City of Milwaukee Health Department

2018 Annual Report

to the Mayor and Common Council

Think Health Act Now!

CITY OF MILWAUKEE HEALTH DEPARTMENT

This report was prepared by the City of Milwaukee Health Department in accordance with Ch.59 of the City of Milwaukee Code of Ordinances.

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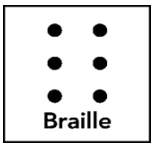

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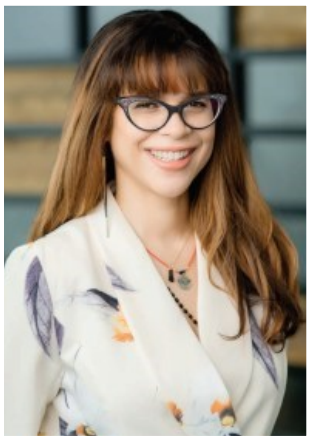


June 28, 2019

Greetings Milwaukeeans:

2018 was a historic year for the City of Milwaukee Health Department (MHD). Words like "troubled" and "beleaguered" replaced "exemplary" and "model." Confidence was lost in MHD due to mismanagement and a host of personnel issues. In January, we learned about the challenges of the Childhood Lead Poisoning Prevention Program (CLPPP) and STI/ HIV cluster. Former Commissioner Bevan Baker resigned. For a brief period Former Commissioner Paul Nannis was reinstalled until mid-February. Dr. Patricia McManus was sworn in as the City's first African American woman Commissioner of Health for the interim. During this period, a national search was performed for a permanent Commissioner of Health.

September 4, 2019, I testified before the Public Safety & Health Committee. I shared my intentions for applying; acknowledging that this would be the most challenging job of my natural life but my dedication to my hometown, the MHD, and my divine purpose would be my fuel. The following day, I was unanimously nominated by our Common Council. I was sworn in shortly thereafter. The heavy lifting literally began right after that moment. I hit the ground running…

Returning to the place where I started my public health career, as an intern, to be exact was surreal. Discovering the state of the department that I fell in love with was heartbreaking, to be honest. This department is responsible for moving my family out of poverty, rich friendships and relationships, exposure to different disciplines and cultures, travel, and opportunities galore. My commitment to the MHD was and is rock solid.

I know many others can speak to the MHD's role in improving their lives. Some staff have stood their ground while others left and are observing if it's safe to come back. I have been Commissioner for 10 months. We have made some improvements but we still have a far way to go. It took years to get to the low point, it will take time to get back to being exemplary. There continues to be turnover, we are understaffed but feverishly working to fill vacancies through our department reorganization, and policies and procedures still need to be created/updated/finalized using the Meet & Confer process. Restoring confidence of funders, partners, and other government partners is a process.

As I noted in my testimony,

> As a health administrator with a passion for public health, I am acutely aware of the current issues surrounding the MHD. Despite many challenges, I know MHD's Office of Violence Prevention is strong and is moving in the right direction, among many others that have not been in the news for doing what they're supposed to do (e.g., Lab, Consumer Environmental Health--food inspection, Immunizations). When public health is doing its job of protecting the public--it is not in the news. We should be in the news for accomplishments, not deficiencies." September 4, 2019

2018 was a tumultuous year, there were four Commissioners over the course of the year. Despite the changes in administration, there was some progress thanks to the will of staff. This annual report seeks to highlight each division's work over the year. Due to the 2019 department reorganization, this annual report will also be the last year that uses this format to capture the essential functions of your Level III Local Health Agency. Please pay special attention to the public ealth programs that I highlighted last fall: CLPPP (Lead), STI/HIV, Milwaukee Breast Cancer and Cervical Cancer Screening Program (MBCCAP)--Well Woman, and Violence Prevention.

My strategic priorities continue to be 1) governance and accountability, 2) public health workforce development, and 3) restoring confidence in programs and services.

Governance and accountability- To support short and long-term goals and ensure that oversight is maintained, I fully support the establishment of an oversight body commonly referred to as a Board of Health, for MHD. I will collaborate and work with the Council to make this much-needed level of risk mitigation, a reality. The Board of Health will be comprised of community and clinical representatives. I envision all Board of Health members will be required to not only complete initial health equity training but dismantling racism will be integrated into the Board's approach for overseeing the MHD to ensure services and opportunities are equitable, thus reducing health disparities.

Public health workforce development- MHD staff are some of the most resilient, resourceful, and courageous people I know. I am aware that there is a huge need for leadership to facilitate healing and reduce turnover. Without committed and skilled staff, there is no MHD; the public suffers. Restoring the MHD workforce will require assessment and training, promotion of professional development opportunities using free or low cost options, supporting certification for clinical, administrative, and public health staff. Recruiting and hiring diverse and qualified candidates, coaching and mentoring staff, establishing a culture of continuous feedback and improvement including regular supervision meetings, balancing workloads, and cross training are examples of concepts that will be employed in short order.

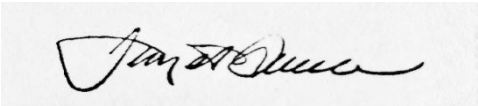
Restoring confidence in programs and services- The days of operating in the dark will be abolished. Under new leadership, we will embrace open data and reporting our program progress to the community, Council, and Mayor's office on a regular basis. As Commissioner of Health, it is my duty to educate the public about the science of public health; this includes translating research to practice, restoring and expanding surveillance, access to resources, and collaborating with community partners to eliminate gaps in care. Reporting and metrics will become the new norm through the establishment of a MHD Data Dashboard (coming in 2019). The dashboard will provide monthly updates on services rendered and serve as an accountability barometer. We will showcase the good and highlight areas of improvement.

These efforts will not only safeguard MHD from repeating past mistakes, but enable the department to finally obtain PHAB health department accreditation. Performance measures will increase our ability to compete for funding opportunities because we will have the data to demonstrate need to expand our health services.

I continue to look forward to working with our communities, MHD staff, other city departments, public-private stakeholders, local public health agencies, state, and federal partners to bring a fresh vision for health to our community.

Thank you for the opportunity to serve.

Na Zdrowie~



Jeanette Kowalik, PhD, MPH, MCHES
Commissioner of Health

P.S. "Public Health is not a political issue or platform- it is for all of us." J. Kowalik

Stand for Peace

OVP sponsored and supported the Stand for Peace campaign in Tiefenthaler Park, which included resident engagement, art, and neighborhood beautification.

How to Use the Annual Report

The City of Milwaukee Health Department's 2018 annual report is comprehensive and includes information on each division, office, and program within the department. As a result, the report is dense with information and lengthy. Unlike traditional annual reports, this report is most useful when used as a reference document to learn about a specific division, office, or program within the department.

Program information is organized under six primary sections: Consumer Environmental Health, Disease Control and Environmental Health, Family and Community Health, Office of Violence Prevention, Public Health Laboratory, and Office of Policy, Strategy, and Analysis. Two divisions, Disease Control and Environmental Health and Family and Community Health, each have several programs or special initiatives embedded in them. Use this report to:

Learn about each public health program

Each program or special initiative includes a brief description of the program, the target population, target geographic area, priority health areas, and evidence-based practices utilized.

Access 2018 operations data

Operations data, including 2018 expense information, staffing structure, and active grant received over the course of the year, is included for each program.

Review data on each program's performance

Each program includes five years of performance measure data which highlights key deliverables offered by the program. Most programs also include population or program outcome data to describe the impact of the program on Milwaukee or the clients served. Some performance measures will be new in 2019 and are blank in the report.

Learn about each program's 2018 accomplishments, challenges, and action plans for 2019

Health department programs celebrated a number of accomplishments in 2018; however, programs also experienced a number of challenges. Learn about each programs accomplishments and challenges in addition to exploring each programs goals for 2019.

The report was prepared by the City of Milwaukee Health Department for the Mayor and Common Council in accordance with Ch.59 of the City of Milwaukee Code of Ordinances.

About the City of Milwaukee Health Department

Since 1867, the City of Milwaukee Health Department (MHD) has served the residents of the city of Milwaukee by seeking to improve and protect the health of all who live, work, and play within the city. 150 years later, the MHD remains steadfast in this mission. As the largest local health department in the state of Wisconsin, it now serves nearly 600,000 Milwaukeeans through direct services, evidence-based programs, partnerships, and policy development.

The MHD's work centers around four goals – control and prevent disease; promote health and wellbeing across the lifespan; assure safe and healthy living environments; and conduct public health planning and policy development.

Vision

Living your best life, Milwaukee

Mission

Advance the health and equity of Milwaukeeans through science, innovation, and leadership.

Values

Innovation: We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.

Equity: We acknowledge historic and current injustices in our community and strive to cultivate an environment where everyone in our community has opportunity to be healthy.

Collaboration: We convene community members, partners, and elected officials to meet the needs of our community.

Courage: We take strategic risk and bold initiative to advocate for and prioritize the needs of our community.

Accountability: We act with transparency and integrity to advance the health of Milwaukee.

Quality: We continuously improve and adapt to create sustainable and positive health outcomes.

The MHD carries out our mission through the provision of direct services, evidence-based programs, partnership development, and policy development implemented through five divisions (Administration; Consumer Environmental Health; Disease Control and Environmental Health; Family and Community Health; Public Health Laboratory) and two offices (Policy, Strategy, and Analysis; Violence Prevention). The 2019 report will reflect the department's reorganization, which consolidates divisions under branches.

Expenses & Workforce

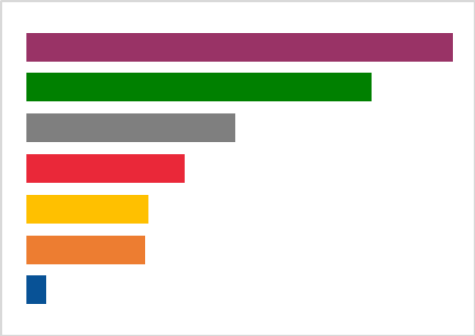
The operations of the MHD are funded through City Operations and Maintenance (O&M), grants, capital, and to a lesser extent, reimbursable funds. O&M is also known as "tax levy."

City of Milwaukee Health Department Expenditures by Funding Source, 2014-2018

	2014	2015	2016	2017	2018
O&M	$12,269,405	$12,606,226	$13,524,425	$13,726,808	$13,555,698
Grant	$10,160,753	$9,778,593	$10,531,949	$10,823,306	$10,450,150
Reimbursable	$44,937	$45,950	$65,631	$68,440	$2,094
Capital	$107,977	$622,312	$386,708	$217,926	$977,318
Total Expenses	$22,583,072	$23,053,081	$24,508,713	$24,836,481	$24,985,260

2018 Expenses by Division or Office

Family & Community Health	$7,608,671
Disease Control & Environmental Health	$6,159,281
Administration	$3,725,846
Public Health Laboratory	$2,819,310
Consumer Environmental Health	$2,187,265
Office of Violence Prevention	$2,122,322
Office of Policy, Strategy, and Analysis	$362,565
Total	$24,985,260



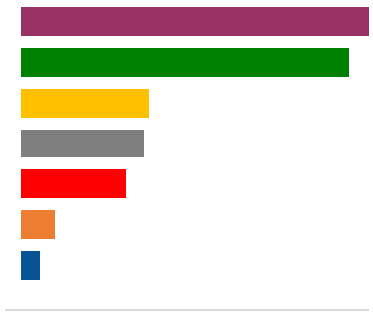
City of Milwaukee Health Department Personnel, 2014-2018

	2014	2015	2016	2017	2018
O&M FTE:	139.30	139.79	139.18	138.20	136.70
Non-O&M FTE:	101.45	100.45	102.65	102.80	108.85
Total Positions:	240.75	240.24	241.83	241.00	245.55

FTE = full-time equivalent employee (40 hours/week)

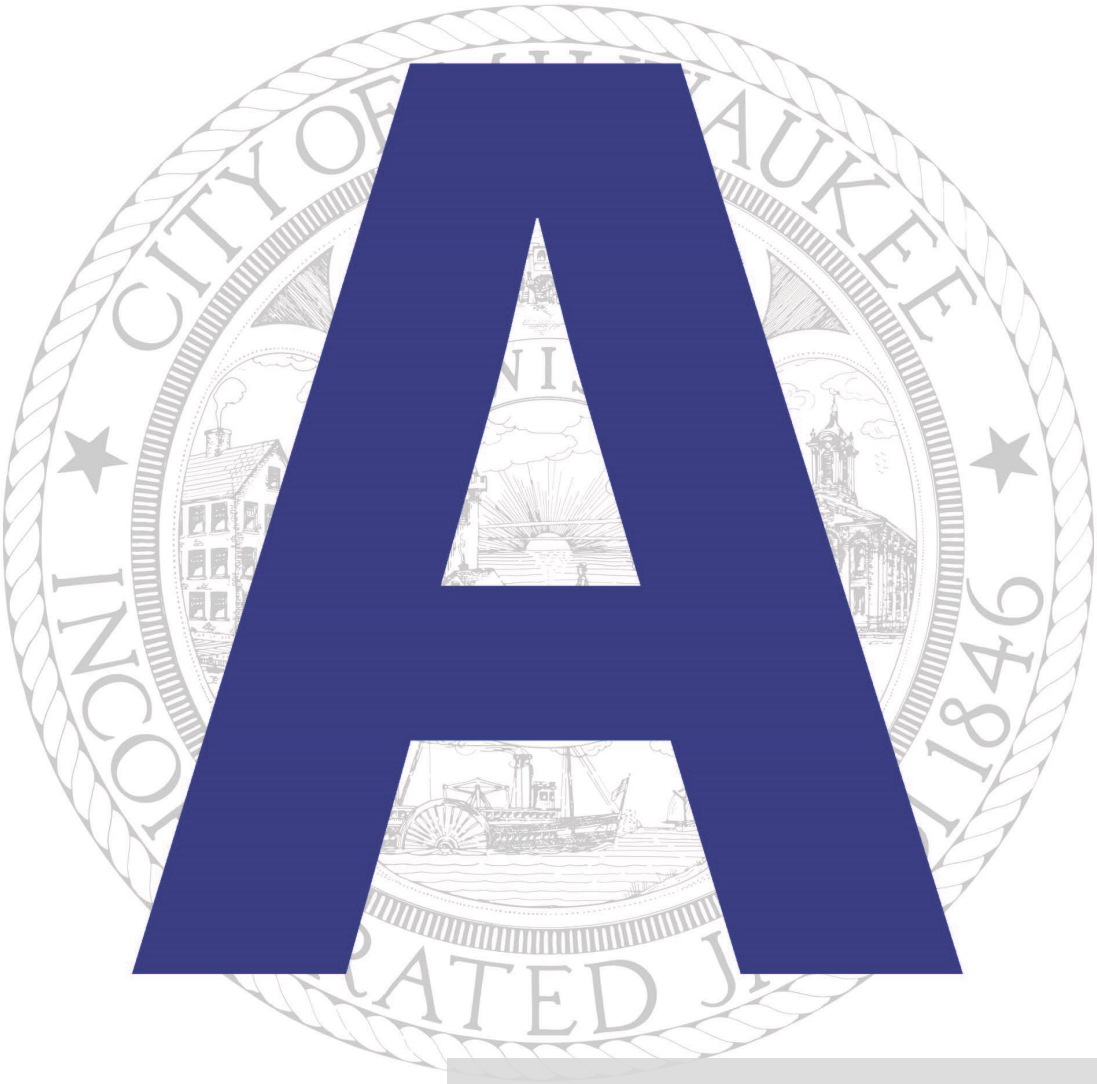
2018 Personnel by Division or Office

Family & Community Health	90.6 FTE
Disease Control & Environmental Health	69.0 FTE
Consumer Environmental Health	27.0 FTE
Administration	25.95 FTE
Public Health Laboratory	22.0 FTE
Office of Violence Prevention	7.0 FTE
Office of Policy, Strategy, and Analysis	4.0 FTE
Total	245.55



City of Milwaukee Health Department

SANITATION GRADE



Establishment Name: _____

Address: _____

Date Issued: _____ **Card Number:** _____

Food Grading System

In 2018, the City of Milwaukee Health Department launched a food grading system to increase food safety.

For more information or to find full inspection reports, contact the City of Milwaukee Health Department at (414) 286-3674 or visit www.Milwaukee.gov/health.

Para más información o para encontrar el reporte de inspección más reciente, por favor pónganse en contacto con el Departamento de Salud de la Ciudad de Milwaukee al (414) 286-3674 ó en www.Milwaukee.gov/health.

Think Health Act Now!
CITY OF MILWAUKEE HEALTH DEPARTMENT

2018 MHD Graphics

Consumer Environmental Health

Disease Control and Environmental Health

Family and Community Health

Office of Violence Prevention

Public Health Laboratory

Office of Policy, Strategy, and Analysis

Consumer Environmental Health

The City of Milwaukee Health Department works to promote safe food preparation and service, safe tattooing and body art practices, and protect consumers from fraudulent practices in commercial transactions involving determinations of quantity through its Food Inspection, Tattoo and Body Art Inspection, and Weights & Measures programs.

Each year, the Food Inspection Program conducts annual and periodic inspections of the nearly 3,000 food service establishments along with more than 650 mobile vendors and temporary events such as neighborhood and citywide festivals. Along with regulating establishments, specialists provide training to food service managers on safety and sanitation, investigate complaints and illnesses associated with establishments, review plans and conduct pre-occupancy inspections of new or remodeled establishments, provide food safety consultations, and develop and implement policies to support food safety.

In 2018, the program continued regular and required inspections and services while joining the City Development Center in reviewing plans for approximately 190 food establishments regulated by the MHD, assisting walk-in customers, and coordinating with other City departments to support food establishment operators in the city.

Along with the prevention of foodborne illness, inspectors work to decrease the risk of blood- borne diseases such as Hepatitis B, Hepatitis C, or HIV from tattoo or body art practices by conducting inspections to assure that tattoo, permanent makeup, and/or body piercings are done in a sanitary and sterile manner. The MHD's Weights & Measures Program also works to protect Milwaukee consumers' pocketbooks by monitoring retail businesses to assure that devices such as scales and scanners are accurately determining the price of goods sold by weight.

Photo: Weights and Measures Inspector conducting a price verification inspection (pictured Jay Labecki, Environmental Health Specialist)

PROGRAM OPERATIONS

Division:	Consumer Environmental Health
Established:	Food inspections began in 1890, Consumer Environmental Health formed in 2012 (previously under Disease Control and
2018 Expenses:	$2,187,265
O&M Expenses:	$2,119,303
Grant Expenses:	$67,962
2018 Staffing:	27.0 FTE
O&M FTE:	25.5 FTE
Grant FTE:	1.5 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Food Inspection Grant- Advancing Implementation and Refinement	Food and Drug Administration	7/1/18-6/30/19	$70,000

POPULATION HEALTH OUTCOMES

Cases Reported	2016	2017	2018	Three Year Average	Estimated # of Cases Per Case Reported*	Total Estimated Cases 2018	Total Estimated Cases Three Year Average
Campylobacter	45	62	58	55	30	1798	1705
E. coli 0157	16	7	14	12	26	378	333
Listeria	1	1	0	1	2	0	2
Salmonella	77	75	99	84	29	2970	2510
Vibrio	1	4	0	2	142	0	238
Yersinia	1	2	1	1	123	124	165

City of Milwaukee enteric disease cases from Wisconsin Electronic Disease Surveillance System on March 20, 2019. Please note that data are provisional and subject to change.

* FoodNet Progress Report https://www.cdc.gov/features/dsfoodnet2012/food-safety-progress-report-2012-508c.pdf

Incidence per 100,000	2016	2017	2018	Three Year Average	Healthy People 2020 Target	Healthy People 2020 Status
Campylobacter	7.6	10.4	9.8	9.2	8.5	X
E. coli 0157	2.7	1.2	2.4	2.1	0.6	X
Listeria	0.2	0.2	0.0	0.1	0.2	Met
Salmonella	12.9	12.6	16.6	14.1	11.4	X
Vibrio	0.2	0.7	0.0	0.3	0.2	X
Yersinia	0.2	0.3	0.2	0.2	0.3	Met

PERFORMANCE MEASURES

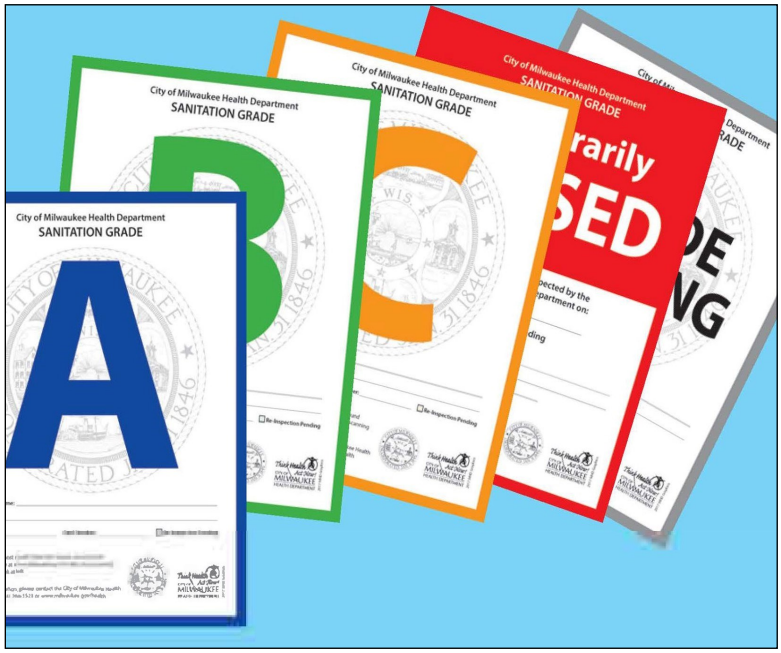
Measure	2014	2015	2016	2017	2018
Food Inspection					
Routine inspections	6,294	6,770	5,963	3,626	2,697
Percent of Routine Inspections with one or more critical violations	26%	25%	31%	34%	41%
30 Day Inspections					357
Preinspections					537
Consultations					647
Complaints	815	1,013	598	577	701
Revenue generated (food only)	$2,390,020	$2,508,788	$2,499,221	$2,199,443	$2,109,897
Food Sampling					
Number of samples tested	459	613	337	144	468
Violation rate	23%	14%	25%	19%	14%
Temporary Events					
Number of Inspection				615	603
Number of Priority Violations				207	182
Mobile Restaurants					
Number of Mobile inspections	537	658	463	322	315
Percent of Occurrences with a Priority Violation	13%	15%	17%	15%	34%
Food Safety Education & Outreach					
Operator Training Sessions Performed	167	207	189	341	381
Number of Food Handlers Trained	1,484	1,362	1,235	1,463	1,378
Tattoo & Body Art					
Number of tattoo/body art inspections	101	113	104	186	215
Number of Violations	193	281	129	107	56
Revenue generated (tattoo & body art licenses)			$11,031	$14,718	$19,009
Weights & Measures					
Number of devices or inspections tested	7,263	7,780	8,259	1,505	1,081
Revenue generated			$403,271	$388,827	$429,080

Critical violations continued to increase as a result of changes to data collection. The new software more accurately captures violations.

