



Program Fund Purpose

The primary purpose of Public Health Services is to address aggregate populations who are at risk for diseases or injuries that are within the scope of prevention, protection or control.

Financial Summary	2008 Actual	2009 Adopted Budget (a)	2009 Estimate (a)(b)	2010 Budget	Change From 2009 Adopted Budget	
					\$	%
Revenues						
General Government						
(a)(b)	\$964,199	\$908,915	\$1,007,226	\$943,569	\$34,654	3.8%
Fine/Licenses	\$0	\$0	\$0	\$0	\$0	0.0%
Charges for Services	\$397,990	\$436,830	\$377,529	\$453,960	\$17,130	3.9%
Interdepartmental	\$7,330	\$4,750	\$2,130	\$4,105	(\$645)	-13.6%
Other Revenue	\$41	\$4,100	\$7,570	\$4,900	\$800	0.0%
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	0.0%
County Tax Levy (c)	\$2,171,951	\$2,192,902	\$2,192,902	\$2,200,902	\$8,000	0.4%
Total Revenue Sources	\$3,541,511	\$3,547,497	\$3,587,357	\$3,607,436	\$59,939	1.7%
Expenditures						
Personnel Costs	\$2,751,297	\$2,862,186	\$2,839,871	\$2,914,699	\$52,513	1.8%
Operating Expenses (a)(b)	\$430,746	\$470,768	\$498,794	\$451,778	(\$18,990)	-4.0%
Interdept. Charges	\$234,585	\$214,543	\$223,069	\$240,959	\$26,416	12.3%
Fixed Assets (a)(b)	\$38,000	\$0	\$23,483	\$0	\$0	0.0%
Total Expenditures	\$3,454,628	\$3,547,497	\$3,585,217	\$3,607,436	\$59,939	1.7%
Rev. Over (Under) Exp.	\$86,883	-	\$2,140	-	-	N/A

Position Summary (FTE)

Regular Positions	35.94	36.44	36.44	37.64	1.20
Extra Help	4.05	3.93	4.27	3.39	(0.54)
Overtime	0.00	0.00	0.00	0.00	0.00
Total	39.99	40.37	40.71	41.03	0.66

- (a) The 2009 revenue and expenditures estimates exceed the 2009 Adopted Budget due to 2008 carryover and purchase orders and additional expenditure authority added to the budget by approved ordinances.
- (b) The 2009 estimate for fixed asset expenditures reflects the purchase of an N-95 fit-testing respirator machine for approximately \$11,725 in order to properly fit protective masks for individuals and the purchase of surveillance equipment for the Public Health waiting room for approximately \$11,758 to help ensure safety and efficient service. Spending authority for these purchases were approved through a funds transfer request of federal Pandemic Influenza grant funded operating expenditure appropriations to the fixed asset expenditure appropriation unit.
- (c) Tax Levy of \$11,332 was shifted from the End User Technology Fund (EUTF) to the Public Health Division to help cover the phasing in of the full cost of computer ownership based on the new charging method, which better reflects technology resources being used by departments, as recommended by Internal Audit. The full amount of the Tax Levy shift was determined by the Health and Human Service Administration not to be needed in the Public Health Division budget, mostly due to higher Charges for Service revenues. Therefore, the Department shifted a major portion of this Tax Levy to cover (EUTF) expenditure needs in the Human Services Fund Budget.

Major Departmental Strategic Outcomes and Objectives for 2010

County-Wide Key Strategic Outcome: Cost effective services delivered with competence and skill

Objective 1: Provide cost effective public health (PH) services to assure compliance with the State of Wisconsin Public Health Statutes to maintain a public health department level II status. (Public Health Administration)

Key Outcome Indicator: Public Health programs will comply with the State of Wisconsin Public Health Statutes s.251.02(1); maintain level II services status and maintain State of Wisconsin grant funding linked to level II status.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Compliance with State of Wisconsin grant funding requirements linked to level II status	100%	100%	100%	100%

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Objective 2: Improve the health and functioning of children exposed to elevated lead levels. (Child Health)

Key Outcome Indicator: Maintain reversal rates of presenting child health problems due to elevated lead levels, as identified in the Wisconsin State Statute s.253.02(1). The 2008 report on Childhood Lead Poisoning in Wisconsin reports the minimum estimated Medicaid medical monetary burden of each lead-poisoned child is \$45,608.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Symptomatic reversal rate	75%	76%	76%	76%

