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TERRY L. WITKOWSKI ALDERMAN, 13TH DISTRICT

September 26, 2018

Commissioner Jeanette Kowalik Health Department Frank P. Zeidler Municipal Building 841 North Broadway, 3rd Floor Milwaukee, WI 53202

Commissioner Kowalik,

Under ss. 59-3-3 and 59-3-4 of the Code of Ordinances, the Health Department must provide annual reports to the Common Council about the quantifiable impact the Department's actions have had on health-related issues over the past 5 years. Likewise, under s. 304-81-6-f, the Health Department is required to submit grant activity reports annually to the Common Council.

I have reviewed the Health Department's 2017 Annual Report to the Mayor and Common Council and have met with Ms. Zarate and her staff to discuss my concerns with the Report. It is my hope that when we meet on **Wednesday, Oct. 3 at 10 a.m. in Room 205**, we will be able to come to an agreement on expectations for future reports. The following questions highlight some of the areas for which more in-depth reporting is necessary in future years.

Administration

It is my understanding that program managers determine what program outcomes and performance measures will be reported on for their own programs. What oversight is in place to ensure that program managers develop an array of reporting metrics that are fully representative of the program's activities and successes or failures in addressing community health issues?

The Health Department has previously discussed certain initiatives that will improve the quality of the annual health report in future years. What is the implementation plan for the following initiatives, and how will these initiatives be used in the future to satisfy the Department's reporting requirements?



- Development of the 2018-2022 Department Strategic Plan
- Creation of a Department-wide Performance Management System
- Implementation of the Department's Quality Improvement Plan.

The 2017 Report blames staffing shortages, vacancies and turnover for service reductions at nearly two-thirds of the Department's programs (13 of 21 programs). What is being done within programs and Department-wide to reduce turnover and better plan for attrition, particularly with respect to Public Health Nurses?

## Consumer Environmental Health – Tattoo/Body Art Inspections

The number of tattoo/body art inspections conducted each year has nearly doubled since 2013, while the number of violations has halved. With the increased usage of pre-sterilized and disposable needles, what are your expectations for future inspection levels?

Why is there no reporting on the city's rate of blood-borne diseases like as Hepatitis B, Hepatitis C or HIV from tattoo or body art practices as was provided for enteric diseases in relation to the Food Inspection Program? Will this reporting be provided in next year's report?

## Home Environmental Health

When will corrected data for all aspects of the 2013-2016 Primary and Secondary Lead Prevention programs be made available?

What steps have been taken to correct the break-down in data collection and documentation in the Lead Program?

#### Lead and Drinking Water

The Health Department reported following-up with 294 licensed childcare facilities for lead in water testing after the replacement of lead service lines. Does the Health Department likewise follow-up with the owners/occupants of residences to conduct lead in water testing after the replacement of lead service lines?

## **Occupational Health, Safety and Public Health Preparedness**

Why did none of the 150 staff requiring annual blood-borne pathogen training receive the training in 2017? Why did less than half receive it in 2016?

Why has the percentage of employees completing required Incident Command System training dropped by 97% from 2013 to 2017?



Will control plans and policies that have not been prepared or reviewed since prior to 2013 be updated in 2018? These include a blood-borne pathogens exposure control plan, a field safety policy, a radiation safety plan, a respiratory protection plan and a written needle-stick policy.

Based on the 2017 Annual Report, the program appears to be focused more on building relationships with the community than on ensuring that staff are adequately trained in emergency preparedness. Is this the most appropriate allocation of limited resources to ensure an effective response to an emergency?

# Sexually Transmitted Diseases

The city's rates for cases of chlamydia, gonorrhea and HIV are all higher than the syphilis rate and rising. However, the 2017 Annual Report provides interview and follow-up data for syphilis cases only. What are the interview and follow up rates for reported cases of HIV, gonorrhea and chlamydia?

## **Direct Assistance for Dads**

The Direct Assistance to Dads program is a long-term home visiting program with a \$640,064 budget in 2017 (38% City-funded, 62% grant-funded). Through this program, 369 successful face-to-face visits were made by staff in 2017. This equates to \$1,734 per home visit. Is this an effective use of City resources, given that a total of 41 clients were served in 2017, with four successful program completions in 2017?

As a program outcome, the birth weight of a client's partner's child is somewhat removed from the services offered to the client, which are discussed in the 2017 Annual Report. What are other measurable outcomes for the Direct Assistance for Dads program that reflect the program's successes and day-to-day activities of Health Department staff in carrying out the program?

## **Empowering Families of Milwaukee**

The Empowering Families of Milwaukee program is a home visitation program that targets pregnant women and families with young children. The program had a \$1,920,193 budget in 2017, with which 2,708 successful visits were made by staff that year. This equates to \$709 per home visit. Is this an effective use of City resources, given that a total of 122 families were served in 2017, with 13 successful completions in 2017?

For a program intended to support families prenatally until a child is 3 years old, the sole reported program outcome is whether a child is born full term or at a healthy birthweight. What are other measurable outcomes for the Empowering Families program that reflect the day-to-day activities of Health Department staff in carrying out the program for the remaining 3 years of a family's participation?



## **Fetal Infant Mortality Review**

In 2017, the Fetal Infant Mortality Review program completed 6 reviews, conducted 10% of maternal interviews and reviewed 27% of cases, a significant reduction in service levels since 2013. What was the actual number of infant deaths in Milwaukee in 2017, and how has this changed since 2013? Is the program's level of investigation and follow-up sufficient to develop effective prevention strategies?

## **Nurse-Family Partnership**

For a program intended to support families prenatally until a child is 2 years old, the sole reported program outcome is whether a child is born full term or at a healthy birthweight. What are outcomes for the Nurse-Family Partnership that reflect the day-to-day activities of Health Department staff in carrying out the program for the remaining 2 years of a family's participation?

## Plain Talk/Prep Talk for Youth

The Plain Talk program identified youth suicide as a better focus for grant objectives than sexual and reproductive health, pregnancy prevention, clinic access and unsafe sex. How common is youth suicide in Milwaukee compared to state and national rates, and has it been trending up or down?

## Office of Violence Prevention (OVP)

Does OVP collect any data on the rates of violence before, during or after an individual or group interacts with an OVP program? What impact do you expect OVP activities to have on violence in Milwaukee as a whole, in targeted neighborhoods and among targeted age groups?

Please explain what metrics related to program outcomes will be used in the future to report on the impact OVP activities and programming have had on violence in Milwaukee. When will OVP begin reporting on such metrics?

Again, I look forward to meeting with you on Wednesday, October 3<sup>rd</sup> at 10 a.m. at City Hall, Room 205, to speak with you on these important matters.

Sincerely,

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Alderman Terry Witkowski 13<sup>th</sup> District of Milwaukee