CEH previously inspected and licensed all mobile restaurants operating in the City of Milwaukee. WI State Statute no longer requires mobile restaurants to be licensed by the jurisdiction they operate in.

Body Art Inspections continue to decrease in sterilization related violations as the industry has transitioned to pre-sterilized, disposable needles and ink tubes.

Due to changes in compliance software, data collected is per inspection vs per device



2018 KEY ACCOMPLISHMENTS

1. CEH successfully transitioned from an old software system (CHILI) to a new State of Wisconsin system (Health Space). The software is customized to meet the needs of the division.
2. The division has made significant progress in meeting the 9 FDA Retail Program Standards.
3. The division successfully implemented the Food Sanitation Grading System and it has been well received by both operators and consumers. In addition, it has served as an incentive for operators to improve compliance and food safety.
4. The division started to use social media to get food safety information out to both operators and consumers.

2018 KEY CHALLENGES

1. CEH transitioned from an old inspection and invoicing software system (CHILI) to a new system (Health Space). This transition required significant staff training and impacted some sampling during the transition, as mentioned in a previous call out box.
2. Food grading was implemented and there was an increase in consultations with operators to help operators adjust to the new grading system.

2019 ACTION PLAN

1. Working through the first year of required placard posting for the Food Sanitation Grading System will be challenging as there will be a need to identify any changes or improvements required.
2. There are more operators requesting training sessions and consultations which will increase food safety in the City of Milwaukee but will be a staffing challenge.
3. Manageable work loads for both inspectors and coordinators must be established through a review of inspection frequency and cross training.
4. Creating work groups and coordinating with the FDA on the upcoming Democratic National Committee convention in 2020. Also making sure inspections conducted in 2019 are focused on the CDC risk factors.
5. Wisconsin Administrative Codes 74 and 75 will be updated this year requiring program policy and procedure changes for compliance.
6. Mobile food operations and temporary food events continue to grow each year. It will be essential to evaluate and properly use resources to provide the most effective regulatory inspections.

As a retail regulatory agency the focus is on regulating processes and facilities, ensuring compliance with the Wisconsin Food Code, and applicable City ordinances. A large part of the Coordinator position is to provide information to the operators so they are set up for success.

As a division, the goal is to develop programs to reach out to the operators when there are any changes to the food code or when the State Department of Agriculture, Trade, and Consumer Protection provide interpretations of specific codes. Starting in July of 2018, there were some updates and changes with mobile food units. In order to make sure the operators understood the requirements and to make sure they were in compliance, several meetings were held at various locations across the City in English and in Spanish in order to reach as many operators as possible. Staff also worked with the Milwaukee Police Department on weekends, late night inspections, and temporary events to make sure that all food trucks were operating safely and following the Food Code to prevent possible illness in large groups of people.

Photo: Maria Salgado, an Environmental Health Inspector, provides a Spanish training to mobile operators at the Mitchell Street Library.

- Consumer Environmental Health
- **Disease Control and Environmental Health**
- Family and Community Health
- Office of Violence Prevention
- Public Health Laboratory
- Office of Policy, Strategy, and Analysis

Communicable Disease Control

Since its inception, the City of Milwaukee Health Department has been a leader in the detection and response to communicable disease outbreaks. The reporting, surveillance, and control of reportable communicable diseases is a core public health function and is mandated by Wisconsin State Statute and Wisconsin Administrative Code. Communicable diseases requiring follow-up include vaccine-preventable diseases such as mumps and pertussis, vector-borne diseases such as Zika and Lyme disease, and gastrointestinal diseases such as Shigella and salmonella.

Communicable Disease (CD) program staff investigate reports of communicable diseases and outbreaks, conduct contact investigations, monitor communicable disease trends, provide educational interventions, and supply prophylactic medications when necessary. In addition, the program staff serve as a resource for other local health departments, health care providers, schools, child care facilities, and the citizens of the southeast region of Wisconsin.

In 2018, the MHD lost grant funds to support the Milwaukee County Communicable Disease Surveillance Network (SurvNet) activities. SurvNet centralizes communicable disease surveillance, provides epidemiology capacity and addresses shared concerns with the 13 local health departments in Milwaukee County. SurvNet serves Milwaukee County and other areas of southeastern Wisconsin by disseminating information on emerging health threats, outbreaks, and public health alerts to public health and health care partners. Some functions of SurvNet have been discontinued as a result of the loss of funding.

Due to budget constraints, the State of Wisconsin discontinued funding ($19,665) to the Communicable Disease Program to support SurvNet activities.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1867
2018 Expenses:	$1,051,338
O&M Expenses:	$794,886
Grant Expenses:	$256,452
2018 Staffing:	4.74
O&M FTE:	0.64
Grant FTE:	4.10

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Communicable Disease Prevention	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$28,800
Communicable Disease Prevention	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	$28,800
SURVNET	State of Wisconsin, Department of Health Services	8/1/17–7/31/18	$19,665
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$329,693
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	$327,343
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$173,732
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	$173,732
*Grant supports more than one MHD program or initiative.			

POPULATION HEALTH OUTCOMES

Measure	2014	2015	2016	2017	2018
Number of confirmed cases of communicable diseases reported to the City of Milwaukee*	1,715	1,372	1,169	994	Not yet available
Number of communicable disease investigations completed by CD PHNs				797	777
*These numbers do not include influenza associated hospitalizations, tuberculosis, or sexually transmitted infections.					

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of Milwaukee County surveillance reports distributed	12	12	12	12	12
Prepared and distributed annual surveillance report for Milwaukee County	Completed	Completed	Completed	Completed	In Process
Prepared and distributed annual surveillance reports for all 13 Local Health Department jurisdictions in Milwaukee County	Completed	Completed	Completed	Completed	
Number of disease case reports from providers and labs processed for Milwaukee County	17,170	16,531	17,496	19,106	
Number of respiratory ill-ness reports prepared and distributed for Milwaukee County during flu season	31 (2014-15)	16 (2015-16)	15 (2016-17)	24 (2017-18)	15 (YTD) (2018-19)
Number of gastrointestinal outbreaks investigated in long-term care facilities	19	18	14	17	10

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Number of respiratory outbreaks investigated in long-term care facilities	8	10	10	21	22
Number of non-long term care facility outbreaks investigated	4	2	6	3	2
Number of special messages/ alerts distributed through SurvNet to enhance awareness and/or provide guidance to partners in Southeastern Wisconsin	15	16	16	12	7

The Communicable Disease Program routinely distributes updates on emerging health threats, outbreaks, and public health alerts to organizations such as local health departments, hospitals, and clinics.

2018 KEY ACCOMPLISHMENTS

In March 2018, following a national trend, the MHD began receiving reports of severe bleeding among people who used synthetic cannabinoids that contained the rat poison brodifacoum. While brodifacoum poisoning does not fall under the communicable disease category, the communicable disease public health nurses had the capacity and skill set to address this important issue. The communicable disease nurses followed up on 59 cases between March and October to ensure patients were receiving the appropriate treatment and to educate them on the harmful and potentially deadly effects of synthetic cannabinoid use. This situation presented many unique challenges to public health that ultimately helped strengthen partnerships with law enforcement, WI DHS, and the Wisconsin Poison Control Center.

2018 KEY CHALLENGES

Staffing vacancies increased the workloads of nurses, nurse Coordinators, and the CD/ Immunization Program Supervisor during the first quarter of 2018. In addition, communicable disease nurses were pulled to assist with clinics for lead testing, therefore reducing capacity in the communicable disease program.

2019 ACTION PLAN

1. Investigate and respond to reports of communicable diseases and outbreaks and monitor communicable disease trends.
2. Disseminate information on health threats/issues to public health and health care partners.
3. Provide monthly reports on communicable disease cases identified in Milwaukee County.
4. Enhance preparedness around measles, Hepatitis A, and other emerging infectious diseases .

Environmental Health

The City of Milwaukee Health Department (MHD) Environmental Health Program conducts investigations and surveillance, and provides education to the public about environmental health issues such as: recreational and drinking water quality, indoor/ outdoor air quality, fugitive odors and other potential chemical exposure hazards, mold intrusion, extreme weather, ectoparasites (scabies, lice), and animal bites/wounds (rabies exposure). Public health educational efforts range from phone consultation to community group presentations and include MHD website postings, brochure publication/ dissemination, and press releases. The program actively participates in and coordinates seminars and inter-organizational meetings to enhance coordination and professional expertise.

MHD collaborates with other City departments as well as state and federal agencies to ensure enforcement of environmental laws and regulations. This is often in the context of a current hazardous release, brownfield site or other remediation action. Typical scenarios involve residential vapor intrusions from gas stations or dry cleaners, or industrial site contamination with lead, PCB's, asbestos or other toxins.

Environmental Health program staff have traditionally chaired MHD's Safety Committee. The Safety Committee includes representatives from all MHD centers and major programs, and responds to safety issues raised by committee members or any MHD employee. It is charged with authoring safety polices for the department and helping to ensure compliance with OSHA workplace standards.

Beach Monitoring

To ensure that Milwaukeeans have safe, healthy summer fun at the beach, the MHD monitors water quality at each of the City's three public beaches, issuing daily water quality notifications from Memorial Day through Labor Day. Testing and advisories are also conducted for special event venues such as Lakeshore State Park and Veteran's Park Lagoon.

Through a long-standing partnership with the University of Wisconsin-Milwaukee Zilber School of Public Health (ZSPH) Miller Laboratory, water samples are collected and analyzed at both ZSPH and the Milwaukee Health Department Laboratory (MHDL). E. coli, a bacterial microorganism normally found in bodies of water, is used as an indicator species for water quality. Results from E. coli level testing inform public health decisions with recreational water advisory or closure notifications implemented when elevated bacterial levels or other environmental factors indicate potential health concerns.

Data collection through deployment of sensors on buoys continues at Bradford and South Shore Beaches through the ongoing partnership with the Miller Lab at ZSPH. Water parameters including wave height, water clarity, currents, wind direction and multiple others are collected in real time. This information along with sanitary survey and meteorological data is input into a predictive model to provide water quality assessment in a more timely, cost effective and less labor intensive way.

Veterans Park Lagoon

MHD monitors Veterans Park Lagoon for elevated levels of Microcystin, a class of toxins found in blue-green algae, also called cyanobacteria. Surveillance serves to inform decisions on recreational water use on the lagoon to protect the public from Harmful Algal Blooms (HABs). MHD has partnered with the Miller Lab at ZSPH, County Parks, County Environmental Services, and MHD Laboratory on a multi-year project to study the problems underlying poor water quality at the lagoon and ultimately design and implement a solution to remediate the water body.

Summerfest Grounds Water Testing

In cooperation with Milwaukee World Festivals, the Environmental Health Program performs weekly supply water quality sampling, testing and consulting from late spring through early fall. Samples are collected from a rotating subset of 10 sites strategically placed on the grounds and tested at MHDL for evidence of disease-causing organisms. If indicated, the Environmental Health Program may recommend or mandate flushing or super chlorination of parts of the distribution system with evidence of biofilm formation or other issues. To date, more serious water quality issues have not arisen but surveillance provides an early warning to issue water boil or no use orders if necessary for the areas affected.

West Nile Virus: Mosquito Surveillance and Control

West Nile Virus (WNV) is a mosquito-borne virus that can cause a range of symptoms. Most people infected (about 80%) remain asymptomatic. Others, however, experience flu -like symptoms with a possible rash and swollen glands. Less than 1% of cases include more serious neurological symptoms and fatalities can occur.

The Environmental Health Program conducted public education and assisted a UW – Madison Department of Entomology research group in surveillance efforts in 2018. One of the goals of this research group is to determine the efficacy of targeting and reducing specific species of WNV carriers through larvicidal treatments of storm sewer catch basins. Along with many other communities, Milwaukee has regularly conducted these larviciding efforts although robust data validating their impact has been limited.

Environmental Health Investigations, Consultations, and Remediations

The Environmental Health Program regularly performs environmental investigations of varied duration and complexity in response to citizen/business complaints and reports from MFD and other agencies. These principally relate to fugitive odors or other known or suspected chemical contamination, such as carbon monoxide exposure incidents.

Sometimes the issue may be resolved through a phone or in-person consultation whereby the individual gains knowledge and perspective to allay their concern or on how to act to mitigate the risks. Other situations involve ongoing known environmental problems such as brownfields and may require months or years of surveillance, inter-agency meetings and coordination as well as public messaging.

The program also conducts many phone or walk-in consultations with citizens expressing health concerns related to mold or other factors affecting indoor air quality, drinking water quality, scabies, lice, bedbugs, etc. Satisfactory resolution may involve self-help information or referrals to healthcare, other City departments or community assistance agencies.

Rabies exposure (human and pet) is a significant subset of health investigations in which MHD takes a central role in protecting citizen's heath. All reports of possible domestic, feral or wild mammal exposures are reviewed. When indicated, animal specimens are shipped to the Wisconsin State Lab of Hygiene and testing results are communicated to the exposed individuals or pet owners. Program staff consults and advises physicians and patients on post-exposure prophylaxis decisions. In addition, quarantine of pets are ordered and monitored when possible exposure occurs through feral or unvaccinated domestic or wild animal contact.

Calls for removal of infectious waste from public spaces, principally discarded hypodermic needles, are handled by the Environmental Health program. This may also be done on privately owned land that is publicly trafficked (e.g. parking lots) to expeditiously remove the health threat.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	Beach Monitoring (2008); Climate Change (2016); West Nile (2002)
2018 Expenses:	$70,671
O&M Expenses:	$69,267
Grant Expenses:	$1,404
2018 Staffing:	2.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	0.0 FTE

ACTIVE GRANTS

2017 Active Grants	Funder	Grant Period	Amount Over Grant Period
Beach Monitoring*	State of Wisconsin, Department of Natural Resources	4/1/18-11/30/18	$11,000
*Grant supports more than one MHD program or initiative.			

POPULATION HEALTH OUTCOMES

Measure	2014	2015	2016	2017	2018
Number of closures of individual beaches	14	24	12	26	33
Number of cases of West Nile Virus in the City of Milwaukee	2	2	0	2	0
Percent of mosquito pools that tested positive		9.2%	30.8%	11.7%	

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Total number of beach water samples collected	450	245	229	183	179
Total number of beach postings for the season		315	291	291	303
Total number of water samples – Summerfest		203	219	215	210
Number of Safety Committee meeting convened			8	9	3
Number of mosquito pools testing positive for WNV					124
Number of larviciding doses delivered in the City of Milwaukee	5,521	5,382	5,089		

2018 KEY ACCOMPLISHMENTS

Beach Water Quality Monitoring

Water quality monitoring buoys were again deployed at Bradford and South Shore beaches in 2018, providing real time monitoring of multiple water parameters. Data collected from these bouys is used to create predictive models for water quality. With further refinement, the goal of modeling practices is to provide real time information on beach water quality with less frequent water sampling and testing.

In addition, flags were deployed at Milwaukee area beaches to augment and make more prominent the existing signage indicating current water quality advisory levels.

Safety Committee

The Safety committee developed the following polices: Monitoring Harmful Algal Blooms in Veterans Park Lagoon, Occupational Radiation Exposure During Pregnancy Policy, X-RAY Fluorimetry Device Safety Policy. The newly updated Respiratory Protection Program Policy was implemented in 2018. In addition, the Safety Committee developed online training for the Bloodborne Pathogen Exposure Control Policy, which was provided to staff early this year.

2018 KEY CHALLENGES

Beach Monitoring

A numerical regression model developed by the Miller Lab was used to predict concentrations of E. coli at Bradford Beach using the Environmental Protection Agency's Virtual Beach 3.1 software. This model uses data from the USGS Environmental Data Discovery and Transformation Service (EnDDaT). Overall this model trended well with measured concentrations of E. coli. However, the ZSPH experienced occasional interruptions in EnDDaT service which prevented the model from being run on several days. McKinley and South Shore beaches may not lend themselves to predictive modelling due to specific topographical and other factors and will likely require more frequent ongoing water sampling to inform beach posting decisions.

Staff shortages

Given that Environmental Health is one of the smallest programs in MHD, staff turnover and extended leave can have a deep impact on accomplishing longer term initiatives and retaining institutional knowledge. In 2018 the program experienced both vacancies and extended leave for a total of approximately nine months (from a total supervisory and line staff of four). In addition, managerial staff (two persons) were redirected to supervision of the Home Environmental Health (Lead) Program. Although core responsibilities to the public were ably discharged, the Safety Committee, for example, did not convene for most of the year.

2019 ACTION PLAN

Water Quality Monitoring

- Collaborate with ZSPH to collect and analyze beach water samples and deploy buoys that provide real-time water quality conditions.
- MHD will continue to work to convene multiple partners to study and make remediation plans to improve water quality at Veterans Park Lagoon in 2019. A major focus this year will be to identify and secure funding sources for the multiyear project.

West Nile Virus

- MHD will continue the long-standing partnership with the University of Wisconsin-Madison Department of Entomology. The focus of this year's study will be to learn more about the relative proportions of vector species in Milwaukee and the relative prevalence with which they carry the virus. This information may inform decisions on types of larvicides employed, as well as when and where to deploy them in the future for maximum effectiveness.
- In addition, MHD will continue to provide public education and outreach and conduct West Nile Virus surveillance activities.

Safety Committee

- Obtain executive approval and implement updated Field Safety and Hazard Communication Policies.
- Coordinate with HR to streamline online training efforts and tracking of safety trainings and respiratory fit testing, including new and existing employees.

Home Environmental Health

2018 presented a number of challenges for every program contained within the Home Environmental Health division. In 2018, the division faced issues including: personnel and program investigations, leadership changes, funding changes, funding restrictions, internal and external audits, program reorganization, department reorganization, and ongoing debates with public and private actors. While many of these challenges still affect the work of the division, 2018 also marked the beginning of a new era of openness, accountability, and opportunity for the division based on performance management, collaboration, and science. The Home Environmental Health Division is divided into four programs:

The **Lead Surveillance and Response program** collects and reports on blood lead tests for ongoing epidemiological surveillance and provides the required comprehensive nursing case management and care coordination services in response to lead poisoned children. In brief, the program manages blood lead testing data for the city of Milwaukee and ensures lead poisoned children receive the required services based on their reported lead level by providing home visitation services, assessing the child's health and social-emotional wellbeing, providing families tools to support the child's learning and development, and ensuring necessary referrals are made to support the family. This program works in conjunction with internal and external partners to ensure the family and child receive proper medical management.

The **Lead Hazard Reduction program** provides the required comprehensive environmental investigation and oversees the process of lead abatement. In brief, the program manages lead abatement projects from initiation to closure by distributing financial assistance for lead abatement, providing a comprehensive environmental investigation, developing written orders and scopes of work to address lead hazards, organizing relocation of families, collaborating with certified lead abatement contractors, monitoring ongoing lead abatement projects, and providing final clearance of properties. This program works in conjunction with internal and external partners throughout the process to ensure the child, family, property, and project workers are protected from unnecessary lead exposure.

The **Healthy Homes program** provides the required comprehensive assessment of health and safety hazards as outlined by HUD. In brief, the program manages healthy homes projects from initiation to closure by distributing financial assistance, providing a comprehensive health and safety investigation, developing scopes of work to address hazards, collaborating with contractors to perform the work, monitoring ongoing projects, and providing final review of projects. This program works closely with the Housing Authority of the City of Milwaukee, as well as other internal and external partners, to protect the health and safety of children and families.

The **Water Quality Testing program** provides ongoing education and water testing in support of city wide efforts centered on lead in water issues. In brief, the program manages water filter distribution by collaborating with internal and external partners to ensure filters are distributed to targeted populations and manages water testing by conducting sampling in schools, child care facilities, and homes. This program ensures children, families, and facilities receive the education and testing necessary to understand potential hazards due to lead in water.