Objective 3: Reduce the number of Public Health enrolled infants born prior to 37 weeks gestation and/or with low birth weight. Maternal and Child Health services provided are according to State of Wisconsin Public Health Statutes s.253.02(1) that assures Level II status of the Public Health Division and State of Wisconsin grant funding. (Maternal Health)

Key Outcome Indicator: The rate of delivered infants will be a minimum of 37 weeks gestation and/or 5 lbs. 8 ozs. In 2006, the State of Wisconsin estimated the average Medicaid medical costs for low birth weight infants is \$87,367 versus \$7,260 for normal birth weight infants.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Rate of healthy infants	90%	95%	94%	95%

Objective 4: Meet State prescribed number of mothers and children enrolled in the WIC program (Women, Infant, Children Program) to maintain WIC grant funding.

Key Outcome Indicator: The State of Wisconsin for 2010 estimates 3,676 mothers and children will be eligible for WIC services in Waukesha County each month. This is a 608 increase in mothers and children from 2009. To maintain WIC grant funding, the WIC program is required to provide in 2010 nutritional services to 2,218 children and mothers per month and remediate nutritional deficiencies found. In 2009, the US Department of Agriculture reported that for every prenatal WIC Program dollar spent to prevent low births and premature births, a savings of \$3.13 is gained in remediation health care costs associated with these conditions.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
WIC program enrollment to maintain grant funding	100%	100%	100%	100%

Objective 5: Chronic disease screenings and assessments are offered to citizens to early identify and arrest diabetes, heart disease and cancer. Chronic disease community screenings according to the State of Wisconsin Public Health Statutes s.255.056 assures Level II status of the Public Health Division and State of Wisconsin grant funding. (Chronic Disease Prevention and Control Program)

Key Outcome Indicator: Maintain Level II status by providing 52 annual community site screenings within the chronic disease screening program to maintain State of Wisconsin grant funding.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Maintenance rate of community site screenings	100%	100%	100%	100%

County-Wide Key Strategic Outcome: A safe county

Objective 6: Control transmission of communicable disease illnesses among Waukesha County adults and children according to the State of Wisconsin Public Health Statutes s251.05. (Communicable Disease Control)

Key Outcome Indicator: Apply communicable disease control measures to the 80 reportable communicable diseases required by the US Centers for Disease Control and Prevention (CDC) and ensure investigations of these diseases within time frames required. Follow CDC required 24-hours and 72-hour time frames for imposing isolation and quarantine measures along with treatment recommendations.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of reported diseases controlled	90%	90%	90%	90%

Objective 7: To maintain Level II status, the Public Health Division will respond to communicable disease emerging epidemics in an Incident Command System (ICS) structure: to comply with the State of Wisconsin Statute s253.02(b) and maintain Public Health Preparedness Grant funding.

Key Outcome Indicator: Implement the current Centers for Disease Control and Containment measures of isolation of infected persons and quarantine of exposed persons along with treatment recommendations for the duration of the epidemic.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of decrease of secondary transmission in families where the disease is diagnosed.	50%	50%	50%	50%

Objective 8: To maintain Level II status, the Public Health Division will maintain herd immunity among enrolled 2-year-old population to protect them from communicable childhood diseases and reduce transmission of such diseases to other children, comply with State of Wisconsin Statute s.253.02(b) and maintain Immunization Grant funding. (Communicable Disease Control)

Key Outcome Indicator: The Wisconsin Immunization Registry (WIR) Assessment Report will evaluate the Public Health Division (PHD) enrolled 2-year-old children for primary vaccine series. The minimal national target established by the Centers for Disease Control and Prevention (CDC) for the U.S. for the primary vaccine childhood series is 90%. The County Public Health Division is working toward reaching this goal.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of Public Health enrolled 2-year-old children completed vaccines series	84%	85%	85%	86%

Objective 9: To maintain Level II status, the Public Health Division will increase the immunity status among enrolled 11, 12 and 13 year old children with the varicella, tetanus, pertussis, Human Papilloma Virus (HPV) Vaccine and Menactra vaccines to comply with the State of Wisconsin Statute s253.02(b) and maintain immunization grant funding. (Communicable Disease Control)

Key Outcome Indicator: The Wisconsin Immunization Registry (WIR) Assessment Report will evaluate the Public Health Division (PHD) enrolled 11, 12 and 13 year old children for booster immunizations of varicella, tetanus, pertussis, HPV and Menactra vaccines to comply with the State of Wisconsin Statute s253.02(b).

