

City of Milwaukee Health Department 2016 Budget Hearing

Presented to the City of Milwaukee Common Council
Members of the Finance & Personnel Committee

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Aldерwoman Milele A. Coggs, Vice Chair
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By

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INTRODUCTION

Good morning, Mr. Chair and members of the Finance and Personnel Committee. Thank you for the opportunity to speak to you about the City of Milwaukee Health Department's (MHD) 2016 proposed budget.

This proposed budget maintains 2015 service levels and supports a strong workforce that is committed to improving the health of individuals and families in Milwaukee.

At its core, the mission of public health is to engage in and support work that creates the conditions in which our residents can be healthy. We do this by preventing disease and making long-term investments into the health and well-being of our residents. To achieve our mission, we operate in coordination with our local health care delivery system, whose goal is to treat illness and disease. We also partner with public and private organizations at the local, state, and federal level to protect public health.

Using public health methodologies, including rigorous research and evaluation, targeted direct services, and vital community and academic partnerships, MHD is committed to improving healthy birth outcomes, reducing lead hazards, preventing teen pregnancy, employing surveillance to curb the spread of communicable disease, consumer protection and violence prevention.

MHD's proposed 2016 budget supports several major priorities. Briefly, I would like to highlight a few key areas:

Childhood Lead Poisoning Prevention

Milwaukee has set the bar high nationally for positive work in reducing childhood lead poisoning. Today, we have made nearly 17,000 housing units lead safe, and we stand at an all-time low of 2.7% of Milwaukee children under the age of 6 testing too high for levels of lead in their blood. However, that percentage should be zero.

That is why our budget includes an additional \$340,000 in the Capital Budget for lead abatement. This funding will allow us to target 55 additional housing units in the coming year, and will complement an existing \$3.9 million HUD grant, through which we are seeking to make 700 more housing units lead safe in three

years within 6 targeted zip codes (53206, 53208, 53209, 53210, 53212, 53216). These zip codes are home to 75% of Milwaukee's lead poisoned children.

Continuing Milwaukee's leadership on reducing lead hazards is an essential public health approach to improving health outcomes, but also to improving educational attainment, preventing learning disabilities, and even preventing violent behavior.

Infant Mortality

Infant mortality rates are used as a global indicator of population health. While we have seen a 17% reduction in our overall infant mortality rates over my time as Commissioner of Health, our overall infant mortality rates and the rates by racial and ethnic group remain concerning. Our racial disparity in infant mortality remains stubbornly high.

According to our most recent 2014 data, we saw decreases in our three-year average infant mortality rates in all racial and ethnic groups. However, black infants remain nearly three times more likely to die than white infants.

MHD will continue to address the reduction of infant mortality and the promotion of healthy birth outcomes through direct services that include evidence-based, intensive home visiting programs. We will continue our important research and evaluation work that provides our entire community with in-depth data into the causes and risk factors associated with infant deaths.

We will also further our collaborative partnership with the Milwaukee Lifecourse Initiative for Healthy Families at United Way of Greater Milwaukee & Waukesha County. This collaborative is co-chaired by Mayor Tom Barrett, and MHD staff sit on each committee.

Teen Pregnancy Prevention

In 2014, Mayor Barrett, the MHD, and our partners at United Way of Greater Milwaukee & Waukesha County, the Center for Urban Population Health and UW-Milwaukee Zilber School of Public Health set a very bold new goal to reduce births to 15- to 17-year-old girls in Milwaukee by 50% by 2023.

This goal follows the great news we announced in 2013 that our original goal – to reduce teen births by 46% by 2015 – had not only been met, but surpassed three years early.

While that is an incredible success, too many 15- to 17-year-old girls continue to get pregnant in our city. In fact, nearly 300 become pregnant each year. This is a reduction from more than 700 in 2006.

That is why we will continue our collaborative partnership with the United Way Teen Pregnancy Prevention Initiative, which I co-chair with Betsy Brenner, publisher of the Milwaukee Journal Sentinel. This will be a very difficult new goal to meet, and we will not be surprised if we hit some bumps along the way. The MHD and our partners are committed to continuing our work and looking at evidence-based practices that will continue to support healthy futures for teen girls and boys in our community.

Disease Control and Prevention

MHD is a leader in our region in responding to emerging infections, communicable disease control, public health emergency preparedness and environmental health.

Immunizations

In investing in the long-term health of our community, we have successfully increased immunization compliance rates to 89% of students in compliance with Wisconsin Immunization Law. This is a remarkable achievement given that the 2005-2006 immunization compliance rate was 45%. To achieve our goal of reaching 90% immunization compliance citywide, we continue to work with community partners and health care providers to ensure immunization services are available to reduce disparities in vaccination rates.