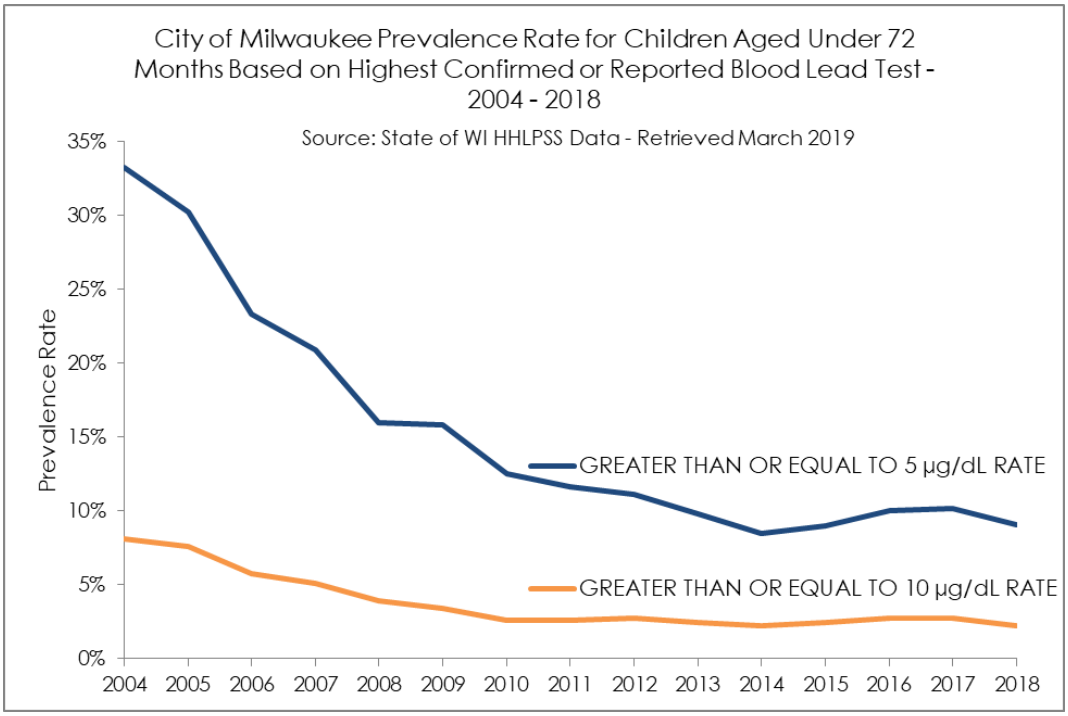
PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1997
2018 Expenses:	$2,911,403
O&M Expenses:	$827,596
Grant Expenses:	$2,083,807
2018 Staffing:	30.60 FTE
O&M FTE:	11.40 FTE
Grant FTE:	19.20 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Lead Hazard Reduction Demonstration Grant	US Department of Housing and Urban Development	11/1/16-10/31/19	$3,399,998
Lead Detection Grant	State of Wisconsin	1/1/18-12/31/18	$250,489
Lead Abatement Grant	City of Milwaukee Community Development Grant	1/1/18-12/31/18	$681,488
Lead Prevention Grant	City of Milwaukee Community Development Grant	1/1/18-12/31/18	$529,489

POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Lead Hazard Reduction					
Number of LI/RA Completed				148	71
Number of Permits Issued					44
Number of MHD Final Clearances					58
Number of Families Provided Relocation Services					Not available
Number of Orders Issued				22	168
Healthy Homes					
Number of Healthy Homes Assessments Completed					
Lead Surveillance and Response					
Total Number of EBL Outreach Letters Sent				1,891	2,350
Total Number of Children Referred for Nurse Case Management				68	94
Total Number of Children Requiring Chelation					21
Total Number of Chelation Events					23
Total Number of Nurse Cases Closed					31
Total Number of Nurse Case Management Outreach Attempts					
Total Number of Developmental Screenings Completed					
Water Quality Testing					
Number of Water Samples Collected from Child Care Facilities			844	1,252	80
Number of Water Samples Collected from Schools					411
Number of Water Filters Distributed			1,611	1,819	1,666
Division Metrics					
Total Combined Revenue Generated from Lead Billing				$2,970	$50,507
Revenue Generated from Environmental Investigation Billing				$2,102	$45,163
Revenue Generated from Case Management Billing				$867	$5,344
Number of Outreach Events Attended				48	43

At the end of 2018, the Department piloted a process to relocate families while their homes are being made lead-safe. This data will be available in 2019.

A program was created in 2016 to replace lead service lines at Child Care Facilities. Water sampling occurs before and after a service line replacement, and there are fewer facilities that haven't had the service line replaced.

Revised policies and renewed efforts at billing for services provided a remarkable increase in revenue.

Revised Lead Epidemiology data based on combined state data available from HHLPSS system.

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Lead Epidemiology					
Total Number of Reported Tests	36,333	35,415	35,129	36,604	37,907
Total Number of Children Tested	27,751	26,937	26,233	26,797	27,779
Total Number of Reported Tests for Children Under 72 Months	34,795	33,716	33,207	34,613	34,186
Total Number of Children Under 72 Months Tested	26,362	25,395	24,494	25,051	24,388
Total Number of Children Under 72 Months – 5-9 µg/dL	1,640	1,651	1,794	1,865	1,658
Total Number of Children Under 72 Months – 10-14.9 µg/dL	389	401	420	385	316
Total Number of Children Under 72 Months – 15-19.9 µg/dL	103	117	134	150	115
Total Number of Children Under 72 Months – 20-39.9 µg/dL	90	95	100	124	99
Total Number of Children Under 72 Months – Greater than 40 µg/dL	12	16	14	26	24
Rate of Children Under 72 Months – Greater than 5 µg/dL	8.5%	9.0%	10.1%	10.2%	9.1%
Rate of Children Under 72 Months – Greater than 10 µg/dL	2.3%	2.5%	2.7%	2.7%	2.3%
% of Children 12 to 35 Months of Age with at least 1 Lead Test	69.5%	68.3%	70.6%	73.2%	

2018 KEY ACCOMPLISHMENTS

1. The division is now in compliance with all HUD requirements for environmental investigations.
2. The HUD stop work order was lifted on February 12, 2019 as a result of process that was made in 2018. This eliminated the need for every project to undergo a review by HUD prior to initiating abatement work. This step is vital in establishing a plan to submit for future HUD grants.
3. The division is now in compliance with all DHS requirements for nursing case management.
4. Lead-related programs were reorganized as a division to expand staffing opportunities, promote cross-training, and to include all lead-related activities under one management structure.
5. The division expanded internal and external partnerships to develop and promote lead abatement, education, and testing in children.
6. The division, with department support, organized, staffed, and promoted health clinics to provide lead education, water filters, and lead testing. As part of this effort, the division attempted delivery of 6,428 letters to families of children affected by lead poisoning.
7. In collaboration with WI DHS staff, the division transitioned to the web-based blood lead surveillance system developed by the CDC called the Healthy Homes and Lead Poisoning Surveillance System (HHLPSS). This system replaces STELLAR, the CDC surveillance system first released in 1994.

2018 KEY CHALLENGES

Division capacity remains an ongoing challenge. Several factors have contributed to the ongoing efforts to increase program capacity, including: recruitment of qualified individuals to join the division, reorganization of existing staff, and development of sufficient office space to house staff in one location.

2019 ACTION PLAN

1. In 2019, HEH is working to expand our performance management and data collection efforts in order to provide more inward and outward facing program metrics. This effort includes a systematic review of chelation cases from the past five years to understand the increase in chelation events and chelated children in 2017 and 2018.
2. Expand our internal and external partnerships in all programs to develop and promote lead abatement, lead education, and lead testing in children. This effort includes the development of a five year strategic plan for addressing all sources of lead in Milwaukee, to be developed with community engagement and presented to the Board of Health in 2020.
3. Finally, the division will emphasize policy and procedure development, continuing reorganization, and ongoing recruitment and training of staff.

Immunizations

One of the most important tools to protect our community from disease is immunizations. Sustaining high childhood immunization rates in the city, along with reducing disparities within racial groups, remain primary objectives of the City of Milwaukee Health Department (MHD) Immunization Program. Improving immunization rates helps suppress outbreaks of various vaccine preventable diseases.

The MHD not only provides immunizations during weekly walk-in clinics at its three health center locations, it partners with community agencies to provide clinics throughout the city. In addition, the program partners with the Communicable Disease and Emergency Preparedness Programs to respond to communicable disease outbreaks while also conducting educational symposiums and events directed toward schools, day cares, and clinicians to increase compliance with Wisconsin immunization law and coordinate delivery of immunizations in the community.

As a partner in the Immunize Milwaukee! Coalition, the Program provides education for area providers at an annual symposium and continues to develop partnerships to coordinate the delivery of immunizations in the community.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1866
2018 Expenses:	$464,815
O&M Expenses:	$126,120
Grant Expenses:	$338,694
2018 Staffing:	4.26 FTE
O&M FTE:	0.84 FTE
Grant FTE:	3.42 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Increasing Adult Immunization Rates	State of Wisconsin	2/12/18-8/15/18	$3,435
Immunization Action Plan	State of Wisconsin, Consolidated Contract	1/1/18-12/31/18	$235,947

At the 2018 Immunization Symposium Ms. Patricia Stinchfield, a nationally known infectious disease expert, presented an overview of the 2017 Minnesota Measles Outbreak. Ms. Stinchfield provided a summary of the course of events, most notably a failure to vaccinate, that led to this completely avoidable epidemic. Participants were also provided practical resources and suggestions to address any local outbreaks. This information is extremely important for local health departments and providers as our next epidemic is only 1 missed vaccination away.

POPULATION HEALTH OUTCOMES

Measure	2014	2015	2016	2017	2018
Percent of children in compliance with school immunization requirements	89%	90%	90.8%	92%	92%
Percent of children residing in City of Milwaukee who turn 24 months of age during the contract year and completed 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV)	62%	63%	66%	66%	62%

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of off-site immunization clinics	26	24	34	23	28
Number of school site visits conducted	19	27	23	18	25
Number of vaccines administered	10,912	10,558	8,359	8,271	5,921
Number of clients immunized	4,397	3,937	3,151	2,905	2,208
Number of educational meetings held with schools, daycare providers, and medical providers			5	5	4
Number of attendees at the school educational meetings				21	23
Number of attendees at the child care providers meetings			30	30	28
Number of attendees at the immunization symposium for medical providers	177	154	160	130	106

The Immunization Program offers educational sessions to daycares and schools to help increase compliance with State Immunization laws.

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Number of 2-year old reminder/recall mailings	3,690	3,437	3,094	3,207	3,456
Number of 2-year old reminder phone calls made	2,358	2,163	1,930	2,031	1,587
Number of community health education/health fair events	25	21	11	12	15

2018 KEY ACCOMPLISHMENTS

The MHD Immunization Program was awarded vaccine from the Wisconsin Department of Public Health; this vaccine was designated for adults at risk of complications from vaccine preventable diseases. The MHD partnered with the Bread of Healing Clinic which is a local clinic that provides free health services to uninsured adults. The MHD sponsored 17 clinics, vaccinated 141 adults, and administered 193 vaccines, which included pneumococcal, hepatitis A and B, measles/mumps/rubella, and tetanus/diphtheria/pertussis vaccines. Additionally, we worked with the Bread of Healing clinic to provide seasonal flu vaccines at three (3) clinics where we administered 158 doses of the influenza vaccine.

2018 KEY CHALLENGES

The public continues to be inundated with negative and misleading information regarding the safety and efficacy of vaccines. This has resulted in a decrease in immunization rates for children and adults which puts the health and safety of all Milwaukeeans at risk. The MHD Immunization Program continues to counter these false messages by providing accurate and understandable information both individually, to the clients we serve in our clinics, and to the wider community through our public messaging.

2019 ACTION PLAN

1. Work with school health personnel in the City of Milwaukee to ensure that 100% of the required school reports are submitted to the MHD by the 40th school day.
2. 70% of children residing in the City of Milwaukee jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatits B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccination by their second birthday.

Emergency Preparedness

The City of Milwaukee Health Department Public Health Emergency Response Preparedness Program works to build departmental and community resilience to a wide array of hazards. Staff is responsible for development of emergency response plans and protocols, internal and external resource identification, and coordination of assets that may be deployed or managed by the MHD during both man-made (i.e. bioterrorism, hazardous material release) or naturally occurring (i.e. communicable disease outbreaks, extreme weather/natural disasters, critical infrastructure incapacity or destruction) public health emergencies. MHD works with other public, private and non-profit agencies in the City and region to improve public health emergency planning and response and provides technical and operational support during department response to emergency events.

Bioterrorism

MHD helps coordinate inter-agency and inter-jurisdictional planning and response throughout a two county area. Partners in regional preparedness include other Local Health Departments, Wisconsin Division of Public Health (DPH), Wisconsin and County Offices of Emergency Management (WEM/OEM), Federal Bureau of Investigation (FBI), Federal Emergency Management Agency (FEMA) Region V, Milwaukee Fire Department (MFD), Milwaukee Police Department (MPD) and others.

As part of the Center for Disease Control and Prevention (CDC) Cities Readiness Initiative (CRI), MHD develops, tests and maintains plans to rapidly receive medical countermeasures (antibiotics, vaccines, antivirals) from the Strategic National Stockpile (SNS) and distribute them to the public through Points of Dispensing (PODs) in the event of a large scale public health emergency.

Communicable Disease Outbreaks

Emergency Preparedness aids response efforts to local or regional disease outbreaks. The MHD communicable disease program helps coordinate disease surveillance throughout Milwaukee County through SurvNet and the Wisconsin Electronic Disease Surveillance System (WEDSS). Preparedness activities in recent years have included participation in the Zika Action Plan Committee 2016-2017 and mobilization of resources surrounding the 2014-2015 Ebola outbreak. Planning and exercising response plans for pandemic influenza is a key part of public health preparedness. The most recent response took place during the 2009-2010 H1N1 influenza pandemic.

Extreme Weather

MHD continues to help coordinate and convene the regional Milwaukee Metropolitan Area Heat Task Force (MHTF). Over 40 current active members include governmental agencies at the municipal, county and state level and diverse private, non-profit, and community-based organizations. The MHTF develops, maintains, and implements plans to provide a coordinated, community-based response during a heat event. MHD issues alerts for members ahead of a forecast or actual event to activate both internal and public safety plans. MHD also maintains the Milwaukee Extreme Cold Event Emergency Operations Plan to address the public health hazards associated with extremely cold temperatures and wind chill levels.

Hazardous Materials

MHD is notified and occasionally consulted by the MFD HAZMAT unit in the event of serious hazardous material releases. MHD representatives take part in the Local Emergency Planning Committee (LEPC) which carries out mandates of the Emergency Planning and Community Right to Know Act. The committee inspects facilities that are required to submit hazardous inventories and emergency plans to compare the safety and readiness initiatives described in the plans to observations in the facilities. Plans are formally reviewed and approved every four to five years for hundreds of facilities in and near Milwaukee.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	2004
2018 Expenses:	$170,227
O&M Expenses:	$29,359
Grant Expenses:	$140,868
2018 Staffing:	1.4 FTE
O&M FTE:	0.0 FTE
Grant FTE:	1.4 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$329,693
Public Health Preparedness*	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	$327,343
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$173,732
City Readiness Initiative*	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	173,732
*Grant supports more than one MHD program or initiative.			

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Percent of employees who have completed required Incident Command System (ICS) training					85%
Percent of staff successfully receiving exercised emergency notification messaging					86%
Percent of employees likely to wear respiratory protection for work					88%
Percent of inspectors completing required radiation safety training					100%
Number of chemical storage plans reviewed as part of the Local Emergency Planning Committee (LEPC)					7
Public Health Emergency Operations Plan (EOP) reviewed and updated					Yes

2018 KEY ACCOMPLISHMENTS

In September 2018 the MHD partnered with other governmental and local community organizations to conduct a Community Assessment Public Health Emergency Response (CASPER) project. The CASPER was organized by the WI DPH Climate and Health Program and was the first of its kind conducted in Wisconsin. It is a CDC methodology used to assess a community's knowledge of, needs, and ability to adapt to extreme weather events and natural disasters.

MHD helped plan and took part in a full scale BioWatch exercise in November 2018 that simulated a bioterrorist attack with large scale regional impact. Staff regularly takes part in table top, functional and full scale exercises with public and private partners.

2018 KEY CHALLENGES

1. The Public Health Emergency Response Planning Coordinator position was vacated at the end of July 2018. Preparedness duties were split among existing employees until the hiring process took place in late 2018.
2. The City of Milwaukee Emergency Management and Communications Director position remained vacant. This is a key position in support of overall City preparedness activities.
3. Out of date City of Milwaukee Comprehensive Emergency Management Plan (CEMP).
4. Staffing shortages presented challenges to furthering department wide emergency preparedness training.
5. CityWatch, the current citywide notification system, was no longer supported by the company that created it. A new communications system with improved and expanded capabilities is needed.

2019 ACTION PLAN

2019 will be an important year for departmental, citywide and regional emergency response planning and coordination. The Emergency Preparedness Program will continue to participate in state and regional exercises and drills, strengthen existing and build new partnerships, and participate in the Healthcare Emergency Readiness Coalition Region 7 to further City of Milwaukee and regional preparedness. MHD is actively engaged in planning efforts for the 2020 Democratic National Convention. The existing MHD Emergency Operations Plan (EOP) is being transitioned to the regional Public Health Emergency Response Plan (PHERP). A new citywide emergency notification system will provide new capabilities to enhance preparedness planning efforts.

Sexual and Reproductive Health

The Sexual and Reproductive Health Program provides sexual and reproductive health services including confidential testing, treatment and education to residents of Milwaukee and the surrounding communities. Services are provided by medical, nursing and clinical laboratory staff to anyone who is at least 12 years of age, at no cost to the client.

The Disease Intervention Specialists (DIS) perform epidemiological investigations, partner services, linkage to care, field delivered therapy and follow-up for clients known or suspected of having a reportable sexually transmitted infection (STI) such as gonorrhea (GC), chlamydia (CT), HIV and syphilis in the city, and conduct follow-up for HIV cases in Milwaukee County and syphilis cases across the Southeastern Region of Wisconsin.

Most STI's are asymptomatic, but if these infections remain undetected and untreated, they have serious health consequences and, in addition, pose a 3-to-5-fold increased risk of HIV transmission.

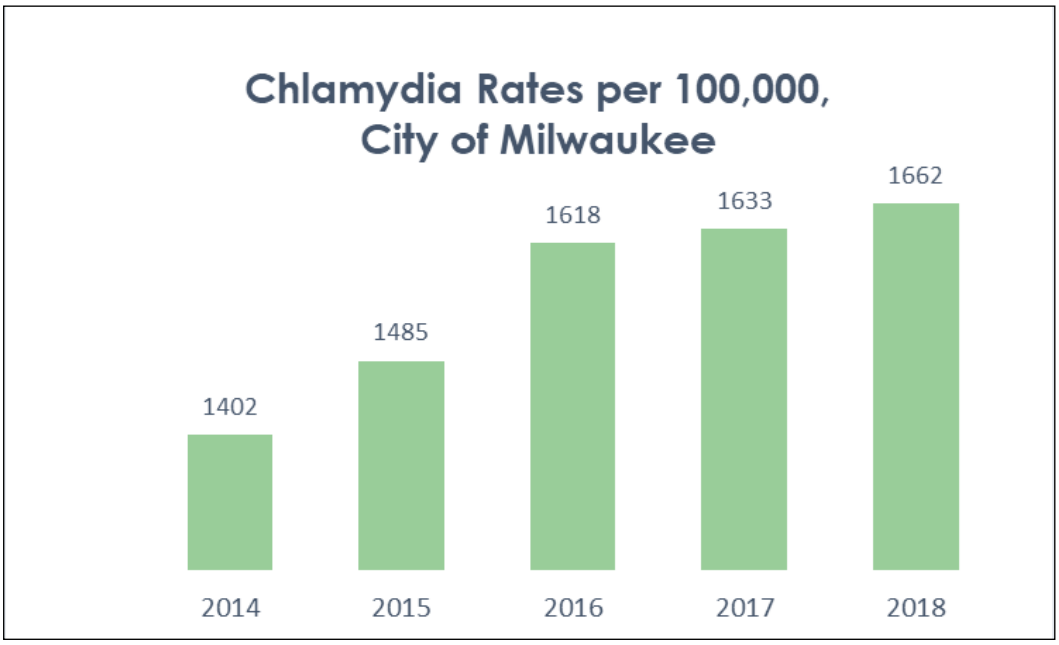
PROGRAM OPERATIONS

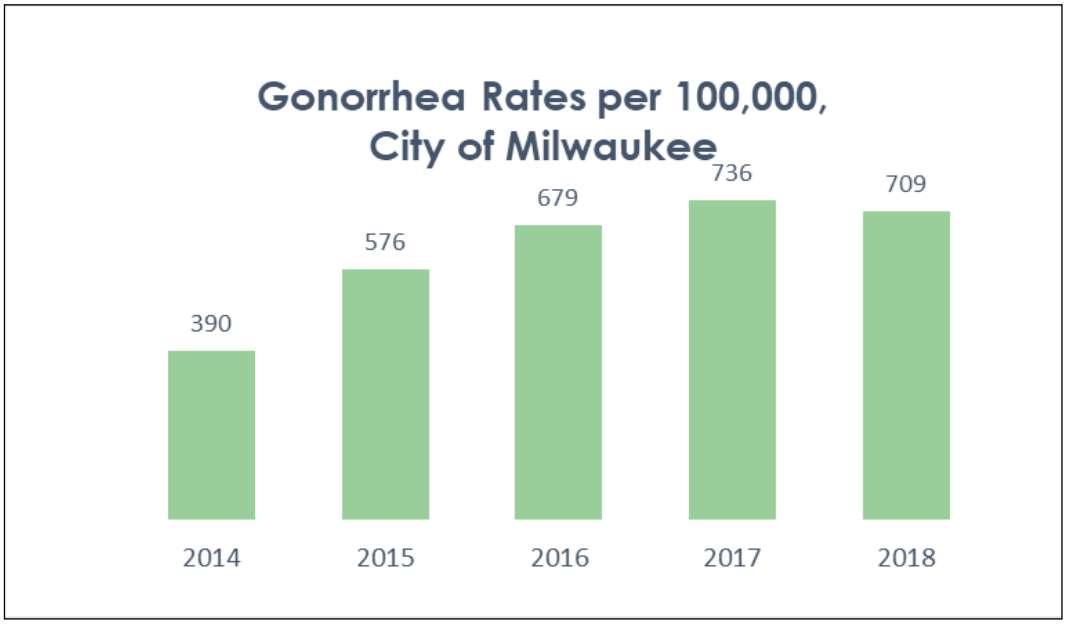
Division:	Disease Control and Environmental Health
Established:	Venereal Disease Clinic Opened in 1920, renamed Social Hygiene clinic in 1977, and renamed "STD Clinic" in 1989
2018 Expenses:	$1,675,971
O&M Expenses:	$1,014,416
Grant Expenses:	$661,555
2018 Staffing:	23.0 FTE
O&M FTE:	14.3 FTE
Grant FTE:	8.7 FTE

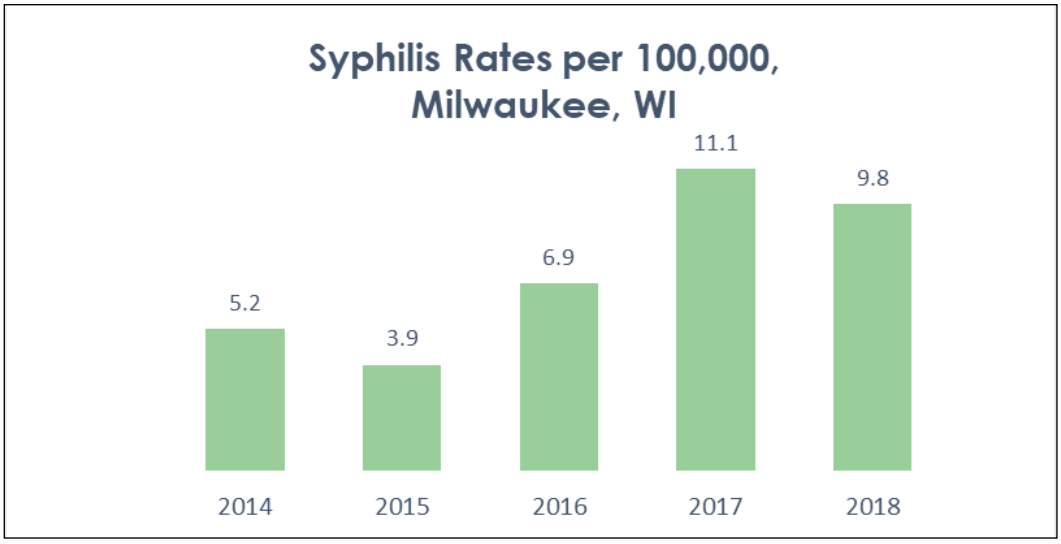
ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Family Planning	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$328,000
HIV Prevention	Health Care Education and Training	1/1/17–12/31/18	$20,000
HIV Prevention*	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$197,000
STD Infertility Prevention*	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$335,573
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity*	State of Wisconsin, Department of Health Services	8/1/16-7/31/17	$474,519
*Grant supports more than one MHD program or initiative.			