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of Public Health enrolled 11, 12 & 13 year-old children completed booster vaccine series	40%	60%	60%	60%

Objective 10: Control the transmission and spread of sexually transmitted communicable diseases among adults to reduce the reservoir of these diseases in the County. (Sexually Transmitted Infections)

Key Outcome Indicator: Clinic treatment rates of persons diagnosed with a sexually transmitted infection (STI) will be maintained at 90%. It should be noted that in 2006 the Centers for Disease Control and Prevention estimated the US medical costs of \$8.3 billion (up from \$6.5 billion in 2000) for the nine million new STIs among the 15-24 year old population.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of clinic STI identified persons receiving treatment	90%	90%	90%	90%

Objective 11: Build a public health preparedness infrastructure to respond to intentional or non-intentional life threatening diseases to Waukesha County citizens through improving employee competency, communications and information technology. (Community Health and Disease Surveillance)

Key Outcome Indicator: Public Health employee completion of the National Incident Management System (NIMS) course and Incident Command System courses (ICS): ICS 100, 200, 400, 700 and 800.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate (a)	2010 Target
Percentage of Public Health employees who completed ICS courses.	70%	70%	60%	60%

(a) Estimated below target ICS training levels are mostly due to significant staff turnover resulting in more new employees that require training.

Objective 12: Identification of emerging Waukesha County Public Health issues of communicable diseases, chronic diseases and injuries through comprehensive epidemiological statistical analysis and community reports of disease trends to provide community agencies direction in early disease detection and prevention programs. (Community Health and Disease Surveillance)

Key Outcome Indicator: Completion of the annual Public Health Division Biostatistical Report and the three-year Waukesha County Health Report Card.

Performance Measure:	2008 Actual	2009 Target	2009 Estimate	2010 Target
Percentage of reports completed on-time	100%	100%	100%	100%

Public Health Administration

County-Wide Key Strategic Outcome: Cost effective services delivered with competence and skill

Program Description

The Public Health Administration staff provides administrative support to the Public Health sections; provides public health assessment, program development and evaluation; maintains the budget through management of expenditures and collection of revenues; manages grants, contracts and interdepartmental services; oversees building maintenance; and provides timely reports for accountability.

	2008 Actual (a)	2009 Budget	2009 Estimate (a)	2010 Budget	Budget Change
Staffing (FTE)	3.00	3.00	3.00	3.00	0.00
General Government (a)	\$1,454	\$0	(\$1,454)	\$0	\$0
Charges for Services	\$86	\$0	\$78	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$41	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$311,787	\$320,944	\$320,944	\$327,286	\$6,342
Total Revenues	\$313,368	\$320,944	\$319,568	\$327,286	\$6,342
Personnel Costs	\$236,015	\$244,368	\$249,266	\$245,438	\$1,070
Operating Expenses	\$32,502	\$28,332	\$23,949	\$27,729	(\$603)
Interdept. Charges	\$42,271	\$48,244	\$48,632	\$54,119	\$5,875
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$310,788	\$320,944	\$321,847	\$327,286	\$6,342
Rev. Over (Under) Exp.	\$2,580	-	(\$2,279)	-	-

(a) Government revenue consists of Federal Emergency Management Administration (FEMA) relief awarded in 2008 yet received in 2009. The negative figure in the 2009 estimate reflects a journal entry to accrue these funds back to 2008 when they were awarded. When the actual revenue reimbursement is received from FEMA, a journal entry will be made to recognize the cash receipt and to zero out this negative revenue amount in the general ledger.

Program Highlights

Tax levy support allocated to this program increases by \$6,342, to fund increases in expenditures discussed below.

Personnel costs increase by \$1,070, mostly due to the cost to continue exiting 3.0 FTE staff allocated to this program. Operating Expenses decrease slightly by \$603, due to lower office supplies and postage costs. Interdepartmental charges increase by \$5,875, mostly due to an increase in Risk Management charges by \$1,384 and an increase of \$3,049 in End User Technology Fund (EUTF) computer charges due to the phasing in of the full cost of technology ownership, which better reflects technology resources being used by departments, as recommended by Internal Audit. Overall Tax Levy of \$11,332 is provided (shifted in) from EUTF, to offset the impact of this cost phase in, for net increase in EUTF charges of only \$2,936 across the all of the Public Health Division's programs. Health and Human Services administration determined that, due to higher Charges for Services revenue, a portion of this Tax Levy was not needed in this budget, and shifted it to cover EUTF expenditure needs in the Human Services Fund Budget.



