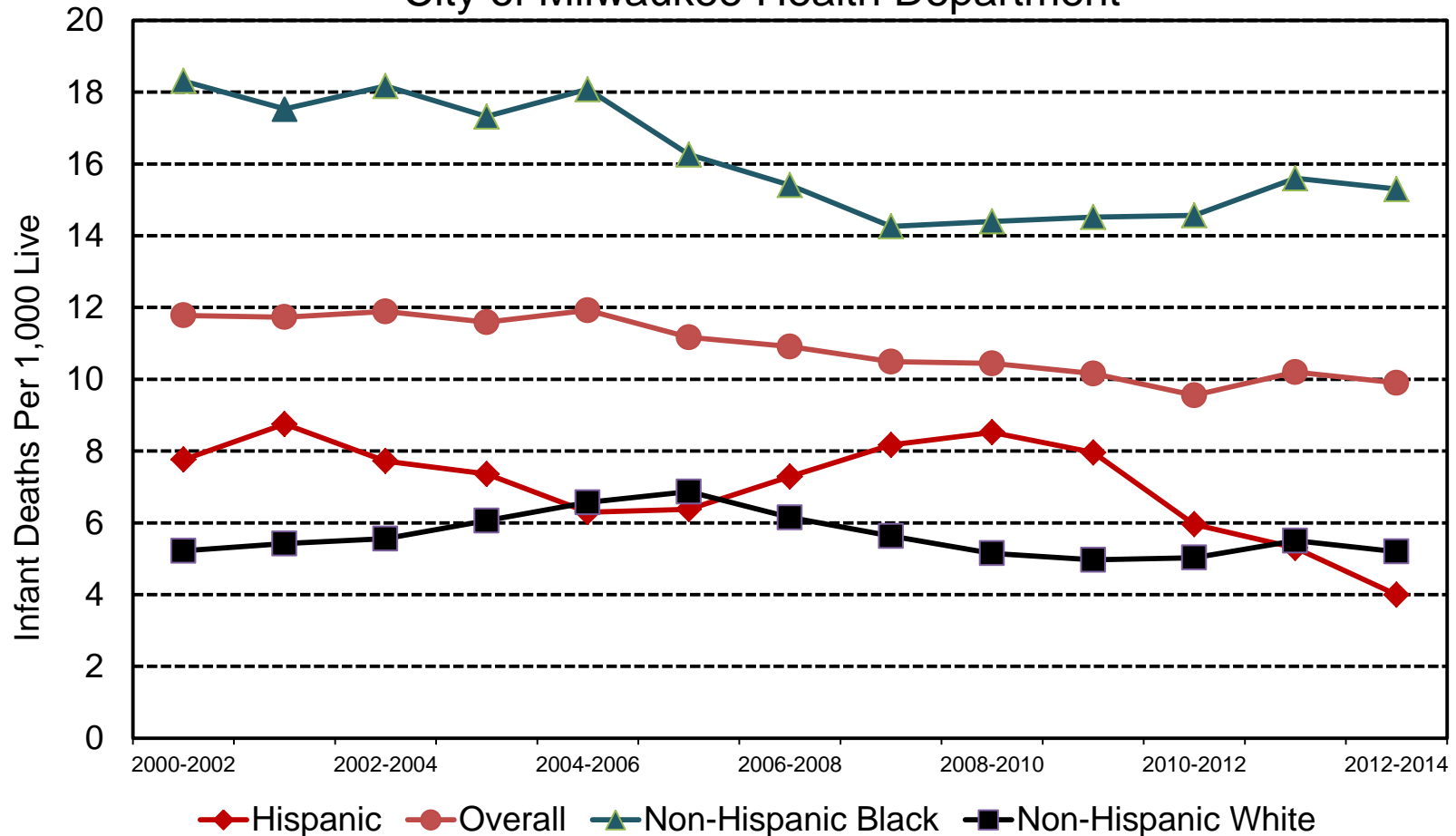
Lead Abatement

Percent of City of Milwaukee Children Tested with Blood Lead Levels Exceeding 9 mcg/dL



Infant Mortality Trends

City of Milwaukee Infant Mortality Rate (IMR) by Race/Ethnicity
Three Year Rolling Averages 2000 through 2014
City of Milwaukee Health Department



MHD Premier Home Visitation Programs

Program Highlights 2013-2014

Empowering Families of Milwaukee, Nurse Family Partnership, PNCC and DAD programs:



2013*

- Received 396 referrals for home visitation services
- Served 512 families through over 6,500 face-to-face home visits
- Enrolled 99% of women prenatally
 - 37% in 1st Trimester
 - 42% in 2nd Trimester
 - 21% in 3rd Trimester