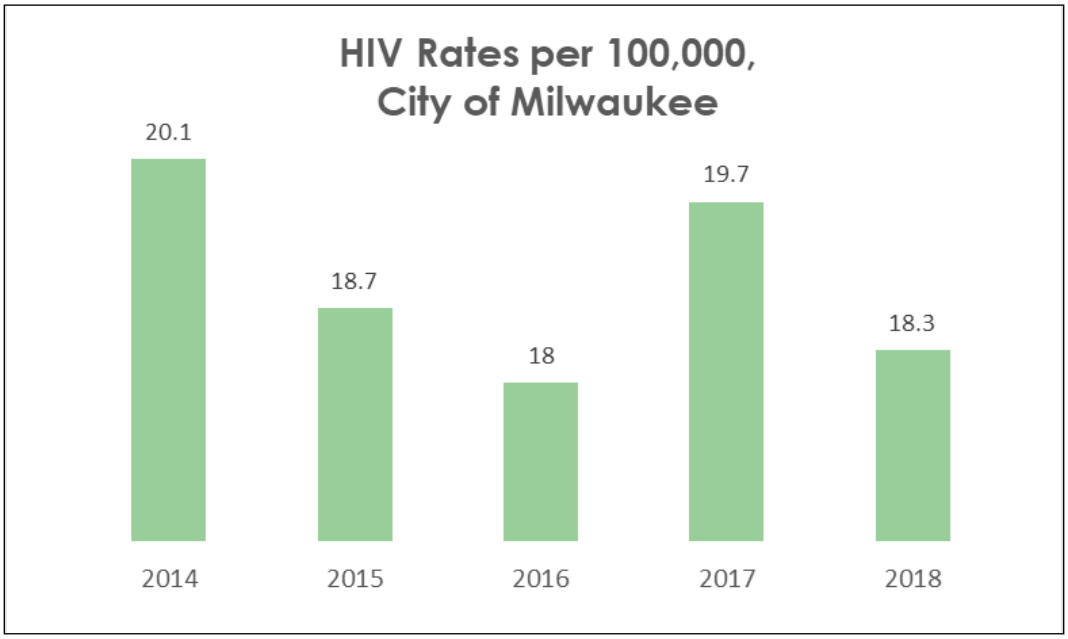
POPULATION HEALTH OUTCOMES







POPULATION HEALTH OUTCOMES, Continued



PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of STD tests performed at STD clinic	32,968	33,569	36,305	37,016	37,140
Percent of individuals seeking STI services provided same day services at STI clinic	94.8%	93.9%	92.8%	91.7%	88.9%
Number of Syphilis contacts for primary and secondary cases interviewed	60	57	48	54	86
Percent of syphilis cases interviewed of the total number of syphilis cases	93.8%	95%	84.2%	96.4%	94%
Percent of HIV cases who received partner referral services of cases assigned to DIS	NA	88%	84%	88%	67%
Percent of HIV linked to care of total number of cases assigned to DIS	NA	63%	71%	84%	68%

Individuals receiving same day services has decreased while the number of STD tests performed has increased.

Syphilis rates in the city continue to rise. Disease Intervention Specialists (DIS) try to make contact with each case to identify other partners who may be exposed.

Vacancies in Disease Intervention Specialists have contributed to fewer partner referral services.

2018 KEY ACCOMPLISHMENTS

1. The program continued to enhance surveillance for Antibiotic-resistant Gonorrhea through the SURG grant.
2. The program continued to work with partners to develop a city-wide strategic plan to address sexually transmitted infections in Milwaukee.
3. Staff trained City of Milwaukee Health Department public health nurses on how to administer Narcan to reverse the impact of an overdose.

2018 KEY CHALLENGES

1. Program challenges include hiring and protracted periods of staff vacancies. Currently, the program does not have the service infrastructure, epidemiological follow-up capacity, or supervisory oversight to respond to, prevent, and control the rising STI rates.
2. The program is in need of an electronic health record to improve all aspects of service delivery and care, including safety, effectiveness, patient-centeredness, communication, education, timeliness, efficiency, and equity.

2019 ACTION PLAN

The program continues working towards developing a 5-year STI Strategic Plan to reduce rates of STIs, increase capacity building, and enhance collaboration with partners and the community. Additionally, the program has been working in partnership with AIDS Resource Center of Wisconsin (ARCW) to offer PrEP (pre-exposure prophylaxis for HIV) services at the Keenan Health Center as part of a pilot project; services will begin in early 2019. Lastly, the program continues to participate as one of nine nation-wide sites in the SURRG (Strengthening U.S. Response to Resistant Gonorrhea) initiative to enhance surveillance, gain a better understanding and build capacity for rapid detection and response to drug resistant gonorrhea. In addition, the Sexual and Reproductive Health program will expand services to the Southside Health Center in 2019.

Photo: Outreach at the Planned Parenthood Embody Conference (from right to left: Elizabeth Durkes, Julie Katrichis, Darlene Harper)

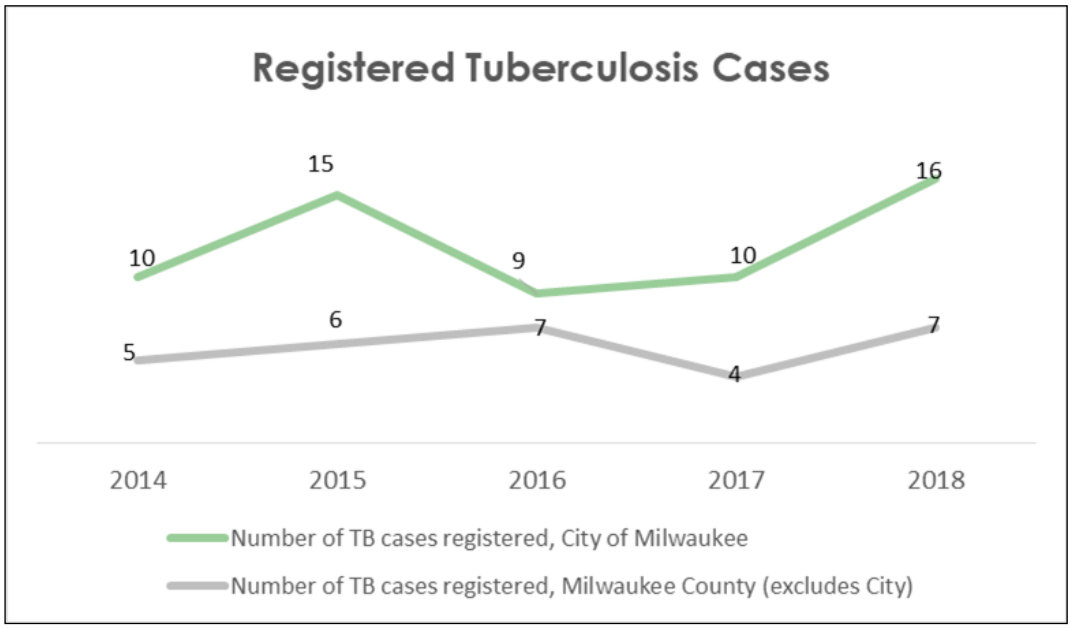
Tuberculosis Control

The City of Milwaukee Health Department has the primary responsibility for preventing and caring for those with Tuberculosis (TB) in the city. The Tuberculosis Prevention and Care Clinic (TPCC) uses evidence-based interventions to assure that all persons needing to be evaluated for TB are identified and treated, and that appropriate course of action is taken to mitigate the spread of TB. Every TB case is a potential outbreak, and the program must be prepared to promptly identify and treat persons who have TB disease, as well as identify and treat those exposed to TB. Anyone can get TB, however TB disproportionately affects minorities, people of color, foreign- born (including resettled refugees) , and those with low socioeconomic status.

PROGRAM OPERATIONS

Division:	Disease Control and Environmental Health
Established:	1912
2018 Expenses:	$309,076
O&M Expenses:	$309,076
Grant Expenses:	$0.00
2018 Staffing:	4.0 FTE
O&M FTE:	4.0 FTE
Grant FTE:	0.0 FTE

POPULATION HEALTH OUTCOMES



PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of X-rays read (includes outside)	1997	560	406	254	239
Number of X-rays performed at TBCC	1,044	375	578	253	224
Number of Clinic Visits	1,923	532	635	380	398
Number of DOT Home Visits (Including Suspects)			1,849	1,907	1,287
Number of Class B Immigrants in Clinic		30	38	11	39
TB Student Learners		14	25	15	30
Class B Immigrant/ Refugee Coordinator			97	34	39
Number of Refugees Screened	571				

2018 KEY CHALLENGES

1. The TB program continues to face challenges working with a paper charting system and obsolete software for scheduling client visits and maintaining health records. Additionally, due to the burden on refugee resettlement agencies, getting new arriving refugees into a medical home continues to be a challenge which means a high likelihood that TB may be going undiagnosed in this vulnerable population. Additionally, the TB program is seeking to upgrade the X-ray technology to a digital X-ray system.
2. Recent changes to Wis. Admin. Code Ch. DHS 145 have designated latent tuberculosis infection (LTBI) as a reportable condition in Wisconsin, effective July 1, 2018. The TB program will need additional staff capacity and support to provide follow-up on reportable LTBI.

2019 ACTION PLAN

1. Provide nurse consultation to healthcare professionals, providers and public health workers.
2. Provide mentorship/training to healthcare professionals to increase TB awareness and decrease misdiagnosis/improper treatment of LTBI and/or TB.
3. Ensure tuberculosis screening of high risk groups, including but not limited to homeless persons; newly arrived immigrants; refugees identified with TB infection during pre-immigration medical examinations; persons with HIV/AIDS; persons with diabetes mellitus, and; persons undergoing substance abuse rehabilitation.
4. Maintain legal authority to issue Commissioner's orders to TB patients for examination, isolation, or treatment when necessary to protect the public's health.

Beach Monitoring

From Memorial Day to Labor Day, the MHD issues color-coded water quality alerts at Bradford, McKinley, and South Shore beaches.

Consumer Environmental Health

Disease Control and Environmental Health

Family and Community Health

Office of Violence Prevention

Public Health Laboratory

Office of Policy, Strategy, and Analysis

Community Healthcare Access

The City of Milwaukee Health Department Community Healthcare Access Program (CHAP) assists individuals and families in accessing the health care coverage they need. CHAP helps residents determine eligibility for private insurance under the Affordable Care Act and BadgerCare (Medicaid), as well as assist in accessing Family Planning Only Services, and Express Enrollment for pregnant women and children. CHAP can also facilitate enrollment or provide referrals for enrollment in FoodShare, Elderly Blind and Disabled, Women, Infants and Children (WIC), dental services, Senior Care, Supplemental Security Income, and free and sliding-fee clinics.

While CHAP can serve the entire city of Milwaukee and the State of Wisconsin, there is a particular focus on residents in ZIP codes where infant mortality rates are high. CHAP staff provide services at community organizations, and are also open to community walk-ins on weekdays at the Southside Health Center and Keenan Health Center.

PROGRAM OPERATIONS

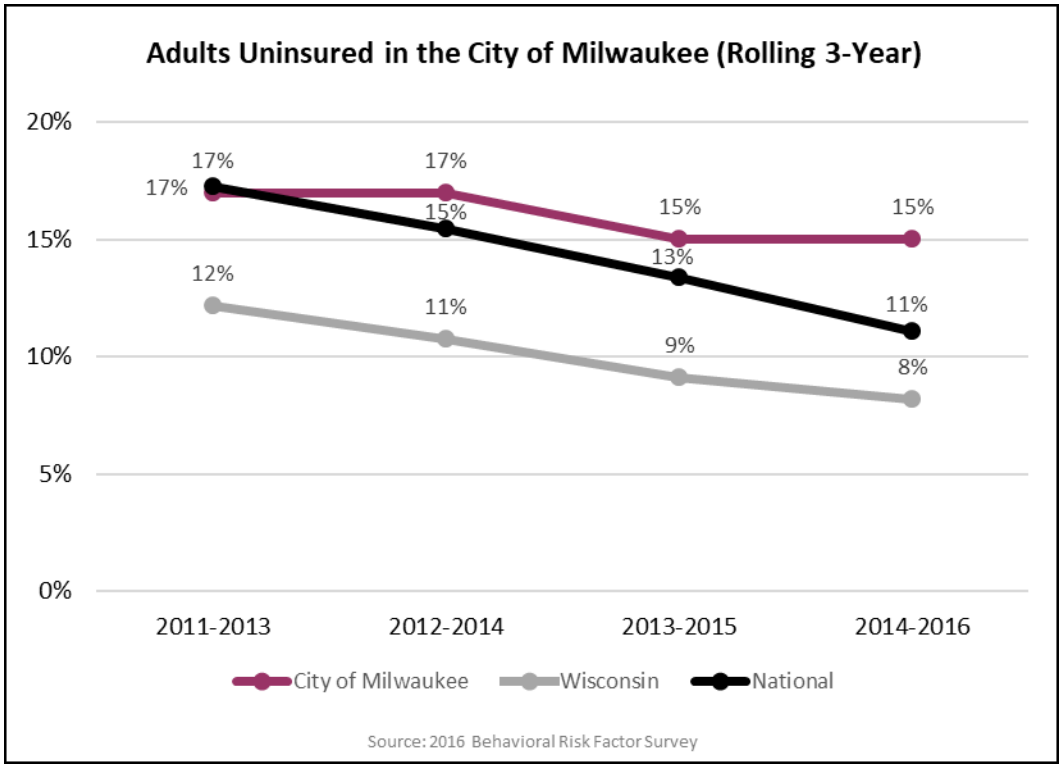
Division:	Family and Community Health
Established:	1999
2018 Expenses:	$525,746
O&M Expenses:	$253,867
Grant Expenses:	$271,879
2018 Staffing:	10.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	8.0 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Medical Assistance Outreach- Forward Health	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$435,000

We had a client transferred to us by the WIC program who had questions about her insurance coverage. The client was having a very difficult time trying to explain her dilemma. I called the client in with the information that I would need to call in a Rohingya interpreter. Upon calling the interpreter I assessed her dilemma and tried to figure out how I can help her. Apparently the client was being charged for two breast pumps. She was adamant that she only received one. After two hours and several phone calls back and forth to the provider, the supplier and the insurance company, we were able to get the charges waved. The supplier had told us that they had sent one in the mail and the other was issued at the doctor's office; however, she had not been to her doctor's office during the month they were billing her. The doctor's office was going to provide a letter stating that fact so that I could forward it to the supplier. The letter never came during the regular business hours. Finally, I realized that if this was going to get resolved I would need to personally get the letter. I picked it up and forwarded it to the supplier. The next day when I called to follow up on it the supplier informed me that they were going to waive the charges. I notified the client via text. She was very grateful for the time we took to help resolve her problem. —Lorena Rodriguez, Health Access Assistant

POPULATION HEALTH OUTCOMES



The program is trying to connect clients with long -term coverage, rather than temporary coverage provided through express enrollments. As a result, the program has enrolled fewer clients through the express process, which is positive for clients.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of express enrollments in BadgerCare Plus - Children	58	55	46	13	10
Number of express enrollments in BadgerCare Plus - Pregnant Women	79	37	35	30	20
Number of individuals who complete full applications for BadgerCare Plus	5,032	3,735	3,793	3,873	3,309
Number of full applications for BadgerCare Plus (new applications only)	3,699	2,283	2,631	3,084	2,602
Number of Non-Qualified Immigrant Pregnant Women enrolled in BadgerCare Plus	116	112	92	86	57
Number of requests for trouble shooting/ technical assistance (application support)	2,323	3,223	3,554	3,891	5,602

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

The CHAP program does an exemplary job in developing trust with the community. As a result, there are more technical assists than new enrollments in 2018. Technical assists increased by 43.9% in 2018.

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Number of FoodShare Applications and Six Month Renewals	1,868	1,520	1,480	1,161	834
Number of new Community Based Organization (CBO) partnerships	4	8	5	5	4
Number of clients enrolled in Family Planning Only Services (FPOS)	212	114	404	304	435
Number of childless adults enrolled in BadgerCare Plus	227	300	518	907	880

Due to previous errors in data collection, the number of renewals may not accurately reflect the true total. The new MCH Epidemiologist is working to correct these errors.

2018 KEY ACCOMPLISHMENTS

1. 19% over our objective for technical assists, even with decreased staffing.
2. CHAP staff deepened their partnership with Covering Wisconsin by inviting them to CHAP staff meetings, and seeking technical assistance on matters such as data collection and the CAC application revisions.

2018 KEY CHALLENGES

1. The CHAP Program Manager vacancy created a few challenges in 2018 as the role was largely in charge of partnership cultivation and staff outcome evaluation.
2. The need for a new database continued throughout 2018. Data could not be extracted without assistance from the IT staff.
3. Inconsistent staffing, a retirement, and vacancies were all contributing factors our program not being able to meet our 4th quarter, and subsequently, our annual objectives.

2019 ACTION PLAN

1. In 2019, the CHAP program will consult with leadership from Covering Wisconsin to improve our staffing, application, and outreach operations. The goal of this partnership to utilize the infrastructure of Covering Wisconsin to increase new enrollments and improve the quality of services CHAP delivers.

Direct Assistance for Dads

The Direct Assistance for Dads (DAD) Project is a voluntary, long-term home visiting program that engages fathers in the Men's Health Program with intensive, evidence-based home visiting services. The program works to strengthen fathers' involvement in their child(s) and partners' lives, by providing services intended to improve parenting skills, increase awareness of child development, and improve relationships with their partner and children—all beginning in the prenatal period.

DAD Project home visitors partner with fathers to complete individualized, strengths-based care plans, and track progress towards participant-driven goals. Case management services provided include mental health screenings; referrals for mental health consultation, education, employment, financial and legal services; and facilitating access to health services. Home visitors also provide fatherhood coaching and support fathers in co-parenting with the child's mother.

The DAD Project adheres to the Parents as Teachers (PAT) evidence-based home visiting model that is compliant with Federal (HRSA) MIECHV (Maternal, Infant, and Early Childhood Home Visiting Program) and utilizes the PAT child development and parenting curriculum. The program is focused on child engagement and helps connect dads to the MHD and community resources. In addition, the program employs the 24/7 Dad curriculum, a comprehensive fatherhood curriculum developed by the National Fatherhood Initiative.