Activities

In April 2009, the Public Health Division staff completed the National Performance Standards Assessment (NPHSP) Project. The assessment findings were submitted to the Centers for Disease Control and Prevention (CDC) for analysis. A CDC report of the analysis will be released in the fall of 2009 regarding how well the public health essential services are being performed across the community.

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Program Description

The purpose of Child Health Program services is to ensure healthy Waukesha County at-risk children. The Child Health Program is directed toward high-risk children who are at-risk for lead poisoning, arrested growth and development and medical problems due to neglect or abuse. Various Public Health local Property Tax Levy supported prevention projects are offered to Waukesha County high-risk children. They are Childhood Lead Poisoning screenings, Healthcheck physical examination screenings and Child At Risk (CAR) physical assessments and case management for possible physical abuse or medical neglect. Two State Grants enhance two local Property Tax Levy supported projects. They are: Family Foundations Grant: Prevention of Child Abuse and Neglect, which provides case management to first time parents who are high-risk and on Medicaid; and the Childhood Lead Poisoning Prevention Grant, which provides funds for outreach to high-risk families in houses built prior to 1978 when lead based paints were used.

	2008 Actual	2009 Budget (a)	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	4.44	4.44	4.44	4.44	0.00
General Government	\$150,738	\$150,338	\$150,338	\$150,438	\$100
Charges for Services	\$121,415	\$143,100	\$109,607	\$140,230	(\$2,870)
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$154,803	\$154,911	\$154,911	\$150,476	(\$4,435)
Total Revenues	\$426,956	\$448,349	\$414,856	\$441,144	(\$7,205)
Personnel Costs	\$289,447	\$316,859	\$309,138	\$306,038	(\$10,821)
Operating Expenses	\$118,462	\$117,686	\$113,792	\$117,662	(\$24)
Interdept. Charges (a)	\$14,976	\$13,804	\$14,304	\$17,444	\$3,640
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$422,885	\$448,349	\$437,234	\$441,144	(\$7,205)
Rev. Over (Under) Exp.	\$4,071	-	(\$22,378)	-	-



Program Highlights

General Government grant revenues increase slightly by \$100 to \$150,438, due to an increase in the Family Foundation Grant by \$100 to \$136,121. The Childhood Lead Poisoning Prevention Grant is expected to remain at the 2009 budget level of \$14,317. Charges for Services revenues are budgeted to decrease by \$2,870 to \$140,230, mostly due to changes in allowable Medicaid expenditure reimbursement of Child-at-Risk Program services, reducing this revenue by \$2,500 to \$15,000. Tax levy allocated to this program decreases by \$4,435 to \$150,476, mostly due to personnel cost savings, mentioned below.

Personnel costs are budgeted to decrease by \$10,821, mostly due to staff turnover budget cost savings generated from public health nurse retirements, whose replacements are budgeted at a lower starting rate of pay.

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Program Description

The purpose of the Maternal Health Program services is to ensure healthy birth outcomes of Waukesha at-risk pregnant women. The Maternal Health Program is directed toward high-risk pregnant women at risk for delivering malformed and/or developmentally delayed infants due to malnutrition and low birth weight, alcohol and drug abuse, cigarette smoking and sexually transmitted diseases. The Prenatal Care Coordination Program and the High Risk Mother and Infant Program are the two preventive health programs that meet the statutory requirement.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	4.80	5.10	5.10	5.60	0.50
General Government	\$79,026	\$79,026	\$79,026	\$87,862	\$8,836
Charges for Services	\$40,952	\$64,000	\$36,489	\$45,000	(\$19,000)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$278,467	\$285,260	\$285,260	\$332,354	\$47,094
Total Revenues	\$398,445	\$428,286	\$400,775	\$465,216	\$36,930
Personnel Costs	\$354,144	\$384,952	\$371,170	\$419,797	\$34,845
Operating Expenses	\$32,747	\$22,126	\$19,430	\$20,288	(\$1,838)
Interdept. Charges	\$21,985	\$21,208	\$21,134	\$25,131	\$3,923
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$408,876	\$428,286	\$411,734	\$465,216	\$36,930
Rev. Over (Under) Exp.	(\$10,431)	-	(\$10,959)	-	-