In 2014, we administered approximately 10,900 shots to more than 4,000 clients at special events and regular clinic hours. We will continue these efforts and will strongly collaborate with the Immunize Milwaukee Coalition to continue our work.

STD Prevention and Control

Milwaukee, like most large cities, continues to experience high rates of Sexually Transmitted Infections, especially chlamydia and gonorrhea, for the last decade.

The MHD is working to decrease these rates by continuing to provide residents access to an STD clinic for the screening, diagnosis, and treatment of infections. The clinic is located at our Keenan Health Center.

Our HIV program is also providing case-contact investigations and partner services. In 2015, the City of Milwaukee Health Department Public Health Laboratory became one of the first public health STD clinic labs in the nation to

place cutting-edge, new technology in our clinic. A new testing machine, which we can use for improved and rapid HIV diagnostic testing, allows for earlier detection of HIV. As of August 31, we had run more than 2,500 tests.

In working to reduce the spread of STIs, including HIV, we continue to partner with agencies that are assisting us in reaching the highest-risk populations. Partnerships with Diverse & Resilient, AIDS Resource Center of Wisconsin, Black Health Coalition of Wisconsin and other agencies are helping us to reach targeted populations for treatment, services, and education. We will continue to invest into these partnerships.

Health Insurance Enrollment

Before I move on, I must briefly mention an issue that touches on all health concerns, and that is access to health care.

In just a few weeks, we will be entering the third enrollment period for the Affordable Care Act. We continue to be an integral member of the Milwaukee Enrollment Network through the Milwaukee Health Care Partnership. Through this network of collaborators, we are working together to ensure that Milwaukee residents have a place to go for support in enrolling in BadgerCare and into the federal Health Insurance Marketplace.

Prevention of Foodborne Illness

The U.S. Centers for Disease Control and Prevention estimates that 1 in 6 people experience foodborne illness annually, with a national economic cost of 77 billion dollars each year.

To address this, the MHD Division of Consumer Environmental Health works to preserve and improve the public's welfare by educating food establishment operators and the public, implementing and enforcing local, state, and federal regulations, and investigating complaints and monitoring trends. Our CEH division inspects and regulates food establishments, tattoo and body piercing establishments, and weights and measuring devices.

Our proposed budget solidifies our commitment in this area.

Violence Prevention

Public health's role in the prevention of violence has gained momentum in the last several years. Violence is preventable, not inevitable.

A key element in a public health approach to reducing violence is collaboration involving multiple partners including public health, law enforcement, education, business and social service providers, community agencies faith leaders and youth working together to produce change. In 2015, we have worked with our partners on various initiatives to better understand risk and protective factors and to develop strategies and raise awareness of youth violence, trauma, human trafficking, domestic violence, sexual assault, and gun violence.

Family Violence Prevention Fund research reports that after separation from an abusive situation, batterers often use visitation and exchange of children as an opportunity to inflict additional physical and/or psychological abuse on victims and their children. The Office of Violence Prevention, through its Commission on Domestic Violence & Sexual Assault, is the lead partner in a \$400,000 U.S. Department of Justice grant to establish, oversee and evaluate a “Safe Exchange” visitation site for families affected by domestic violence. The site, which opened just a year ago has provided 270 supervised visits and facilitated 158 exchanges through June of this year. The Milwaukee project is already being regarded by the funder as one of the strongest programs in the Midwest.

The Commission continues to engage a broad range of partners to address domestic violence and sexual assault. In 2015 and into 2016, the multi-disciplinary subcommittees and workgroups of the Commission will allow for in-depth work around domestic violence homicides and near-fatal incidents, training of community and city partners (including 200 HACM employees), and public education and awareness efforts.

Trauma Response Project

Recognizing that children who witness violence may suffer both short and long-term effects, often associated with post-traumatic stress disorder, the Common Council and Mayor appropriated funds to a Special Purpose Account in the Health Department for the purpose of developing a trauma response project in the City. Our Office of Violence Prevention staff worked with Milwaukee County Behavioral Health and the Milwaukee Police Department to develop a crisis and trauma response initiative with a focus on children and families who are exposed to community violence, abuse/neglect, and other traumatic events.

The Trauma Response pilot project kicked-off in July 2015 in Milwaukee Police District 7. This provides the opportunity for officers in District 7 to place children who have witnessed violence or other trauma in touch with the Mobile Urgent Treatment Team of Milwaukee County. This team of professionals can

meaningfully respond to the needs and provide support to children and families. Since July, the team has received 70 referrals, and we continue to work with MPD and the County to refine and improve the referral process.