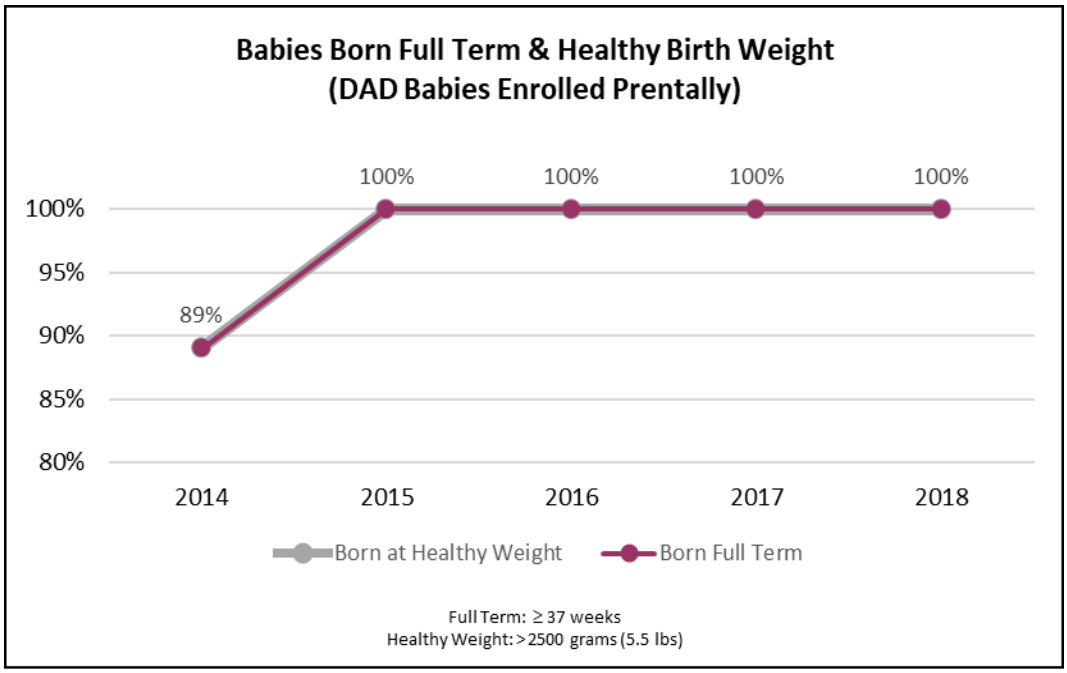
PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2013
2018 Expenses:	$368,248
O&M Expenses:	$86,374
Grant Expenses:	$281,873
2018 Staffing:	4.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	4.0 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Healthy Birth Outcomes	United Way of Greater Milwaukee and Waukesha County	7/1/17-6/30/18	$40,000
Home Visiting Family Foundations*	State of Wisconsin, Department of Children and Families	10/1/17-9/30/18	$1,548,454
Home Visiting Family Foundations*	State of Wisconsin, Department of Children and Families	10/1/18-9/30/19	$1,278,170
*Grant supports more than one MHD program or initiative.			

PROGRAM OUTCOMES



PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Home Visits					
Successful face-to-face visits by DAD Project staff	374	764	468	369	430
Clients who received visit from Mental Health Consult	0	6	0		
Clients					
New clients enrolled	34	38	18	18	37
New clients enrolled prenatally	12	13	4	6	13
Clients enrolled in 1st trimester	1	0	1	0	1
Clients enrolled in 2nd trimester	2	8	2	4	3
Clients enrolled in 3rd trimester	7	5	1	2	9
Total clients served this year in DAD Project	33	61	56	41	56
Families who left through attrition (did not complete full program)	10	19	20	15	17
Families who left program due to program completion and/or goals met.		5	11	4	5

PERFORMANCE MEASURES, Continued

External referral sources include, but are not limited to: AIDS Resource Center of Wisconsin, Children's Hospital of Wisconsin, and, Milwaukee Public Schools .

Measure	2014	2015	2016	2017	2018
Screenings and Services					
Fathers who received Mental Health screening (EPDS and PSS)	44	70	49	22	37
Child Ages and Stages (ASQ) screenings completed	2	9	13	10	12
Father group meetings held	0	1	2	2	9
Referrals					
New referrals received by DAD Project	67	105	57	50	83
Community resource referrals given by DAD Project staff to clients	27	124	39	50	

A single father enrolled in the DAD Project when his daughter was one month old. He learned parenting skills and expressed concerns about regaining his driver's license, purchasing a car and monitoring his own wellbeing and overall health. His Father Involvement Specialist (FIS) assisted him with accessing health checks and referring him to sources help him with his license. By 11 months, this client had his driver's license, received medical and dental check-ups for himself and child and transitioned from being a temporary to permanent worker at his job. The FIS also helped the client gain consistent visitation with his other school aged daughter. He made successful progress and his daughter's development was assessed using the Ages and Stages Questionnaires.

2018 KEY ACCOMPLISHMENTS

1. Over 100 men used DAD Project services.
2. Over 50 men were introduced to the home visiting services model and learned about developmental screening for children.
3. Smokers participated in smoking cessation education sessions.
4. There were 16 group connection or father focused outreach events.
5. Six Fathers completed the curriculum and graduated after more than a yearlong participation.
6. The team provided three formal presentations and participated in 2 radio interviews.
7. Program representatives provided support and hosted a booth at the 2018 Milwaukee Fatherhood Summit

2018 KEY CHALLENGES

1. While some outreach efforts have been effective, many men are not able to participate in health intervention during traditional work hours.
2. The DAD Project accepts funding from a source that is associated with the child and the identified household. This means that fathers of children whose mother are enrolled in MIECHV funded programs cannot be enrolled as DAD Project clients. The result is a gap in services for fathers who live in a different household from their offspring
3. Lower income men are vulnerable to obesity, hypertension, and other chronic conditions influenced by the social determinants of health.
4. Low income fathers may face custody and visitation issues that take priority over health and well-being education sessions.
5. While the DAD Project requires that children are available during the home visits, children under one year old usually are with the mother.

2019 ACTION PLAN

1. Increase the amount of education information provided to individuals, agencies, and the public.
2. Market and promote the existence of DAD Project to all parenting programs in the city and through MHD programs.
3. Design specific health information targeted to families about home visiting services for fathers.
4. Emphasize the value of developmental screening and monitoring as a preparation for school readiness.
5. Train service providers in methods to recruit, work with, and appropriately refer fathers of young children.
6. Provide Parents as Teachers (PAT) as the Home Visiting Education Standard through an evaluative process to monitor the engagement and retention of a client's two year enrollment period.

Empowering Families of Milwaukee

Photo: Annual EFM Family Event (Picnic) that celebrates families that graduated the program.

The Empowering Families of Milwaukee (EFM) program serves high-risk pregnant women (or women with children less than 60 days of age) who reside in the City of Milwaukee. Milwaukee has high racial disparities in infant mortality and healthy birth outcomes, as well as a number of other social determinants of health concerns. MHD developed strategic community partnerships and programs like EFM that target clients in communities with high rates of infant mortality, racial disparities in birth outcomes, lower income and educational attainment, and the multitude of contributing risk factors to the safety and health of babies.

EFM is an HFA (Healthy Families of America) Accredited site and has been a funded home visitation program through the Wisconsin Department of Children and Families (DCF) since 2005. EFM uses the HFA evidence-based model; a model selected in connection to goals from MHD and the State of WI to curtail infant mortality, prevent child abuse and neglect, promote healthy pregnancies, build the parent-child relationship, and get children to be school ready and developmentally on par.

All EFM home visitors provide intensive, in-person home visits to families; enrolling them during pregnancy whenever possible, and families can remain in the program until the child turns three years of age. EFM utilizes a unique, multi-disciplinary dyad approach to effectively serve enrolled families. Each dyad consists of a public health nurse and a public health social worker. The public health nurses focus on the health and medical needs of families while the social worker focus on the psychosocial needs of families. EFM has the capacity to serve approximately 130 families per year when fully staffed (7 dyads).

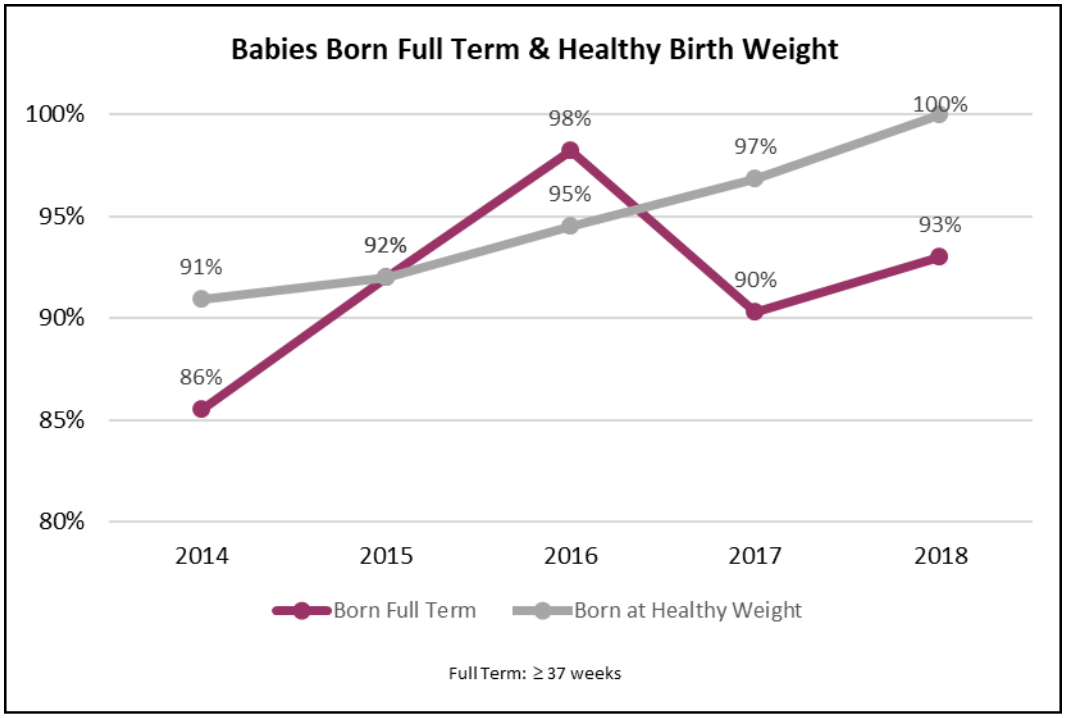
PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2006
2018 Expenses:	$2,086,737
O&M Expenses:	$489,455
Grant Expenses:	$1,597,282
2018 Staffing:	22.0 FTE
O&M FTE:	6.5 FTE
Grant FTE:	15.5 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Family Foundations Grant*	State of Wisconsin, Department of Children and Families	10/1/17-9/30/18	$1,548,454
Family Foundations Grant*	State of Wisconsin, Department of Children and Families	10/1/18-9/30/19	$1,278,170
*Grant supports more than one MHD program or initiative			

PROGRAM OUTCOMES



PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Home Visits					
Successful face-to-face visits made by EFM Project staff	4,047	3,620	3,743	2,708	2,769
Unsuccessful (no response) home visits attempted	596	350	363	222	94
Clients					
New referrals received by EFM Project	179	150	68	46	143
New clients enrolled	68	74	45	18	66
New clients enrolled prenatally	66	69	42	17	41
Clients enrolled in 1st trimester	13	6	1	0	0
Clients enrolled in 2nd trimester	24	22	20	3	20
Clients enrolled in 3rd trimester	29	41	21	14	21

Due to vacancies in 2018 and the hiring process, the program served less families from 2017-2018. However, enrollments are on the upswing. From July 2018 to December 2018, enrollments increased by 18%.

Between 2017 and 2018 the unsuccessful home visit rate dropped by 57.9%. That is more than half! Use of technology (e.g. text messaging) and bringing home visitors in-house has contributed to this success.

In 2018, new referrals increased by threefold. This 67.8% increase in new referrals is quite the success. Engagement with the community and onboarding new clients was a primary achievement for EFM in 2018.

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Clients, continued					
Families currently enrolled in EFM program	206	192	159	122	185
Families who left through attrition (did not complete full program)	52	41	34	27	44
Families who successfully completed the program	36	37	22	13	42
Screenings and Services					
Child (0-12 months) ASQ screenings completed	49	65	50	69	120
Edinburgh Postnatal Depression Scales administered	142	141	105	81	70

The Ages and Stages Questionnaires (ASQ) is a developmental screening that helps identify potential delays. Children with development delays are connected with appropriate services by program staff.

An EFM Public Health Nurse worked with a Congolese woman with 7 minor children. The mother had several barriers including, but limited to: husband was primary caregiver and recently had a stroke and could not support the family—the father then moved out of state; mom is primary caregiver and was pregnant with a high-risk pregnancy; mom lacked access to primary transportation and is reliant solely on one W2 income source for a large family; mom is behind on utility bills due to limited income. Since working with EFM, all the children have been enrolled in school—the youngest of the children were able to utilize crisis services with La Causa Crisis Nursery. Amongst other successes, the mother was able to pay her utility bills and connect with a community partner's intensive case management program, which supports families with higher needs.

2018 KEY ACCOMPLISHMENTS

1. In July of 2018, EFM held its annual Family Reunion and Graduation Celebration at the Milwaukee County Zoo. Over 141 adults and children attended the event. Twenty-six families (24 EFM and 2 DAD Project) were celebrated for completing the programs in the last year.
2. Over 75% of the families enrolled have been enrolled during pregnancy, increasing our ability to provide services prenatally and with maximum impact on healthy births.
3. Over 85% of the families EFM has served in 2018 are connected to medical insurance and almost 90% of them maintaining continuous healthcare coverage for 6 months+ consecutively.
4. Three EFM staff applied and were selected to be City Leaders—a national maternal-child health leadership cohort—through City MatCH in 2018.
5. Since July 2018 there has been an 18% increase in enrolled cases and this will only continue to increase (i.e. more families will be served)!

2018 KEY CHALLENGES

1. The hiring and onboarding of staff is often lengthy due to both the city hiring process and the required trainings staff must complete before starting their role.
2. In addition, the lengthy hiring process has hindered progress in meeting capacity goals and taking all applicable referrals of families in need.
3. Continuous changes in the MHD have resulted in retention issues, personnel issues and a feeling that good work is being overshadowed by negative perception of the MHD.

2019 ACTION PLAN

1. In conjunction with the revitalization of EFM Parent Cafes, EFM is finding ways to create innovative parent cafes that branch out into various initiatives. Partners include the Parenting Network and the Betty Brinn Museum.
2. Continue to increase family enrollments to hit goals for the Family Foundations grant and to hit the point in time goals for 130 families served.
3. To be fully staffed with fully trained Public Health Nurses and Public Health Social Workers to ensure that EFM is able to serve as many families as possible. More importantly, identify a sustainable program structure that concurrently supports the needs of the community as well as the staff.
4. To successfully renew our accreditation with Healthly Families of America in 2019.
5. To continue building community awareness of EFM's services by increasing our referral base and partnerships in the community.

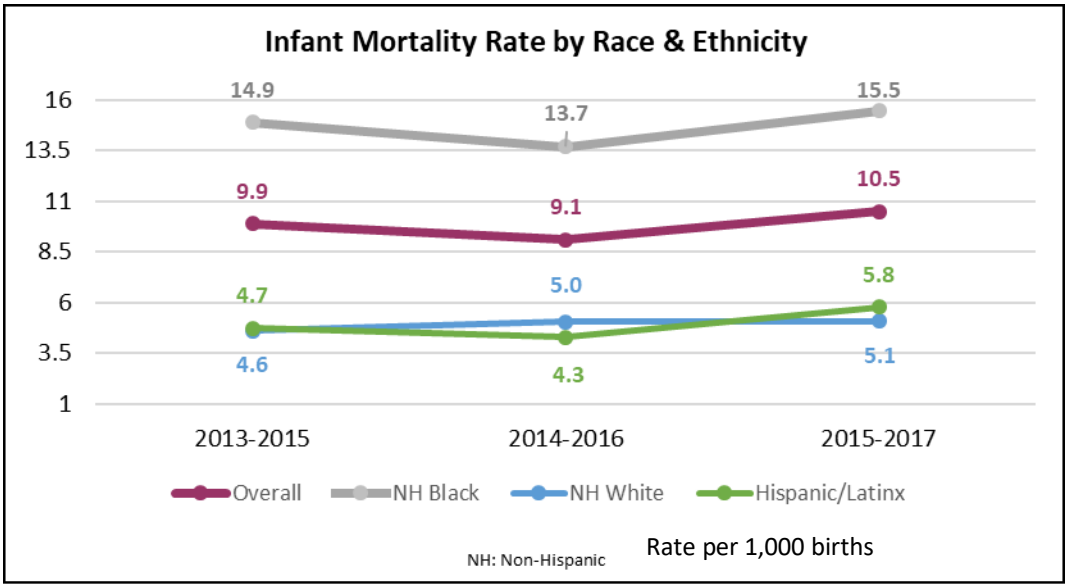
Fetal Infant Mortally Review

The Fetal Infant Mortality Review (FIMR) is a process that reviews the circumstances of an infant's life and death to find out what could have been done to prevent the death, promote prevention strategies and goals for community action, and reduce the racial disparity in infant deaths. The guidelines and prevention strategies issued by the FIMR Case Review Team are meant to help keep Milwaukee's infants healthy, safe, and alive. FIMR is made possible through the cooperation of Milwaukee area hospitals, health care providers, social service providers and community agencies through a Memorandum of Understanding with the State of Wisconsin.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1993
2018 Expenses:	$189,677
O&M Expenses:	$189,677
Grant Expenses:	$0.00
2018 Staffing:	2.0 FTE
O&M FTE:	2.0 FTE
Grant FTE:	0.0 FTE

POPULATION HEALTH OUTCOMES



The REVIEW PROCESS

1. Case finding through various sources.
2. Contact mother/family for possible maternal interview.
3. Abstract medical and social service data from all institutions and providers for the period of the pregnancy through postpartum.
4. Prepare a Case Narrative and Summary and submit for review to Case Review Team or enter data directly into FIMR database.
5. Convene Case Review Team to prioritize recommendations.
6. Data and recommendations released to public.

*Process is fluid and can take up to four years to complete

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018*
Number of infant deaths	84	95	89	120	99
Infant Mortality Rate	8.4	9.7	9.2	12.6	10.8
Number of stillbirths	58	72	53	52	
Number of reviews completed	6	6	6	6	6
Percent maternal interviews completed	23%	11%	11%	10%	7% (to date)
Partners actively engaged	33	35	30	38	43
Percent cases analyzed	100%	100%	100%	100%	53%

* Infant mortality data is preliminary

2018 KEY ACCOMPLISHMENTS

1. Abstracted city and county infant deaths and stillbirths.
2. Completed 2017 Infant mortality data analysis and birth data comparative analysis.
3. Facilitated community FIMR Case Reviews and disseminated recommendations, as possible.
4. Presented infant mortality data and recommendations at Strong Baby Sabbath events.
5. Collaborated with Child Death Review in presentations to community providers.
6. Facilitated in-house FIMR case reviews.
7. Participated in Child Death Review, Maternal Mortality Review, Overdose Fatality Committee, and Sexual Assault Review.

2018 KEY CHALLENGES

1. The death of a baby is a very difficult topic area for anyone to remain engaged in or committed to. FIMR has been fortunate in having partners that have remained committed to the families and to the process.
2. The FIMR status report publishes recommendations that challenges policy makers, legislators, the community, and individuals to take ownership of a recommendations and move to action. Change is always difficult.

2019 ACTION PLAN

1. Attempt to increase the number of maternal interviews by 5%.
2. Provide institution/agency specific presentations of 2017 infant mortality / stillbirth data.
3. Partner with community agencies in joint presentations on statistics, narratives and recommendations.
4. Analysis of 2016-2018 infant death/stillbirth statistics and drafting the 2016-2018 City of Milwaukee and Milwaukee County FIMR status reports.
5. Continued participation in Child Death Review, Maternal Mortality Review, Overdose Fatality Committee, and Sexual Assault Review.

Infant Mortality Special Initiatives

Cribs for Kids

The City of Milwaukee Health Department became an official Cribs for Kids program site in 2009. The program provides families in need of a crib education on how to create a safe sleeping environment for their babies along with a free Graco Pack'n Play (PnP) portable crib. Families are also provided with crib sheets and a sleep sack and are taught how to properly secure the sheets to reduce sleeping hazards. The MHD conducts three clinics a week.

The Cribs for Kids program receives nearly one thousand referrals from a number of MHD programs and community partners to identify families in need of a safe place for their baby to sleep. Additionally, the program provides trainings and presentations for various agencies on infant mortality and safe sleep practices. As a result, these agencies can provide safe sleep education to the families they serve.

Strong Baby Sanctuary Initiative

The Strong Baby Sanctuary Initiative is a partnership between the City of Milwaukee Health Department, Ascension-Columbia St. Mary's Urban Church Wellness Program, the March of Dimes, and the Life-course Initiative for Healthy Families (LIHF) at United Way of Greater Milwaukee & Waukesha County.

The initiative assists churches and faith communities in becoming safe places for pregnant women, new mothers, fathers, and families to get health-related support and information. Strong Baby churches administer short assessments on families and provide families with referrals to community resources to meet their individual needs. By connecting families to these programs, the initiative strives to reduce stress, support wellness, and reduce the number of babies who are born premature or low birthweight, or who sleep in unsafe sleeping environments. Currently, there are 23 churches who are members of the Strong Baby Sanctuary initiative.