Program Highlights

General Government grant revenue increase by \$8,836 to \$87,862 due to the addition of the Early Pregnancy Detection and Intervention Services Program Grant, which is planned to be used to help women recognize pregnancies early on and take actions to avoid birth complications and defects. Charges for Services revenues, which consist of Prenatal Care Coordination (PNCC) Medicaid reimbursements, are budgeted to decrease by \$19,000 to \$45,000, mostly due to women enrolling in the program later in pregnancy, reducing the level of billable services they use. Tax Levy allocated to this program increases by \$47,094 to \$332,354, mostly due to decreases in Charges for Service revenue, discussed above, and an increase in personnel allocated to this program, described below.

Personnel costs increase by \$34,845, mostly due to the transfer in of 0.50 FTE of a Public Health Nurse to this program area from the Community Health and Disease Surveillance program to assist with the Maternal Case Management Services, estimated to increase personnel costs in this program by \$44,491. This increase in personnel costs is partially offset by turnover savings generated from vacancies in other public health nurse positions. Operating Expenses are budgeted to decrease by \$1,838, mostly in promotional and other supply expenses, in order to help offset personnel cost increases.



Activities - Child Health

Workload - Output Data	<u>2008 Actual</u>	<u>2009 Budget</u>	<u>2009 Estimate*</u>	<u>2010 Budget*</u>	<u>Budget Change</u>
Number of children tested for lead poisoning*	1,722	1,500	1,500	1,500	0
Total number of children treated for lead poisoning*	6	10	10	10	0
Number of Healthcheck examinations*	2,132	1,800	1,800	1,800	0
Number of Healthcheck serious health problems found remediated/treated	12	38	38	38	0
Number of children referred with medical conditions	97	150	150	150	0
Number of children medical issues resolved	50	150	150	150	0
Number of POCAN high risk/neglected children cases managed	47	33	40	33	0
Number of POCAN high risk/neglected children entering Child Protective Services	0	0	0	0	0

* The 2009 Estimate and 2010 Budget are estimated to be lower than 2008 actuals, partly due to the possibility that staff resources may need to be diverted to assist with H1N1 virus control work.



Activities - Maternal Health: Prenatal Care Coordination Program (PNCC)

	<u>2008 Actual</u>	<u>2009 Budget</u>	<u>2009 Estimate</u>	<u>2010 Budget</u>	<u>Budget Change</u>
I. Medicaid Program: Number of pregnant women PNCC screened	300	360	*300	320	-40
A. Number of women enrolled	120	125	120	125	0
B. Number of women who delivered full term infants of average birth weight	112	114	112	114	0
*2009 Estimate of number of pregnant women PNCC screened is lower, mostly due to staff turnover.					
	<u>2008 Actual</u>	<u>2009 Budget</u>	<u>2009 Estimate</u>	<u>2010 Budget</u>	<u>Budget Change</u>
II. Non-Medicaid Program: Number of pregnant women PNCC screened	80	85	80	85	0
A. Number of women enrolled	75	83	78	80	-3
B. Number of women who delivered full term infants of average birth weight	50	66	68	66	0

Women, Infants, Children Nutrition Program (WIC)

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Program Description

The Women, Infants and Children Nutrition (WIC) federally funded program provides nutrition assessments for prenatal and postpartum lactating mothers, infants under one year and children through five years of age. Nutrition recommendations are offered with corresponding vouchers specifically outlining food purchases that will remedy nutritional deficits.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	5.39	5.49	5.49	5.49	0.00
General Government	\$370,584	\$400,000	\$370,584	\$400,000	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$370,584	\$400,000	\$370,584	\$400,000	\$0
Personnel Costs	\$313,836	\$332,291	\$316,029	\$334,527	\$2,236
Operating Expenses	\$25,993	\$33,949	\$25,253	\$36,109	\$2,160
Interdept. Charges	\$30,755	\$33,760	\$29,302	\$29,364	(\$4,396)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$370,584	\$400,000	\$370,584	\$400,000	\$0
Rev. Over (Under) Exp.	-	-	-	-	-



Program Highlights

General Government WIC Grant revenue remains at the 2009 budget level of \$400,000. Personnel Costs increase by \$2,236 due to the cost to continue existing staff of 5.49 FTE. Operating expenditure increase by \$2,160 to \$36,109, mostly due to an increase in medical supply costs by \$4,035 to \$11,127. Interdepartmental charges are budgeted to decrease by \$4,396 to \$29,364 as a result of vehicle replacement charges of \$4,331 being shifted re-allocated to the Communicable Disease program, to reflect higher van usage in that program area.