2014

- Received 520 referrals for home visitation services
- Served 491 families through almost 6,700 face-to-face home visits
- Enrolled 99% of women prenatally
 - 25% in 1st Trimester
 - 44% in 2nd Trimester
 - 31% in 3rd Trimester



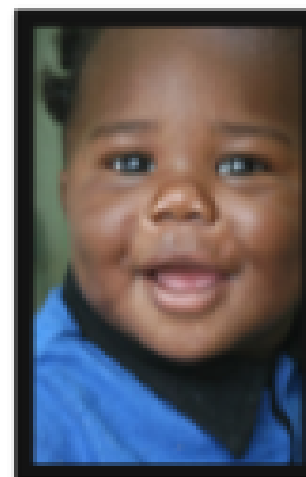
* Did not include DAD Project

MHD Premier Home Visitation Programs Program Birth Outcomes 2013-2014

Birth Outcome Comparison

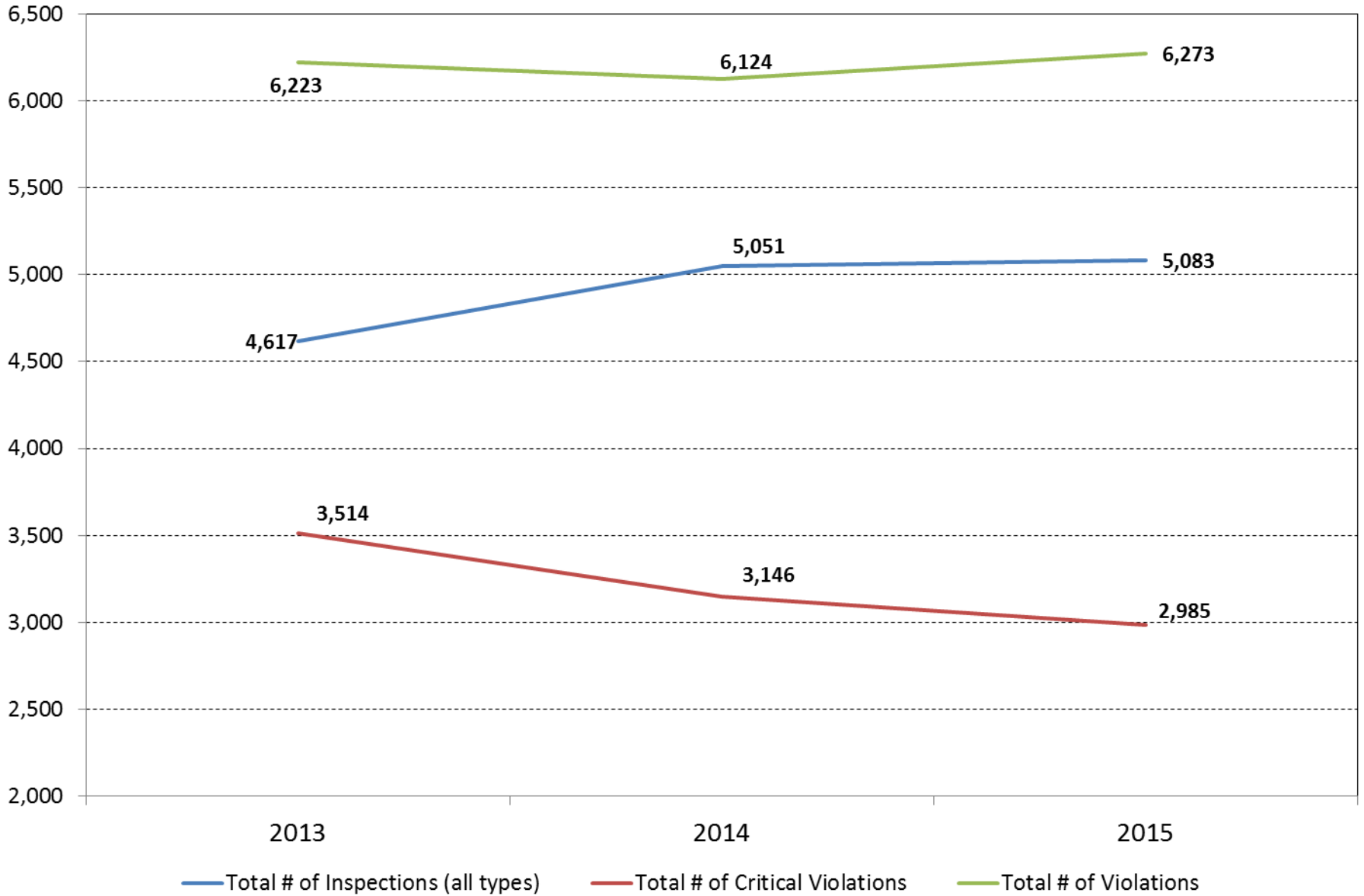
2013*	MHD HV	City of Milwaukee
Number of babies born*	177	10,021
% Born full term* (≥37 weeks)	91%	89.2%
% Born >2500 grams*	89.3%	89.4%