In 2016, the Strong Baby Sanctuary Initiative began offering all members the opportunity for their church to become a Blanket of Love program, a prenatal and parenting education program for women, their spouse or friend, and family members. Pregnant women receive childbirth education to help them understand prenatal care, labor and delivery processes, and strategies for improved health of the mother and for the baby. Additionally, the program supports parents in understanding their new babies, by providing education and information on developmental stages, nutrition tips, infant care techniques and to address any concerns young parents might have. Currently, there are 12 Strong Baby Sanctuary churches who are also Blanket of Love programs, with more expected to join throughout the year. Each Blanket of Love church will be assigned an MHD Public Health Nurse (PHN) consultant to assist them in providing education and support to families.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2009 (Cribs for Kids); 2015 (Strong Baby Sanctuary)
2018 Expenses:	$95,081
O&M Expenses:	$87,398
Grant Expenses:	$7,683
2018 Staffing:	1.0 FTE
O&M FTE:	0.75 FTE
Grant FTE:	0.25 FTE

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Cribs for Kids					
Total number of referrals to Cribs for Kids Program/Safe Sleep Clinic				946	909
Number of families that met eligibility requirements and were registered for Safe Sleep Clinic				808	695
Number of families that completed safe sleep education and received PnPs at Safe Sleep Clinic	863	806	809	640	602
Number of families enrolled in home visitation program and received education and PnP in home				96	49
Percent of Pack N Plays distributed in ZIP Codes with a high prevalence of infant mortality				78.9%	79.3%

During a Safe Sleep Clinic at the Northwest Health Center, there were two dads present. One was a first time dad and the other had children but both were very attentive and engaged. When I discussed breastfeeding and skin to skin contact to help mothers bond with their babies, both dads wanted to know if skin to skin contact would help fathers bond with their baby. My reply was "yes, absolutely." I shared that when mom is resting or unavailable to breastfeed and the father has the pumped milk that skin to skin contact can help the baby bond with the father.

—Matanya Boyd, Cribs for Kids Health Educator

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Strong Baby Sanctuary					
Support churches in Strong Baby Sanctuary Program			23	33	33
Number of trainings to educational groups at Blanket of Love Churches			12	16	9

2018 KEY ACCOMPLISHMENTS

Cribs for Kids: Cribs for Kids programs expanded their scope of partnership which included family and group childcare providers, Head Start programs and non MHD home visitation programs throughout the city of Milwaukee. Sixty–four referrals were made to other MHD programs including WIC, CHAP, DAD and the prenatal care coordination programs. We also continued special safe sleep classes for non-English speaking families.

Strong Baby Sanctuary: The Strong Baby Sanctuary has continued its partnership with the community. The program has retained all its partnerships from 2017 and has continued its commitment to making Milwaukee's babies the strongest babies.

2018 KEY CHALLENGES

Cribs for Kids: In 2018, thirty infants died as a result of an unsafe sleep environment. These deaths accounted for 25% of all infant deaths. A primary challenge is the number of cancellations and no shows for the Safe Sleep Clinic. Families have a more difficult time accessing the Safe Sleep Clinic after the birth of the baby due to child care and transportation issues. Another challenge is MHD's current Safe Sleep Clinic schedule does not accommodate the families that work traditional hours.

2019 ACTION PLAN

Cribs for Kids: Develop a more modern system for follow-up after the disbursement of a portable crib. The goal is to develop an electronic follow-up system such as an email or text, in lieu of a structured interview via phone call. The Cribs for Kids program will continue its community outreach and education to increase awareness around risk factors as a result of unsafe sleep environments. Last, but certainly not least, the Cribs for Kids program would like to offer classes in the evening or Saturdays to accommodate traditional work schedules.

Strong Baby Sanctuary: Title V MCH dollars, formerly used for the Nurse Family Partnership Program, is in in the implementation phase of creating the Strong Baby Program—a spin-off of the Strong Baby Sanctuary program. Based upon the MCH objectives, MHD Community Outreach Liaisons (COLs) will solicit a wide variety of community groups encouraging them to earn the Strong Baby Certification (SBC). MHD COLs will provide on-site, personalized educational sessions at no cost to the agencies seeking the SBC.

Men's Health

The City of Milwaukee Health Department's (MHD) Men's Health Program offers preventive health education, noninvasive health screenings, and medical or social service referrals to Milwaukee males age 14 and over at the MHD's three health center locations. The program focuses on prevention education related to hypertension and stroke; blood pressure screenings and follow-up enrollments with partner agencies; child development screening training for providers; colorectal cancer curriculum development and training for peer educators; reproductive health education and enrollment into Family Planning Only Services; smoking cessation education; health engagement information and practices for fathers; retinopathy screening, education, and referral; breastfeeding support information for new and expectant fathers; behavior health screenings with referrals for mental health and substance abuse; and community health outreach to low-income and uninsured males.

The program is the lead agency for the citywide Men's Health Referral Network and program representatives chair health committees with the Black Male Achievement Advisory Committee, Milwaukee Fatherhood Initiative, and My Brother's Keeper Initiative.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2010
2018 Expenses:	$531,521
O&M Expenses:	$477,269
Grant Expenses:	$54,252
2018 Staffing:	4.0 FTE
O&M FTE:	3.25 FTE
Grant FTE:	0.75 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Maternal and Child Health Grant*	State of Wisconsin, Consolidated Contract	1/1/18-12/31/18	$500,460
Colorectal Cancer Education for African American Men	Medical College of Wisconsin	1/1/17-6/30/18	$31,823
*Grant supports more than one MHD program or initiative.			

A client was referred to the Men's Health Center by a family member. He had been unemployed and had avoided seeking health care due to costs. He was referred the Community Health Access Program but since he stated that he had to choose between food, bills, and medication. The staff called a partner agency to introduce the client to a prescription drug assistance program. He was approved to receive medication at reduced cost and thanked the program for relieving the stress of not taking the proper medications.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Number of males who utilized Men's Health Centers	570	601	231	1,214	1,010
Number of clients who have children 5 years and younger	201	349	82	116	33
Number of Family Planning Waivers Enrollments	41	104	35	150	
Assessments & Screenings					
Complete risk assessments	412	434	214	945	812
Depression screenings done for adolescent males	8	5	3	6	3
Blood pressure screenings		87	112	340	161
Service providers who commit to using valid screening tools	25	25	12	41	11
Referrals					
Males who received referrals to partner agencies	368	434	124	670	636
Referrals based on blood pressure screenings		23	24	65	61
Education & Events					
Number of meetings or events	63	68	32	33	34
Participants in Men's Health Education Sessions	788	917	340	1,052	812
Infant Mortality Classes taught to fatherhood programs	16	19	9	5	6
Child development trainings/ meetings	18	18	5	15	11
Participants in Child Development Education Sessions	72	86	43	51	61

2018 KEY ACCOMPLISHMENTS

1. Over 1000 men used Men's Health Program services.
2. Over 80 smokers participated in smoking cessation education sessions.
3. The Men's Health program began educating clients in the "Healthy Living with Diabetes" curriculum.
4. Offered 6 trainings on Children Development Screening.
5. The team hosted focus groups and advisory meetings to initiate colorectal cancer prevention education activities for men .
6. Program representatives provide support and leadership to the City's Black Male Achievement Advisory Committee and My Brother's Keeper health focused efforts.
7. The Men's Health program representatives provided leadership and support for activities at the 2018 Milwaukee Fatherhood Summit.

2018 KEY CHALLENGES

1. Lower income men are vulnerable to obesity, hypertension, and other chronic conditions influenced by the social determinants of health. While some outreach efforts have been effective, many men are not able to participate in health intervention during traditional work hours.
2. Men's Health as a theme is influenced by the stigma that adult men who need help are irrelevant. African American males disproportionately experience the burden of preventable chronic illness.
3. The general population does not perceive mental health to have the same level of importance as physical wellbeing. The systems that exist to address preventive mental health concerns is still inadequate, difficult to navigate and typically men receive will receive mental health attention after causing injury or committing crimes.

2019 ACTION PLAN

1. Increase the amount of men's health information provided to individuals, agencies, and the public.
2. Emphasize the value of mental health and it's relation to depression and suicide prevention.
3. Provide men's health information and services in nontraditional environments and during nontraditional work hours.
4. Include male clients in the development of targeted prevention education tools.
5. Address the gender norms that result in men delaying seeking health care.
6. Provide a seamless system of referral resources which males trust.
7. Create a partnership of male peer educators to promote health and wellness activities.
8. Determine points of intervention to improve access to prevention and screening services.
9. Promote nutrition and physical activity standards in all interactions with male clients and groups.
10. Promote health messaging in activities and settings that apply research and policy to male populations.
11. Conduct four multiple session courses related to chronic illness and their risk factors.

Milwaukee Breast and Cervical Cancer Awareness

The City of Milwaukee Health Department's Milwaukee Breast and Cervical Cancer Awareness Program (MBCCAP) is the local coordinator/provider for the Wisconsin Well Woman Program (WWWP) which provides breast and cervical cancer screenings to eligible women. The WISEWOMAN Program also provides breast and cervical cancer screenings, as well as cardiovascular risk reduction screenings to women. MBCCAP is the only local coordinator in the State of Wisconsin that is also a provider of screenings because of our subcontract with Milwaukee Health Services, Inc.

Targeting women who are uninsured/underserved women between the ages of 35 to 64 (older than 64 with exceptions) who meet 250% of the poverty level, the program assists women in accessing breast and cervical cancer screenings at the Health Department's Southside Health Center or at area providers and hospitals. If a woman does not have insurance (Well Woman is payer of last resort) the upper age limit is not a factor. Income guidelines must be met to enroll in the program (see attachment). MBCCAP's geographic area are City of Milwaukee residents. A woman can live anywhere and enroll in any county but the majority of the women enrolled by MBCCAP live in the City of Milwaukee.

The 2018 objective was to provide 950 breast and cervical cancer screenings with MBCCAP achieving 963 screenings despite the program screening 1.5 days a week since June 2018. A total of 1,840 women were enrolled into the program for the City of Milwaukee. Clients can be enrolled to go externally for breast and cervical cancer screenings at any provider that has signed a Well Woman agreement. Clients seen internally are provided screening mammograms, clinical breast exams, and Pap tests at the City of Milwaukee Health Department's Southside Health Center. MBCCAP has a mammogram unit that must pass a yearly State of Wisconsin inspection and the American College of Radiology certification every three years.

Additionally the Public Health Nurse provided 845 case management services to 845 women enrolled in the Well Woman Program who received services at area hospitals for screening mammograms and diagnostic services (diagnostic mammograms, ultrasounds and biopsies and diagnostic services for cervical cancer). MBCCAP enrolled 51 women into Well Woman Medicaid for treatment for breast/cervical cancer treatment.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1990 (Breast Cancer); 1994 became a Well Woman provider and
2018 Expenses:	$762,534
O&M Expenses:	$17,403
Grant Expenses:	$745,131
2018 Staffing:	6.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	6.0 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Breast Cancer Grant, Carita B. Urban	Greater Milwaukee Foundation	1/1/18-9/1/18	$62,026
Breast Cancer Well Women	State of Wisconsin, Department of Health Services	7/1/18-6/60/19	$675,000

Funding also supports community-based organizations (e.g. Milwaukee Consortium for Hmong Health) to conduct outreach to hard-to-reach populations.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Screening Objective	1,060	750	750	700	950
Milwaukee residents ages 35-64 years screened for breast and cervical cancer	1,043	1,031	1,044	999	929
TOTAL number of breast cancer screenings	916	672	779	803	901
Breast screenings, in-house	640	507	521	478	453
Breast screenings, provider	276	165	258	325	448
TOTAL number of cervical cancer	336	70	175	164	98
Cervical screenings, in-house	298	69	173	160	98
Cervical screenings, provider	38	1	2	4	0
Case management encounters	11,648	4,918	6,721	10,468	7,327
WISEWOMAN clients enrolled	0	17	166	297	82
Community events	25	24	29	18	13

The 2018 screening objective ends on July 2019. On December 2018, there were n=929 screenings, The WELLWOMEN program is well on their way to exceeding this objective.

In addition to more women being connected to health insurance, testing recommendations have also changed.

Each client receives case management services through the program. Case management includes scheduling appointments, reviewing charts, and ensuring proper follow-up screenings are conducted.

Women who receive in-house screenings are able to participate in WISEWOMEN, which focuses on cardiovascular health.

2018 KEY ACCOMPLISHMENTS

1. MBCCAP worked with two Community Health Workers at Columbia St. Mary's and St. Francis hospital to increase external screenings when MBCCAP was not screening at Southside Health Center and worked with Bread of Healing clinic to see clients who needed clinical breast exams.
2. MBCCAP spearheaded two successful community events which provided over 90 retinopathy screenings, 100 breast/cervical cancer screenings and 90 cholesterol/diabetes screenings and education at the Southside Health Center.

2018 KEY CHALLENGES

1. Staffing issues – short staff one Public Health Nurse for 11 months along with the conversion of the Bilingual Community Education Assistant to a Medical Assistant (which was already a subcontracted position) which resulted in a loss of a needed position bilingual staff.
2. The first 6 months of the year were spent working to locate a provider, starting screening services and stopping them twice which disrupted services for women who needed breast and cervical cancer screening services.
3. Increasing clients going external during stoppages at Southside Health Center increased the amount of work to send clients externally to ensure women received services. All clients sent externally must receive case management by the program's Public Health Nurse and this increased the number of case management by 150 additional women from 2017.

2019 ACTION PLAN

1. Restart the WISEWOMAN program (program has been revamped which will require MBCCAP staff to learn new forms and processes).
2. Work with MHD leadership to add an MHD Nurse Practitioner to provide services and expand client screenings dates.
3. Conduct 3 community events (two in Milwaukee at the Southside Health Center and one at the Asian Market on the Northside) with the 3rd in Cudahy to increase screenings for the Milwaukee County Coordinator.
4. Continue to work with community partners to add an additional provider to provide services for the WISEWOMAN program.
5. Mexican Consulate/Outreach Community Health Centers are two new partnerships. Cultivate these collaborations as this will increase referrals to the MBCCAP program.

"In 2017 I became uninsured for the first time in my adult life. I was petrified about how I would get my yearly mammogram and Pap test. I shared my dilemma with a friend that works for the Well Woman Program. From beginning to end the process was amazing! The program staff were caring, kind and compassionate. They addressed not only the screenings but the total me. I was invited to a group class that provided a cooking demonstration, good advice about nutrition, and presentations on diabetes, cholesterol and physical activity exercises. These presentations have helped me to keep on track and I have lost 18 pounds since participating in the WISEWOMAN program."

—WISEWOMEN participant

Nurse-Family Partnership

Nurse-Family Partnership (NFP) helps transform the lives of low-income, first-time moms and their babies. Through ongoing home visits from registered nurses, participants that live in the city of Milwaukee receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns 2 years old, NFP Nurse Home Visitors form a trusting relationship with first-time moms to achieve these goals using its evidence-based model, motivational interviewing, and many other tools to support these important outcomes.

The Nurse-Family Partnership model is based on rigorous evidence of effectiveness from randomized, controlled trials. As an evidence-based community health program, Nurse-Family Partnership's outcomes include long-term family improvements toward breaking the cycle of poverty, building stronger communities, and leaving a positive impact on this and future generations.

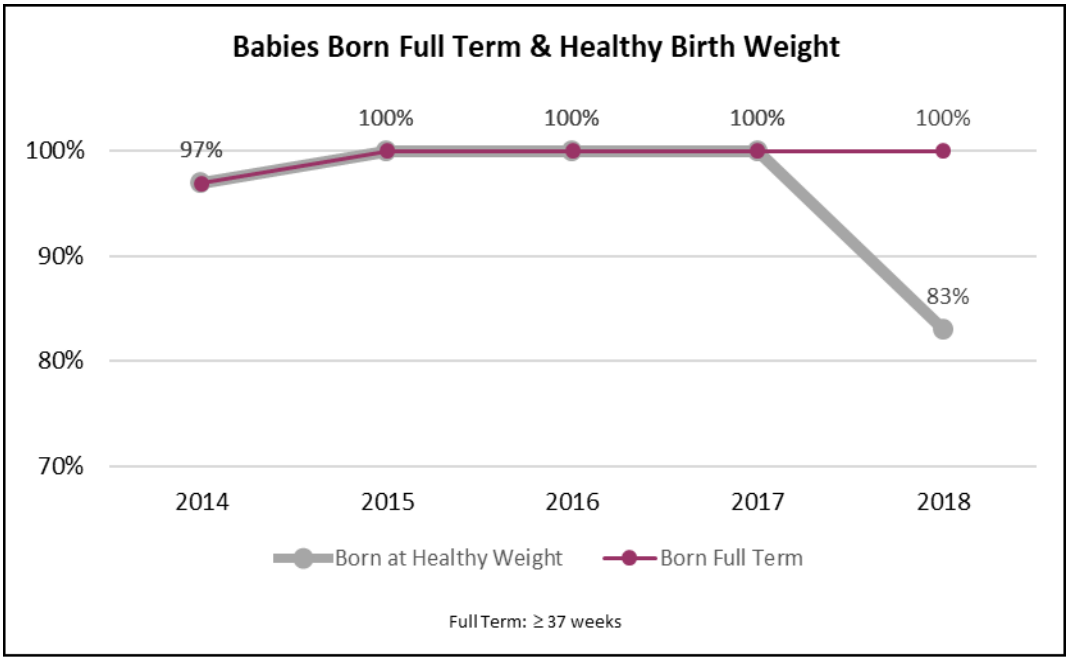
PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	2007
2018 Expenses:	$407,387
O&M Expenses:	$368,595
Grant Expenses:	$38,792
2018 Staffing:	9.0 FTE
O&M FTE:	4.25 FTE
Grant FTE:	4.75 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Maternal Child Health Grant*	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$500,460
*Grant supports more than one MHD program or initiative.			

PROGRAM OUTCOMES



Due to changes in the program's funding, the MHD sunseted the NFP program effective November 30, 2019. This impacted enrollment and the number of home visits completed.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Home Visits					
Successful face-to-face visits completed by NFP staff	1,624	1,135	1,005	1,112	202
Unsuccessful (no response) home visits attempted	266	110	366	474	6
# of new referrals received by NFP	164	133	96	156	24
Clients					
New clients enrolled	61	58	26	63	11
New clients enrolled in first trimester in pregnancy	28	17	1	19	0
Number of new clients enrolled in second trimester	33	41	24	43	11
Number of families who left through attrition	94	45	32	29	0
Number of families who left through completion	11	20	5	18	11

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Clients, continued					
Percentage of eligible clients who graduated at age 2			9%	81%	100%
Number of families currently enrolled	69	59	56	71	15
Screenings and Services					
Child ASQ Screens by first birthday	45	45	52	44	71
Edinburgh Postnatal Depression Scale Screenings	149	95	82	110	58
Mental Health Consult Visits with clients	5	27	2	3	4
# of community information calls triaged	3,312	2,556	2,548	2,779	2,682

Staff turnover led to a significant number of clients choosing to leave the program in 2016.

2018 KEY ACCOMPLISHMENTS

1. During 2018 we graduated most of our clients and supported others in connecting to alternative home visiting services—despite the program being discontinued.

2018 KEY CHALLENGES

1. Reflecting on programmatic outcomes and qualitative reporting by program nurses and participants, NFP's rigid structure reached a limited number of families.

2019 ACTION PLAN

1. The program ended at the end of 2018 due to funding changes. The MHD will revisit the NFP model in the future after the national office revisits the model.

Parents Nurturing and Caring for Their Children and Newborn

Parents Nurturing and Caring for their Children

Parents Nurturing and Caring for their Children (PNCC) is a home visiting program aimed at helping pregnant women and their families access medical, social, educational and other needed services during the prenatal period as an intervention to promote a healthy pregnancy.

PNCC services are provided voluntarily during pregnancy and for the first 60 days following delivery. Services include outreach, initial assessment, care plan development, ongoing care coordination and health education and nutritional counseling.

Initially, PNCC was established in January of 2009 for families who were not eligible for other prenatal care programs provided by the Milwaukee Health Department such as Empowering Families (EFM) and Nurse-Family Partnership (NFP), due to various eligibility criteria such as ZIP code.

Newborn Screening

The City of Milwaukee Health Department has two Newborn Screening programs to identify conditions in newborns that affect the outcome of their health and development. The first program is the Newborn Hearing program which aims to identify hearing impairment early to provide timely intervention in order to ensure children reach their highest potential. The Public Health Nurse Coordinator (PHNC) for the Newborn Hearing Program covers the Southeast region of Wisconsin which accounts for half of all the babies diagnosed with permanent hearing impairment. The PHNC case manages and screens newborns that are born in the home, failed their first newborn hearing screen, left the hospital without a screen, or are lost to follow-up with their primary care physician. If an infant is found with any degree of hearing impairment, the PHNC ensures that a referral is made to an early intervention program like Children's Hospital.

The second program is the Newborn Screening program which uses blood from a heel prick to identify 44 different genetic, endocrine and metabolic disorders. If these are not diagnosed in a timely manner, they could lead to cognitive delays, brain damage, illness or death. The PHNC performs some blood draws on newborns that were not screened before they left the hospital, but the majority of the screens are for newborns that need retesting. More specifically, a retest is completed when there was a problem with the way the first blood sample was collected or the test result was abnormal. The PHNC will also do confirmatory whole blood draws on newborns suspected of having a sickling disorder. In addition, the PHNC case manages newborns diagnosed with sickle cell disorder, hypothyroidism, and cystic fibrosis. The case managers ensure that newborns are connected with specialty clinics and that parents are educated on the complexities of the diagnosis.