Activities

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
*State estimated # of eligible low income population per month for Waukesha County	2,882	3,068	3,676	3,676	608
Monthly WIC enrollment of at-risk mothers, infants and children for Waukesha County	2,192	2,192	2,218	2,218	26
Total number of mothers, infants/children served per year in the WIC Program	3,964	4,330	4,200	4,250	0
Annual number of infants/ children nutritionally deficient enrolled in the WIC program annually	2,864	3,120	2,875	3,120	0
The annual number of children with improved nutritional status after WIC program intervention	1,930	2,694	2,600	2,694	0
Pregnant women in the first trimester, enrolled in WIC	195	195	100	150	-40

*Based on the 2005 US Bureau of Census, Waukesha County Poverty Estimates.

From January 1, 2008 through December 31, 2008 WIC food vouchers supplemented Waukesha County retail food vendors by \$1,998,447 (an increase of \$125,213 from the previous year of 2007) and local Waukesha County produce farmers by \$25,680 (an increase of \$5,235 over 2007).

Chronic Disease Prevention and Control

County-Wide Key Strategic Outcome: A county that assists at-risk citizens

Program Description

The Chronic Disease Prevention and Control Program, Level II public health status, provides health screenings in the community, clinics, and in the home. Services are directed at early identification of the preventable chronic diseases such as vision, hearing problems in child and adults, diabetes, heart disease, hypertension, and cancer. Adult medical crisis intervention is available through medical assessment, therapeutic interventions and episodic case management.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	0.75	0.55	0.55	0.55	0.00
General Government	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$2,053	\$3,000	\$600	\$2,500	(\$500)
Interdepartmental	\$3,200	\$500	\$0	\$0	(\$500)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$67,666	\$52,015	\$52,015	\$51,065	(\$950)
Total Revenues	\$72,919	\$55,515	\$52,615	\$53,565	(\$1,950)
Personnel Costs	\$81,770	\$45,131	\$51,947	\$43,107	(\$2,024)
Operating Expenses	\$6,847	\$8,807	\$2,401	\$8,437	(\$370)
Interdept. Charges	\$1,723	\$1,577	\$1,580	\$2,021	\$444
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$90,340	\$55,515	\$55,928	\$53,565	(\$1,950)
Rev. Over (Under) Exp.	(\$17,421)	-	(\$3,313)	-	-



Program Highlights

Charges for Services and Interdepartmental revenues are both decreased by \$500 due to fewer requests for cholesterol screenings from County residents and County employees, respectively. Tax Levy support allocated to this program decreases by \$950 to \$51,065, mostly due to reductions in personnel costs, described below.

Personnel Costs are budgeted to decrease by \$2,024, mostly due to employee turnover budget cost savings generated from the retirement of a public health nurse, whose replacement is budgeted at a lower starting rate of pay.



Activities

Workload - Output Data	2008 Actual	2009 Budget	2009 Estimate*	2010 Budget*	Budget Change
Community health screenings, family health clinic screenings and health fairs	*1,334	700	600	600	-100**
Numbers of medical problems identified and remediated from health screens	82	60	40	45	-15**
Adult Medical Crisis: Case Management resulting in home stabilization	95	100	80	80	-20**

*Higher 2008 Actual community health screenings, family health clinic screenings and health fairs increase in number was due to a requested one-time health screening program for Waukesha County employees.

**Lower 2010 budget is due to anticipated lower demand for health screening services, likely resulting from the economic downturn.