In 2016, \$180,000 has been proposed for this budget. Along with carry-over from the 2015 budget year, the response team will look to expand its service area while simultaneously evaluating the level of participation by impacted families.

Youth Violence

As in other cities across America, the majority of shooting victims in Milwaukee are young, black males under the age of 30. To reach out to youth, our Office of Violence Prevention is a founding member of the Coming Together Partnership, a health-focused coalition aiming to build collaboration and support youth-oriented, youth-led initiatives to reduce violence. In the last two years, the partnership has convened more than 400 youth, youth-serving agencies, government officials, and other key stakeholders in two annual summits to hear youth perspectives on violence and identify solutions. In addition, the partnership has provided mini-grants to local youth-serving agencies to develop violence prevention activities led by the youth themselves. Coming Together will continue to collaborate in 2016 to engage youth.

The Health Department is also working to conduct in-depth analysis of the long-term trends in the community. In collaboration with Dr. Mallory O'Brien, we are working to develop and implement the innovative Data Repository Hub. By partnering with MHD, MPD, the District Attorney, Courts, schools and other institutions, we are working to merge criminal justice, public health, court and other data. This will allow us to explore episodic violence in the larger context of social, physical, and community environment. It will also allow us to better understand risk factors for violence, and provide key data necessary to design and implement system changes and prevention strategies in a variety of settings.

Youth Development and Violence Prevention Initiative

In working toward comprehensive prevention strategies, our 2016 budget includes \$150,000 for 2 full-time positions in support of a Youth Development and Violence prevention initiative, as well as funds that will allow us to work with a national consultant in creating a communitywide, community-based plan.

Around the country, positions such as these reside in their health departments, and we are excited that these two positions will allow us to advance the work that has

already begun toward creating a unified framework for programs and organizations working on behalf of youth and young adults.

While no one understands the urgency of this work more than many of us, the development of this plan must be deliberative and must involve the community.

Even during the planning phase, it is expected that the project will achieve “quick wins” in small, specific areas—such as closing a drug house, reopening a park, providing safe passages to school, or co-locating programs in areas of the city with few youth serving assets. These achievable “do while planning” efforts build toward achieving longer-term objectives and create momentum for the planning process and help build confidence that the plan will achieve positive results.

We at the MHD know from our successful collaborative work around infant mortality and teen pregnancy that there is an importance in developing a Milwaukee plan. We cannot take a plan from another city, such as New Orleans, Long Beach, Philadelphia or Minneapolis and simply ask people to follow it. We are a different city, with different partners, and different needs.

For example, just within City government we have great work such as the Earn & Learn Program, Compete Milwaukee, the Promise Zones, My Brother’s Keeper and Boys & Men of Color work whose goals align with this the work to prevent violence. We anticipate working closely with these efforts, who will also have roles within the framework to reduce violence.

The initial goal of these positions is to develop locally tailored Milwaukee approaches that recognize Milwaukee’s challenges and resources. It will have outputs that include activities and well-defined benchmark for success. It will have short-term and long-term outcomes.

These positions will report to my Office of Violence Prevention, to me, the Mayor and we will happily report to a Council standing committee on the progress of the plan.

The vision: reduce violent crime by helping build healthy, vital communities that do not produce crime. The driving philosophy under all of this: nothing will change unless all key governmental and civic entities make specific, trackable commitments in the prevention, intervention, enforcement and reentry areas.

It is a strategy, not a program, or, better stated, many coordinated, accountable programs within the context of a comprehensive, strategic plan. Governance is essential: in cities where the mayor, city council, law enforcement, public health, education and community are fully aboard, where a mechanism for tracking activities is clear, things change.

We have great groundwork started. We have incredible youth in our community, and programs and services who are all doing their best. Now, we will work WITH them to align, to build capacity, to support, and better understand and target our collaborative work.

Closing

To close, the work of public health is broad. We seek long-term improvements in our city's public health outcomes.

While we focus on priority needs today, we cannot step away from much-needed sustained investments into the health and well-being of our residents.

As part of our strategies to continually improve as an academic health department, we are currently working toward National Accreditation. In early 2016, we will be presenting to you a Community Health Assessment, which will present public health priorities from a communitywide phone survey and key stakeholder interviews. This report will then be followed by a Community Health Improvement Plan that will support and guide our work around these priority issues.

While this report only presents a fraction of our daily work, I am very proud of the work of the men and women within our Department. They professionally and passionately work to protect the health of our community.

I am happy to answer any questions you may have at this time.