PROGRAM OPERATIONS

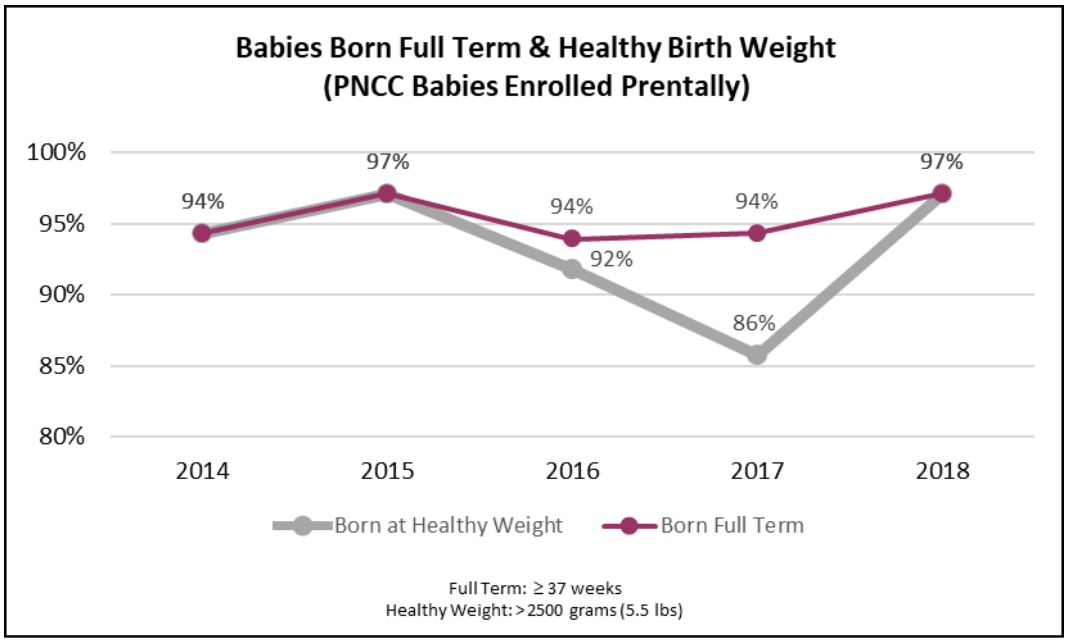
Division:	Family and Community Health
Established:	PNCC-2009 NBS- 1993 NBH-2010
2018 Expenses:	$618,727
O&M Expenses:	$426,180
Grant Expenses:	$192,547
2018 Staffing:	6.6 FTE
O&M FTE:	5.1 FTE
Grant FTE:	1.5 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Congenital Disorders	State of Wisconsin, Department of Health Services	7/1/17-6/30/18	$142,026
Congenital Disorders	State of Wisconsin, Department of Health Services	7/1/18-6/30/19	$142,026
Newborn Hearing Screening Grant	State of Wisconsin, Department of Health Services	4/1/17-3/30/18	$61,189
Newborn Hearing Screening Grant	State of Wisconsin, Department of Health Services	4/1/18-3/31/19	$61,189

An older woman walked into the Health Center looking for a meningitis vaccine for travel to Mecca. Her primary care doctor had sent her to Walgreens, but Walgreens was unable to help her. Client has Medicare. PHN explained to client what meningitis is, why it is needed and that it is probably is not covered by Medicare as it is a travel vaccine. PHN worked with client for 1 hour contacting various travel clinics. In the end, PHN was able to locate a Walgreens that would order the vaccine for her and not charge her for the consultation or administration of the vaccine. Client left satisfied that she would be able to travel to Mecca for her pilgrimage.

PROGRAM OUTCOMES



The program had fewer successful visits last year due to staffing shortages. Each nurse as a case load between 12 and 15 clients. On average, nurses meet with clients every other week. However, visit frequency is driven by client needs.

45.1% (or 46 of 102) of referrals enrolled in the program.

Ideally, the program wants to enroll clients as early as possible to build a strong relationship that will lead to program completion. However this was not possible due to program capacity.

PERFORMANCE MEASURES– PNCC

Measure	2014	2015	2016	2017	2018
Home Visits					
Successful face-to-face visits completed	402	442	699	422	402
Clients					
New referrals received by PNCC Project	99	49	106	88	102
New clients enrolled	55	19	58	49	46
Clients enrolled in 1st trimester	6	1	1	0	1
Clients enrolled in 2nd trimester	21	9	16	20	21
Clients enrolled in 3rd trimester	28	9	41	29	24
Clients who successfully completed program	21	21	33	20	25
Births					
Singletons born	35	34	49	35	34
Multiples born	0	0	0	0	0

Photo: Program staff: Thanh-Son Pham, Grace Bayer, Erin Cronn, Susan Picione, Luz Cruz, Jane Sizemore, Robyn Hicks, Nancy Burns, Sharon Gordon, Mary Walker, Ka Vang and Betty Washington

PERFORMANCE MEASURES– Newborn Screening

Measure	2014	2015	2016	2017	2018
Newborn Hearing Screen					
Number of referrals received	128	70	117	171	347
Average Number of babies case managed per month			68	70	119
Babies screened	68	34	49	43	37
Newborn Screening					
Number of NBS referrals received from the newborn screening	90	65	68	83	109
Number of infants identified with sickling disorder through NBS and case managed	27	19	19	18	17
Number of infants identified with cystic fibrosis through NBS and were case managed	4	4	2	3	14
Percent of infants that were triaged within two days of receiving referral					97.9%

Newborn Hearing Screening leveraged partnerships in 2018 and remarkably exceeded referral counts for previous years. The number of referrals increased by 102% from 2017 to 2018.

This number can fluctuate year by year. The number of babies screened depends on the number of cases newborns who missed their initial hearing screening. All babies that were screened were successfully case-managed and provided access to appropriate care.

This percentage is representative of the grant reporting cycle for Newborn Blood Screening (June 2017-June 2018). A triage is indicative of successful case management of the infant after receiving a referral.

2018 KEY ACCOMPLISHMENTS

The team worked with 4 Concordia University nursing students for their Community Nursing clinical, including 2 accelerated nursing students (getting their second Bachelors). We provided an introduction to MHD, coordinated observations throughout the department, and provided guidance to the students for their clinical project. We remained optimistic and vigilant in our efforts to provide excellent quality of care to our clients and the residents of Milwaukee through times of transition in the program, the division, and department. As a team we completed many policies relevant to immunization and training including blood borne pathogens and safety. Our program staff supported the Blanket of Love program by acting as nurse consultants and attending various community events. our team revised processes of documentation and data collection within our PNCC program. Our team supported 189 pregnant or new moms with pack and plays and safe sleep education in both the home and clinic locations.

Newborn Blood Screening: Our team revised processes of documentation and data collection within our Newborn Blood Screening program. We provided case management for 109 babies related to Newborn Blood Screening, and 44 of those received screening from our staff. We provided case management for an additional 14 babies who were referred as probable cases of Cystic Fibrosis and 17 babies who were referred as probable cases of Sickle Cell disease.

Newborn Hearing Screening: We provided case management for 1433 babies related to Newborn Hearing Screening of which, 32 babies were confirmed to have hearing loss. Established brand-new working relationships and networking opportunities within the state hearing screen program due to staff turnover.

2018 KEY CHALLENGES

1. High program staff turn-over (PNCC).
2. Loss of program manager (All 3).
3. Changes in State programming and leadership (Newborn Screening – Hearing)
4. Changes in State processes and documentation (Newborn Screening – Hearing)
5. 1 nurse responsible for Newborn Screening program (Grant), PNCC case management and Blanket of Love program.

2019 ACTION PLAN

PNCC: Work with the team to streamline both record management and charting; update the PNCC Handbook; have a fully staffed and fully trained team to serve as many families as possible; create a comprehensive training plan for news staff; coordinate with other MHD programs to provide regularly scheduled in-services for staff, which includes safety and blood borne pathogens; revise policies and procedures to ensure that staff are utilizing best practices

Newborn Blood Screening: Train a new nurse Coordinator for the program as well as a back-up staff member.

Newborn Hearing Screening: Expand opportunities for learning, specifically, attend Early Hearing Detection and Intervention national conference

Vital Records

Vital records are records of life events kept under governmental authority, including birth and death certificates. In Wisconsin, each county seat is authorized as an agent of the State of Wisconsin Vital Records unit. In Milwaukee, there is an additional site housed in the City of Milwaukee Health Department.

The governmental authority is tasked with the safekeeping of Vital Records, effectively providing the State government and the City of Milwaukee government with another source of income through fees. Vital Records operations are governed by Chapter 69 of Wisconsin State Statute.

Vital Statistics issues both certified and uncertified documents. Certified copies are official copies that can be used as a form of identification. Uncertified copies do not have the State seal and cannot be used for identification, for court purposes, etc. There are additional restrictions on who can request/receive a certified document.

The City of Milwaukee Vital Records office has access to birth records for all State of Wisconsin births. We have paper death records for anyone who died at a City resident/institutional address prior to September 2013. We have access to all State of Wisconsin deaths from September 2013 to the present. The office does not have access to marriage or divorce certificates. The office has a Notary Public official on staff. On average, the office takes 550 phone calls each month from customers.

PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1893
2018 Expenses:	$95,081
O&M Expenses:	$87,398
Grant Expenses:	$7,683
2018 Staffing:	3.0 FTE
O&M FTE:	3.0 FTE
Grant FTE:	0.0 FTE

PERFORMANCE MEASURES– Vital Records

Wisconsin residents can now purchase records in any jurisdiction, which has contributed to increases in revenue. Certificate fees have remained consistent.

Measure	2014	2015	2016	2017	2018
Income					
Total gross income, cash receipts and billing	$314,813	$325,172	$337,948	$411,965	$458,679
Certification and Filing activities					
Births Registered	9,980	9,832	9,700	9,700	9,318
Deaths Registered	4,120	4,279	4,310	4,500	5,928
Customer Service Activities					
Total birth and death records	43,238	43,608	44,166	54,626	60,100
Birth certificates cash sales	9,170	9,970	11,222	14,194	15,122
Death certificates cash sales	3,952	3,457	3,417	2,402	3,158
Death certificates via billing to funeral directors	20,116	30,181	29,527	38,030	41,820

2018 KEY ACCOMPLISHMENTS

The program continues to advertise its services to the community and partners. As a result, revenues have increased by over 12%, 2017 to 2018.

2018 KEY CHALLENGES

Customers can go to any city or state office for most certificates. Our office allows for flexibility in ordering certificates while, at the same time, adhering to State Statute

2019 ACTION PLAN

1. Increase sales by an additional 2.5%.
2. Maintain staffing levels at 3.0 FTE throughout the year.

Women, Infants, and Children Nutrition

The City of Milwaukee Health Department Women, Infants, and Children (WIC) program promotes and maintains the health and well-being of nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants, and children up to age five. The four main goals of the program are to provide nutrition education, breastfeeding education & support, supplemental nutritious foods, and community referrals to its participants.

In addition to prescribing specifically tailored monthly food packages to participants, an added seasonal benefit is the Farmer's Market Nutrition Program (FMNP), which provides $24 in vouchers to spend at local farmer's markets. Additionally, the MHD WIC Program also seeks to coordinate additional services that parallel other public health priorities, such as educating families on healthy birth spacing and providing blood lead testing to children.

The MHD WIC program aims to serve at least 97% of its monthly contracted caseload of approximately 7,361 participants. Geographically, the MHD WIC program operates at all three health department locations targeting participants in the central, northwest, and southern urban areas of Milwaukee.

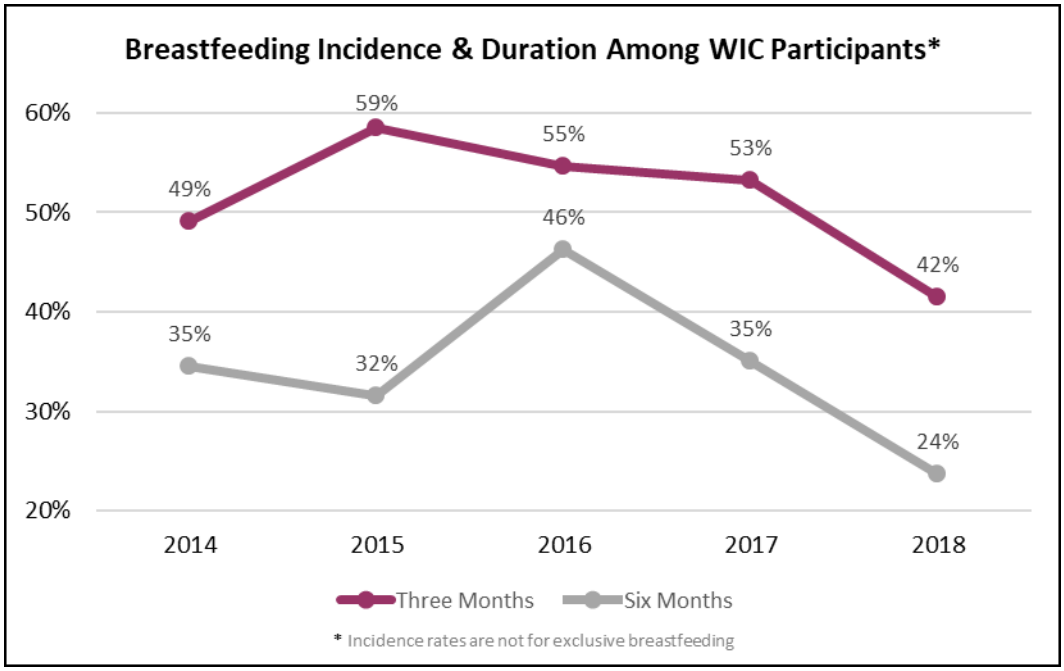
PROGRAM OPERATIONS

Division:	Family and Community Health
Established:	1981
2018 Expenses:	$1,389,048
O&M Expenses:	$3,515
Grant Expenses:	$1,385,533
2018 Staffing:	22.0 FTE
O&M FTE:	0.0 FTE
Grant FTE:	22.0 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
WIC Operations	State of Wisconsin, Department of Health and Family Services	1/1/18-12/31/18	$1,405,142
WIC Farmers Market	State of Wisconsin	1/1/18-12/31/18	$7,500
WIC-Fit Families Grant	State of Wisconsin, Department of Health Services	10/1/17-9/30/18	$30,445
WIC-Fit Families Grant	State of Wisconsin, Department of Health Services	10/1/18-9/30/19	$30,445

PROGRAM OUTCOMES



A mother came into our Northwest Health Center WIC clinic frustrated and expressing difficulty with breastfeeding. Her initial conversation with the WIC support staff involved requesting formula to be added to her package. The WIC staff thought that this mom would benefit from talking to one of our lactation counselors, Jill. Jill talked with the mother and did a breastfeeding assessment prior to issuing her formula in her WIC package. The mother expressed the breastfeeding goals she had for her infant, who was born premature and low birth weight. Later in the visit, it was also discovered she was having problems with her breast pump that was issued in the hospital after delivery. After working with Jill on a number of occasions both over the phone and in-person, the mother to this day is still breastfeeding and closer to meeting her breastfeeding goals!

PERFORMANCE MEASURES

Participants include infants and pregnant women.

Measure	2014	2015	2016	2017	2018
# Participants served in WIC/ Duplicated	90,528	89,093	85,375	86,515	88,197
# of Infants served in WIC/ Duplicated	22,722	41,180	23,121	24,102	24,868
# formula fed infants in WIC/ Duplicated	19,593	20,691	20,403	21,351	22,207
#BF Infants in WIC/ Duplicated	3,135	2,920	2,624	2,923	2,828

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
# of Pregnant women in WIC/	8,362	7,716	7,100	7,234	7,299
# of Pregnant women in WIC who smoke, unduplicated	155	159	146	70	42
# of Infants exposed to second hand smoke, unduplicated	93	120	89	77	25
Early Intervention Developmental Profile Screening	1,767	2,081	2,179	2,169	
# of Fit Families served in WIC, unduplicated (may	191	115	123	140	130
# of community referrals made				1,432	2,721
Amount of WIC Benefits Redeemed				$3,778,555	$3,823,695
Redemption rate of FMNP checks				40%	40%
Actual amount of FMNP checks spent				$41,229	$52,176
Direct contacts provided by WIC outreach				2,240	>1,000
Lead tests administered to eligible children				>2,500	>2,500
Lead water filters distributed				>500	>250
# of MHD WIC app users				5,250	4,041

Generally, fewer pregnant women are participating in the program. Nationally, women are waiting to enroll after the baby is born.

Referrals are about 25%-50% of the time spent with the family. Internal referrals and external referrals (e.g. 1-800-QUIT) are made.

Currently, 4,041 MHD WIC participants use the WIC app to receive notifications about their appointments and food benefits

2018 KEY ACCOMPLISHMENTS

1. Met or exceeded objective of issuing benefits to 97% of contracted caseload for all 12 months in 2018 despite significant budget cuts and staff vacancies.
2. Fully implemented new integrated calling and texting system, *One Call Now*, replacing previous auto-dialer system *CityWatch* allowing WIC participants to receive customized appointment, class, event, and clinic notifications.
3. Held first ever WIC staff retreat for staff to be able to celebrate the program's successes over the past year, and brainstorm on ways to improve WIC operations. This retreat was aimed largely at improving staff retention and the overall morale of the department.
4. Conducted lead screening and education to over 2,900 children in 2018 to help prevent elevated blood lead levels and childhood lead toxicity.

2018 KEY CHALLENGES

1. Recruiting and retaining WIC participants continues to be a challenge for WIC projects throughout Wisconsin and nationally, in particular children ages 1-4. The Milwaukee Health Department WIC Program will continue to participate in strategies set forth by the State WIC Program to increase and maintain participation.
2. A new funding formula developed by the State WIC Program, coupled with declining participation nationally, led to a significant decrease in funding in 2018.
3. Filling vacancies continues to be a long process which can contribute to employee burnout overtime.

2019 ACTION PLAN

1. Fill vacancies to ensure program objectives continue to be met, improve staff morale, and minimize employee burnout.
2. Identify new outreach initiatives to improve WIC participant recruitment and retention efforts; including partnerships with St. Joseph's Hospital and a more unified outreach approach with other Milwaukee County WIC projects.
3. Fully implement Coffective and explore other avenues to increase breastfeeding promotion and support to all pregnant and breastfeeding women.
4. Continue with efforts to prevent lead poisoning in Milwaukee by offering lead screening to eligible WIC participants and distributing water filters to eligible households.
5. Enhance WIC clinic operations by reigniting peer-driven continuous quality improvement efforts that improve the quality of services WIC provides.
6. Fulfill partnerships with UW-Extension *FoodWise* program to help support our grant-funded childhood obesity prevention program, Fit Families, in its eighth year at MHD WIC.

Community Outreach Response

The Office of Violence Prevention conducts a Community Outreach Response on 9th and Ring Street, in partnership with the We Got This Program.

- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- **Office of Violence Prevention**
- Public Health Laboratory
- Office of Policy, Strategy, and Analysis

Violence Prevention Oversight & Initiatives

The Office of Violence Prevention (OVP) advances strategies through partnerships that strengthen youth, families, and neighborhoods. Community-wide prevention is the most effective, long-term solution to violence, and OVP facilitates multidisciplinary, population-level approaches to influence the social, behavioral, and environmental factors that contribute to violence. OVP convenes agencies, experts, and community resources to collaborate on efforts that reduce multiple types of violence. Current initiatives include:

Blueprint for Peace: The Blueprint for Peace is Milwaukee's comprehensive violence prevention strategy. The Blueprint planning process was completed in Fall 2017. The six goals and thirty strategies contained in the Blueprint were informed by the input of over 1,500 Milwaukee residents, including youth. Ongoing work tracks implementation and impact.

ReCast Milwaukee: ReCAST MKE is a five-year effort funded in 2016 by the federal Substance Abuse and Mental Health Services Administration to promote healing and restorative practices among youth ages 12-24, and their families. It aims to reduce the impact of trauma in Milwaukee by enhancing individual and community resilience, building the capacity of organizations to have healing focused care practices, and strengthening collaboration between institutions and community.

Commission on Domestic Violence and Sexual Assault: The Commission on Domestic Violence and Sexual Assault is one of the oldest commissions in the country established by city ordinance. It is comprised of domestic violence and sexual assault survivors, prevention advocates, service providers, and system partners including criminal justice, law enforcement, and corrections. The Commission focuses on improving the collaboration between system and community partners, and advocates for polices that enhance prevention and protect survivors.

Safe Visitation and Exchange: The Safe Visitation and Exchange Center is a partnership between OVP, Children's Hospital, Legal Action, and Sojourner Family Peace Center. The center provides a safe space for families impacted by domestic violence to conduct supervised visitation and exchanges of children. The program is funded by a Justice for Families Grant through the U.S. Department of Justice.

Trauma Response Initiative: The Trauma Response Initiative links children who have been exposed to trauma or violence with help from a clinician. In addition to OVP's role, its partnerships include Milwaukee County Children's Mobile Crisis, the Milwaukee Police Department, and the Milwaukee Fire Department.

414Life: The program's outreach workers interrupt and prevent violence in targeted neighborhoods while spreading conflict mediation skills. Program began in November 2018.

Community Engagement: OVP has hosted or sponsored more than two dozen community events and presentations focused on violence prevention and healing.

Coaching Boys to Men: This new program engages athletic coaches in presenting a sexual assault prevention curriculum to student athletes.

PROGRAM OPERATIONS

Division:	Office of Violence Prevention
Established:	2008
2018 Expenses:	$2,122,322
O&M Expenses:	$575,524
Grant Expenses:	$1,546,799
2018 Staffing:	7.0 FTE
O&M FTE:	3.6 FTE
Grant FTE:	3.4 FTE

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Homicide Review	US Department of Justice	9/1/13-11/30/18	$241,027
Justice for Families	US Department of Justice	10/1/16-9/30/19	$600,000
ReCast Milwaukee	Substance Abuse and Mental Health Services Administration	9/30/16-9/29/21	$5,000,000
Tides Foundation Grant	Tides Foundation	10/1/16-11/30/18	$180,000
Victims and Suspects of Firearm Violence	Joyce Foundation	9/1/14-8/31/18	$190,000

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Community Engagement					
# of community engagement events and briefings			3	21	28
# Copies of Blueprint for Peace Distributed				500	400
# following OVP Facebook page				828	1,699
Average # of individuals engaging with OVP Facebook each month (# who liked, commented, or shared)				1,371	4,032
414Life webpage page views					7,824
Trauma Response Initiative					
# of referrals received		86	223	236	327
# of families engaged			179	212	182

Families engaged include: Families that a counselor made contact with including phone call, home visit or repeated home visits.