2014*	MHD HV
Number of babies born*	152
% Born full term* (≥37 weeks)	91%
% Born >2500	91%

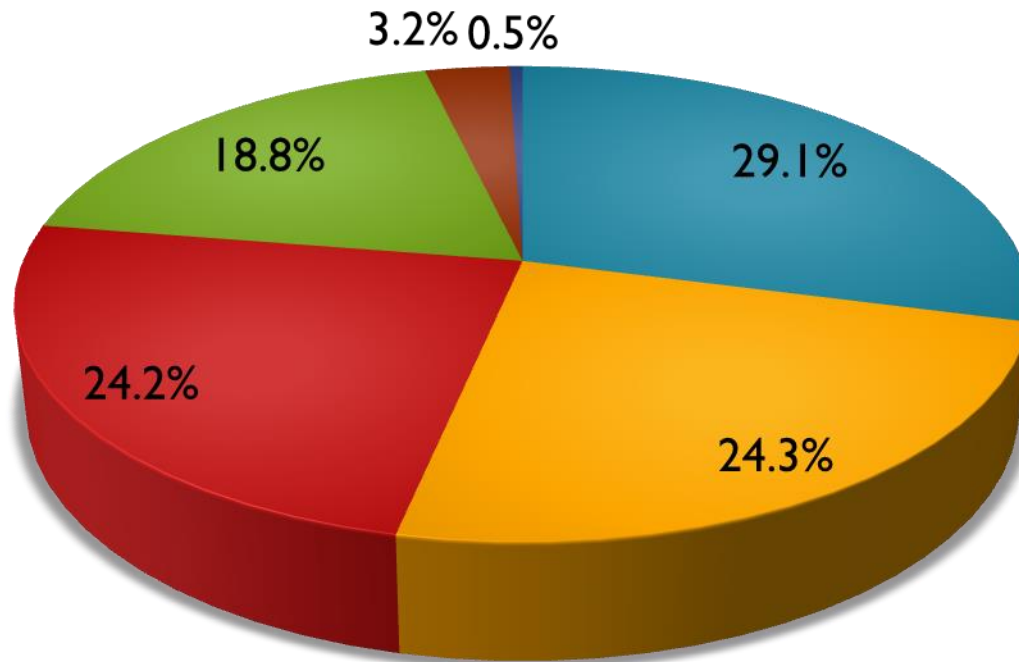


*Singleton births only and does not include DAD Project

Food Inspection Trends, 2013-2015



2014 Routine Inspection Critical Violations by Risk Factor



■ Personal Hygiene ■ Cross Contamination ■ Improper Hold
■ Other ■ Unsafe Source ■ Inadequate Cooking

Strong Baby Sanctuary

❑ **2015 Program:**

❑ 10 churches

- ❑ Families can go to learn about resources in the community to reduce infant mortality
- ❑ Training for screening and referring families to community resources Family basic needs are assessed (a strong emphasis is placed on screening pregnant women and referring them to medical homes, WIC, home visiting, support groups, food pantries, housing resources, etc.)
- ❑ Provided with a resource binder & Track how many families they are serving

❑ Sanctuaries grand opening: Scheduled for Sunday, September 13th Announce to congregations at their services on 8/30/15

- ❑ MHD and CSM will list the churches on their websites
- ❑ 10 Sanctuaries will be recognized at this year's 5th Annual Strong Baby Sabbath luncheon on either 10/6 or 10/7

❑ **Future plans:**

- ❑ Promote the sanctuary's everywhere possible
- ❑ Reconnect with Bradley Tech HS/SERVE marketing/UWM App Brewery to finish creation of the Strong Baby Sabbath mobile app
- ❑ Identify and recruit south side churches to participate
- ❑ Meet with the 10 sanctuaries on a quarterly basis to check-in, learn about each church's experiences and provide resource updates

MHD Partnerships w/ MPD and MFD

MPD: Safe Sleep training

- ❑ One hour presentations on safe sleep for infants to ALL sworn officers during their required annual in-service days. This will take us two days a week from September through December 16th
- ❑ We have been training new recruits for approximately three years, but this is the first time we've been successful in being added to the in-service agenda

MFD: Mobile Integrated Healthcare (MIH) program

- ❑ Community Paramedic (CP) will follow up with patients after a discharge to reaffirm understanding and adherence to discharge instructions. The CP will perform a baseline evaluation by assessing the client's medical, social and mental healthcare needs in their home

MHD Role in program:

- ❑ FCH Operations Manager is providing education on infant mortality and safe sleep to all CPs
 - ❑ CHAP will be on call (M-F) to ride with CPs to homes where the patient does not have health insurance and provide in-home enrollment services
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