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
414Life Violence Interruption					
# of violence interruptions					14
# of participants					16
ReCAST MKE					
# of youth served				189	2,063
# of adults trained					306
# of organizations receiving funding or subcontracts				6	49
Coaching Boys to Men					
# coaches participating					23
# student athletes participating					180
Commission on Domestic Violence and Sexual Assault					
# of agencies and organizations engaged	56	59	60	58	72
# of Commission meetings	12	12	12	10	11
Completed training for current officers/recruits of MPD	Yes	Yes	Yes	Yes	Yes
# of community engagement efforts/events	23	24	25	22	26
Safe Exchange					
# of families served	19	59	53	74	60
# of supervised exchange services provided	28	260	713	404	386
# of one-to-one supervision services provided	68	404	524	352	348

Program started Nov. 2018, so these figures reflect two months of service.

Service figures for 2018 reflect the work of 5 subcontracted partners and the 11 Safe Summer grantees.

Includes 11 local grant recipients from the 2018 Safe Summer project, and 31 recipients of organizational capacity building support.

Program started Nov. 2018, so figures reflect two months of service.

2018 KEY ACCOMPLISHMENTS

1. Trauma Response partnership expanded to include Milwaukee Fire Department.
2. ReCast MKE provided more than $1M in funding resources to community-based partners in 2018 for activities focused on strengthening youth and families in the areas of mental health and youth development.
3. Blueprint for Peace officially adopted as violence prevention plan for City of Milwaukee, Milwaukee County, Milwaukee Civic and Safety Commission, United Way, and Milwaukee Healthcare Partnership.
4. Over 40 community briefings on the Blueprint conducted.
5. 327 referrals received for trauma response services.
6. 187 community members trained in mental health and suicide prevention.
7. Over 2,000 youth served through violence prevention programming funded by ReCAST MKE.
8. Hired new Youth Violence Prevention Coordinator.
9. Launched public awareness campaign in partnership with Guns Down Miltown.

2018 KEY CHALLENGES

1. Demand for direct service mental health, housing, and family support services reveals a gap between available services and community awareness. OVP has exceeded its capacity to provide support services during emergency circumstances.
2. Lack of funding for coordinated investment in strategies called for in the Blueprint for Peace.
3. Lack of consistent access to crime data and critical information from other system partners.
4. Transitions in Violence Prevention Manager and ReCAST Program Manager.

2019 ACTION PLAN

1. Hire Violence Prevention Manager, ReCAST Program Manager, and ReCAST Coordinator.
2. Formally launch 414Life Milwaukee violence interrupters program.
3. Expand Cardiff violence prevention program to Milwaukee.
4. Increase quality of referrals for trauma response services.
5. Expand awareness and calls for trauma response services.
6. Launch Milwaukee Violence Prevention Coalition called for in the Blueprint for Peace.
7. Expand Family Violence Prevention capacity focused on domestic violence, sexual assault, and human trafficking prevention.
8. Work to reduce incidents of gun violence in 414 Life target areas.
9. Strengthen relationships with law enforcement, including the City of Milwaukee Police Department, the Milwaukee County Sheriff's Office, and the District Attorney's Office.

L-SIP Assessment

On May 10, 2018, the MHD Laboratory conducted a Laboratory System Improvement Program (L-SIP) assessment of the local public health laboratory (LPHL) system in Milwaukee.

- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- Office of Violence Prevention
- **Public Health Laboratory**
- Office of Policy, Strategy, and Analysis

Laboratory Oversight and Initiatives

The City of Milwaukee Health Department Public Health Laboratory (MHDL) boasts a record of providing innovative and quality services to the MHD programs, the Milwaukee residents, community and laboratory system partners.

Familiarity with local health priorities and strong connections with community partners, clinicians, public health professionals, private/clinical labs, academic and research institutes allows a greater degree of vigilance in timely detecting and preventing emerging public health problems through applied laboratory science practices. MHD's state-of-the-art laboratory meets state and federal regulatory standards for quality, safety and security. The laboratory provides strategic leadership in analytical services, applied research, outreach and policy issues supporting the MHD program areas of: communicable diseases, foodborne diseases, consumer environmental health, sexually transmitted infections, emergency preparedness, and water quality.

With the largest public health Sexually Transmitted Infection (STI) clinic in the state of Wisconsin, MHD Laboratory provides routine testing services for STIs including Syphilis, HIV, Herpes, Trichomonas, Mycoplasma, Chlamydia and Gonorrhea, with an average of 5,000-6,000 clients per year and over 50,000 tests performed annually. Other communicable disease responses include routine surveillance and outbreak investigations on vaccine-preventable, respiratory, gastrointestinal, and other emerging or re-emerging diseases and potential bio-threat agents. MHDL also supports the department's Lead Poisoning and Prevention Program, providing analytical testing for more than 9,000 environmental lead (including dust wipes, paint chips, soil and water) and blood lead samples annually. Beyond its support of MHD programs, the Laboratory also generated more than $300,000 in revenue through pubic health reference lab and fee-for-service testing and nearly $490,000 in reimbursements of lab testing services performed in support of KHC STI Clinic during the most recent fiscal year.

As part of an academic health department, the laboratory is guided by the core functions of an advanced public health laboratory: disease prevention, control and surveillance; environmental health and protection; food safety; integration/interpretation of lab data; reference/specialized testing; laboratory improvement, regulation and policy development; emergency response and applied research. The MHD Laboratory maintains the latest developments in continuous quality improvement initiatives, lean leadership practices and its strong ties with partners at the local, regional, national and even international level has fostered training opportunities for a variety of undergraduate and graduate students to add to the future public health laboratory workforce.

Photo: The 2018 "Be Active Be Healthy" event organized by Anthem Blue Cross Blue Shield was a great opportunity for the laboratory to provide outreach on various topics related to public health.

MHDL maintains a robust electronic Laboratory Information System (LIS), and disseminates information on laboratory surveillance, emerging public health threats, and outbreaks to the system partners of southeastern Wisconsin including local hospitals, public health agencies, including division of health, academic institutions, law enforcement, first responders and others who directly or indirectly receive or benefit from public health laboratory's data.

PROGRAM OPERATIONS

Division:	Public Health Laboratory
Established:	1872
2018 Expenses:	$2,819,310
O&M Expenses:	$2,104,709
Grant Expenses:	$714,602
2018 Staffing:	22.0 FTE
O&M FTE:	17.6 FTE
Grant FTE:	4.4 FTE

This grant not only supported 4.0 FTE at MHD (microbiologist, laboratory data specialist, and 2 disease investigation specialists) but also aided in enhanced surveillance of Gonorrhea antibiotic resistant and preventing spread of STI locally.

GHS grant support provided method development for screening nutrient and lead in soil to be used for residential services. FACT: In 2018 a total of 60 samples were screened for nutrient and/or lead analyses.

ACTIVE GRANTS

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity*	State of Wisconsin, Department of Health Services	8/1/17-7/31/18	$502,913
Epidemiology and Lab Capacity: Threat of Antibiotic-Resistant Gonorrhea: Rapid Detection and Response Capacity*	State of Wisconsin, Department of Health Services	8/1/18-7/31/19	$324,846
Growing Healthy Soil for Healthy Communities	Healthier Wisconsin Partnership Program	1/1/18-12/31/18	$1,000
A Microbial Resistance Surveillance Project	State of Wisconsin, Department of Health Services	8/1/17-7/31/18	$69,508
Beach Monitoring Grant*	Wisconsin Department of Natural Resources	4/1/18-11/15/18	$11,000
CDGA Lead Grant*	Community Development Grant Administration Office	1/1/17-12/31/17	$681,488
CDGA Lead Grant*	Community Development Grant Administration Office	1/1/17-12/31/17	$529,489
Lead Hazard Reduction Grant*	U.S. Department of Housing and Urban Development	12/1/14-11/30/17	$3,900,000
Lead Hazard Reduction Grant*	U.S. Department of Housing and Urban Development	9/1/16-8/31/19	$3,399,998
STD Infertility Prevention*	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$335,573
HIV Prevention*	State of Wisconsin, Department of Health Services	1/1/18-12/31/18	$197,000

*Grant supports more than one MHD program or initiative.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
Financial					
Fee-for-Service Revenue	$173,458.95	$217,685.13	$225,766.09	$334,766.11	$301,047.37
Reimbursement Revenue	$440,917.64	$473,855.61	$527,497.22	$425,319.60	$489,418.46
Communicable Disease Testing and Surveillance					
Respiratory Specimens	586	573	555	634	666
Gastrointestinal Specimens	1,150	579	630	382	272
Other[1]	402	257	296	390	260
Total CD Tests Performed	2,138	1,409	1,481	1,406	1,198
Sexually Transmitted Infection (STI) Testing and Surveillance					
Syphilis	8,558	7,710	7,184	7,272	6,342
Chlamydia	11,723	11,710	11,632	13,428	11,817
Gonorrhea	13,962	14,896	14,477	16,999	16,386
Trichomonas	418	2,539	5,519	5,285	4,363
HIV	3,802	3,729	3,578	3,725	3,163
Herpes	673	635	342	499	421
Other[2]	1,041	1,263	1,099	1,062	1,030
Total STI Tests Performed	36,375	42,194	43,831	48,270	**43,522**
Lead Testing					
Blood Lead	139	96	68	104	1
Dust wipes, paint, soil	11,681	8,663	8,488	8,289	5,780
Water				859	842
Total Lead Tests Performed	11,820	8,759	8,556	9,252	6,623
Water Quality Monitoring					
Summerfest (Potable)	637	660	669	649	630
Beach (Recreational)	290	366	307	273	191
Municipal Water (Potable)	690	720	713	669	627
Water Treatment Plant (Potable; *Cryptosporidium* etc.)	80	60	60	89	95
Other	253	321	288	205	439
Total Tests Performed	1,950	2,127	2,037	1,885	1,518

MHDL identified Gonorrhea causing organisms in 21 patients in 2018 as compared to 11 in 2017 that were not susceptible to one or more antibiotics used in treatment.

FACT: In 2018, 4 to 5% of cases were not susceptible to one or more antibiotic used in treatment.

A typical lead risk assessment consists of 10 to 15 individual samples analyzed. A reduction was observed in the number of samples tested due to HUD grant restrictions.

In 2018, testing water from Bradford, McKinley, South shore beaches and surrounding water-bodies for *E. coli* (Atwater, Klode, and Doctor's park) was not requested and hence drop in number of samples tested.

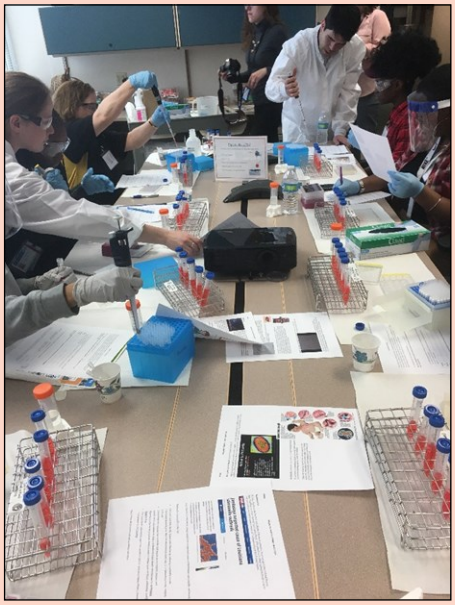
FACT: In 2018, South Shore beach was closed 57 of 97 days between Memorial Day and Labor Day due to high E. coli levels.

Lab analysis of food samples allowed CEH program to monitor bacteria to reduce foodborne illness and critical risk factors.

FACT: Laboratory staff continue maintaining proficiency per state DATCP guidelines.

PERFORMANCE MEASURES, Continued					
Measure	**2014**	**2015**	**2016**	**2017**	**2018**
Consumer Protection					
Dairy	629	767	445	359	533
Beef, deli, fish	519	522	274	373	391
Total Tests Performed	**1,148**	**1,289**	**719**	**732**	**924**
Communications					
"e"lab reports to clinical partners & stakeholders (12 per calendar year) on laboratory surveillance	Done	Done	Done	Done	Done

[1] Fungal, bacterial, viral cultures from non-respiratory and stool specimens



At a 10th Grade Career Day hosted by the City of Milwaukee on April 19, 2018, the Milwaukee Health Department Laboratory (MHDL) provided variety of experiences to expose students to careers in public health and the lab profession. The day started with students learning about the role of the public health laboratory as it relates to the community. Students were then educated on the safety requirements of entering a clinical testing laboratory, including the importance of proper hand-hygiene, wearing personal protective equipment (PPE) and the meaning of biohazardous waste. Upon completing basic safety training, the students were given a tour of MHDL. Most of the group had never been in a laboratory before. The tour consisted of seeing what instrumentation performs various testing, viewing scientists perform testing and real-life examples of virus, bacterial growth, biochemical and molecular testing. Some topics addressed included influenza, foodborne illnesses, beach water and lead testing. Students were able to "be a scientist for the day" and participate in an interactive "outbreak response" activity. The experiment involved using personal protective equipment and other laboratory tools in order to role play as a Laboratory scientist to investigate their "outbreak" scenarios. By using pipettes and micro-well plates, the students were able to determine the severity of their outbreaks, and demonstrated the power of lab testing on rapid identification of diseases and potential impact of an illness on a given population.

2018 KEY ACCOMPLISHMENTS

1. Successfully completed three regulatory inspections by agencies including the American Industrial Hygiene Association (AIHA), Centers for Medicare & Medicaid Services (CMS) Clinical Laboratory Improvement Amendments (CLIA), and Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)
2. Awarded third year grant funding in support of the CDC Epidemiology and Laboratory Capacity (ELC) project on Strengthening the U.S. Response to Resistant Gonorrhea (SURRG), expanding the project to include three additional clinic sites
3. Improved syphilis testing for direct diagnosis and to reduce turnaround time
4. Awarded CDC and Association of Public Health Laboratories (APHL) funding to support evaluating a molecular test for the diagnosis of genetic ulcer disease (GUD), and implementing Interferon Gamma Release Assay (IGRA) testing for the detection of *Mycobacterium tuberculosis* (TB)
5. Became one of only two labs in the state to be certified through the CDC Environmental *Legionella* Isolation Techniques Evaluation (ELITE) Program for isolating *Legionella* from environmental samples
6. Conducted Laboratory System Improvement Program (L-SIP) Assessment, engaging more than 50 stakeholders from 20 agencies to assess the performance of the local PHL system in Milwaukee
7. Academic: Two peer reviewed publications and two poster presentations at national conferences
8. Workforce and outreach: Hosted 7 interns from local colleges and provided lectures to MCW, MU and Alverno colleges

2018 KEY CHALLENGES

1. Absence of public health emergency preparedness funding (currently no PHEP funding from WI DPH/CDC) has impacted TB and Laboratory Response Network (LRN) activities in BSL-3 laboratory.
2. Limited staffing (office support staff) at the ZMB MHD Laboratory office has impacted administrative operations at the lab division.
3. Delayed approval of capital budget items from the City attorney's office not only delayed purchase of recommended instrumentation/technology, but also put MHD behind on CDC recommended program activities, thus progress towards advanced molecular diagnostics.

2019 ACTION PLAN

1. Continue and expand community soil screening program for lead and nutrient analysis
2. Increase lead in water testing for schools and daycare centers to support MHD's lead program
3. Invest in advanced analytical technology that allows for improved lead testing capability and better turnaround times
4. Provide in-house laboratory testing for TB in support of MHD's TB Control Clinic and strengthen relationships with local health departments to increase specimen processing
5. Integrate Hepatitis C testing in STI/HIV clinics and partner with healthcare agencies for Linkage-to-Care (treatment)
6. Enhance partnering to improve detection and response to antibiotic resistant gonorrhea (GC) in Milwaukee
7. Improve laboratory data transmission capabilities via HL7
8. Enhance workforce development and outreach efforts for PHLs promotion
9. Engage system partners via Laboratory System Improvement Program (L-SIP) efforts

- Consumer Environmental Health
- Disease Control and Environmental Health
- Family and Community Health
- Office of Violence Prevention
- Public Health Laboratory
- **Office of Policy, Strategy, and Analysis**

Policy, Strategy, and Analysis

The Office of Policy, Strategy, and Analysis (OPSA) is responsible for providing informed policy analysis, supporting the department's data needs, and coordinating the planning activities of the City of Milwaukee Health Department, its divisions and programs. It also provides leadership in advocating for policy, systems and environmental changes that support health equity and a culture of health, both within city government and in the community.

The OPSA team achieves this by engaging in the following activities:

- Utilizing data to drive policy and programmatic decisions that improve health outcomes;
- Providing resources and technical support to assist department leadership with decision making including consulting on program data collection, analysis and interpretation as well as program evaluation;
- Developing a framework that is inclusive of internal and external stakeholders to create and implement the department's strategic plan;
- Developing and implementing methods to track progress on departmental and community health goals and objectives as articulated in the Community Health Improvement Plan (CHIP) and Strategic Plan;
- Identifying and collaborating with community partners to improve efficiency and effectiveness of public health efforts;
- Monitoring and analyzing policy initiatives and research at the city, state and federal level and providing policy recommendations;
- Creating and maintaining strategic partnerships with academic institutions to foster workforce development and pubic health research;
- Providing tools and resources to help elected officials, community residents and other stakeholders understand the health challenges faced by Milwaukee residents, including education around the social determinants of health and the creation of data dashboards.
- Staffing, coordinating and/or leading public health initiatives.

In addition to the above activities, OPSA leads the department's efforts to obtain national public health accreditation, which includes advocating for and maintaining written policies and procedures, driving the community engagement and planning process to draft the city's Community Health Improvement Plan, as well as facilitating various department-wide committees, such as the Quality Improvement Committee, Strategic Planning Committee, Workforce Development Committee and Data Committee (soon to be the Performance Management Committee). In 2018, the office also assumed responsibility over coordinating city efforts around substance abuse issues and helping craft a policy agenda for city and county stakeholders. Lastly, OPSA is tasked with identifying emerging trends and compiling data and information to produce several reports, including the City of Milwaukee Health Department Annual Report, the Community Health Assessment, and the Community Health Improvement Plan, MKE Elevate.

PROGRAM OPERATIONS

Division:	Office of Policy, Strategy, and Analysis
Established:	2008
2018 Expenses:	$362,565
O&M Expenses:	$311,454
Grant Expenses:	$51,111
2018 Staffing:	4.0 FTE
O&M FTE:	3.5 FTE
Grant FTE:	0.5 FTE

ACTIVE GRANTS

This grant primarily supports the department in meeting the Public Health Foundation's accreditation standards and measures.

2018 Active Grants	Funder	Grant Period	Amount Over Grant Period
Preventive Health Grant	State of Wisconsin, Department of Health Services	10/1/16-8/31/19	$57,910
Preventive Health Grant	State of Wisconsin, Department of Health Services	10/1/18-8/31/19	$57,900

In 2016, the office launched an effort to ensure that department policies and procedures are up-to-date. The office supports program managers writing policies and ensures that policies are accessible to all staff.

In 2017 the office created two public dashboards in an effort to make more health department data available online.

The office leads department-wide committees to help fulfill accreditation standards and measures. Committees include Workforce Development, Quality Improvement, and Performance Management.

PERFORMANCE MEASURES

Measure	2014	2015	2016	2017	2018
General Performance					
% of department written policy procedure updated within the required time frame for PHAB / total number of policies required			5%	53%	60%
Number of technical assistance projects provided to programs					
Number of data dashboards created/ maintained				2/2	2/2
Number of legislative policies reviewed/ consulted on					29
Number of Common Council Committee presentations					6
Number of department committees facilitated				4	4
Number of policy briefs created/maintained					

PERFORMANCE MEASURES, Continued

Measure	2014	2015	2016	2017	2018
Community Health Improvement Plan, MKE Elevate					
# of Steering Committee and Priority Action Team meetings held				4	3
# of organizations actively engaged					
Academic Health Department					
# of active Academic Affiliation Agreements					6
# of student placements in the department				47	
Departmental and City-wide Plans Completed					
A Community Health Assessment completed within last 5-years			Complete	Complete	Complete
A community health improvement plan completed within the last five years				Complete	Complete
A quality improvement plan reviewed/ completed within the last five years				Complete	Complete
A performance management plan completed within the last five years					Drafted
A departmental strategic plan completed within the last five years					Drafted
City-County Heroin, Opioid and Cocaine Report				Drafted	Complete
Department Annual Report Completed within first six months			Complete	Complete	Complete
Substance Abuse Initiatives					
Number of community convening's					4
Number of Common Council Committee appearances					6
Number of prevention efforts implemented					2

Community members were engaged in 3 planning meetings and a launch party in 2017.

Local schools include the University of Wisconsin Milwaukee, Marquette University, Carroll University, and Alverno College.

Most of the departmental and city-wide plans support the department in meeting national accreditation standards and measures.

In 2018 the MHD developed an awareness campaign in response to a rise in injuries associated with synthetic marijuana.

2018 KEY ACCOMPLISHMENTS

1. The office provided intensive technical support to the Home Environmental Health Program, which helped it achieve compliance with HUD and the State of Wisconsin guidelines.
2. Four successful community engagement sessions were held which informed the City-County Heroin, Opioid, and Cocaine Task Force's Recommendations to address substance abuse in the City and County.
3. The office successfully managed an increase in public record requests in response to deficiencies in the Home Environmental Health Program.

2018 KEY CHALLENGES

1. In 2018, there was a transition in the office's director position.
2. The office continues to have very limited staff capacity, with 4.0 FTEs. In addition, office staff respond to time-sensitive department matters resulting in delayed implementation on large department-wide projects.
3. As the office builds the department's data and evaluation capacity, it is unable to dedicate the time required to fully implement the performance management system due to limited staff capacity.

2019 ACTION PLAN

1. Finalize and implement the department's performance management system.
2. Begin implementation of the department's 2018-2022 strategic plan.
3. Begin to develop policy briefs for all of the major public health issues the department focuses on.
4. Support the department in implementing a reorganization.
5. Complete the State DHS Administrative Rule 140 review.

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