Communicable Disease Control

County-Wide Key Strategic Outcome: A safe county

Program Description

The Public Health Division executes State of Wisconsin statutes to control local communicable diseases through surveillance, prevention and implementation of control measures. Foodborne outbreaks are controlled through integrated services with the Department of Environmental Resources. The 80 national reportable communicable diseases are routinely followed up and controlled. As emergency first responders, the Public Health Division responds to all communicable disease outbreaks and is required to be trained in the Incident Command System of emergency government to control these large scale outbreaks. Public Health Immunization Clinics are provided to control the vaccine preventable childhood communicable diseases. Pneumovax and flu vaccines are provided to children and adults in Waukesha County. International traveler education and immunization against communicable diseases is also offered to residents of Waukesha County. Communicable disease assessments are provided to all age groups along with health education, counseling and referral.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	12.87	12.77	13.11	13.69	0.92
General Government	\$63,968	\$63,955	\$63,968	\$63,955	\$0
Charges for Services	\$219,506	\$209,730	\$217,743	\$249,830	\$40,100
Interdepartmental	\$2,780	\$2,810	\$2,130	\$2,665	(\$145)
Other Revenue	\$0	\$4,100	\$7,570	\$4,900	\$800
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$801,062	\$811,375	\$811,375	\$860,752	\$49,377
Total Revenues	\$1,087,316	\$1,091,970	\$1,102,786	\$1,182,102	\$90,132
Personnel Costs	\$867,187	\$894,491	\$926,861	\$990,885	\$96,394
Operating Expenses	\$105,079	\$156,696	\$134,649	\$140,381	(\$16,315)
Interdept. Charges	\$48,852	\$40,783	\$45,386	\$50,836	\$10,053
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$1,021,118	\$1,091,970	\$1,106,896	\$1,182,102	\$90,132
Rev. Over (Under) Exp.	\$66,198	-	(\$4,110)	-	-



Program Highlights

General Government revenues, which consist of the Childhood Immunization Grant, remains at the 2009 grant level of \$63,955. Charges for Services are budgeted to increase by \$40,100 to \$249,830, mostly due to an increase in Travelers' clinic fees by \$20,000 to \$115,000, largely based on a higher demand for these services during 2009 and anticipated nominal increases for Travelers' Clinic immunization fee rates. In addition, flu and Hepatitis B immunizations are budgeted to increase by a combined total of \$10,100, based on prior- and current-year volume of immunizations.

Charges for Service also include an increase in refugee screening services by \$5,000 to \$10,000, which is more inline with the three-year average of actual revenues received of approximately \$10,500. Interdepartmental revenues are budgeted to decrease by \$145 to \$4,900, due to the completion of county employee requirements for Hepatitis B vaccinations. Other revenue increases by \$800 to \$4,900, and are from an anticipated increase in community donations, intended to help fund the Division's monthly immunization clinics. Tax Levy allocated to this program increases by \$49,377 to \$860,752, to help cover an increase in personnel costs in this program, described below.

Personnel Costs are budgeted to increase by \$96,394, mainly due to a transfer in of 0.75 FTE (1,560 hours) of a public health nurse from Community Health and Disease Surveillance program to assist with higher communicable disease workloads. This shift is estimated to increase personnel costs in this program by \$59,333. In addition, this budget increases temporary extra help expenditures by \$9,172 or 0.17 FTE (adds 350 hours) for additional on-call assistance, increasing budgeted temporary extra help in this program to \$43,251 or 1.37 FTE. Operating Expenses are budgeted to decrease by \$16,315, mostly due to reduction in medical supplies by \$25,315 to \$99,477, to be more in line with 2008 actual expenditures. Interdepartmental Charges are budgeted to increase by \$10,053, mostly due to the reallocation of vehicle replacement costs of \$4,413 from the WIC program to reflect higher vehicle usage in this program area, and an increase in with End User Technology Fund (EUTF) computer charges by \$4,240.

Communicable Disease Control (cont.)



Activities

In Spring of 2009, Influenza A H1N1 a new novel virus, was transmitted to the United States from Mexico. Waukesha County Public Health Division received its first reported case of this new flu virus on April 23rd. The Public Health Division immediately mobilized to respond to what has become a new pandemic with the last pandemic reported forty years ago. The Public Health Division established a community partners Swine Flu Task Force to respond to the controlling of this disease in Waukesha County. The Public Health Division has responded to 400 diagnosed cases in Waukesha County and is preparing for an increase of this disease in the fall of 2009. Immunization clinics are being planned for in the fall to administer the new Influenza A H1N1 vaccine to the high risk designated groups.

Activities

Workload – Output Data	<u>2008 Actual</u>	<u>2009 Budget</u>	<u>2009 Estimate</u>	<u>2010 Budget</u>	<u>Budget Change</u>
Crisis CD Clients: Category I	99	109	*700	600	491
General CD Clients: Category II	522	660	660	680	20
Tuberculosis Clients	183	170	190	170	0
TB Skin Tests	808	1,000	1,000	1,000	0
Children Immunized	3,241	3,011	3,050	3,050	39
Childhood Vaccines Administered	6,918	6,982	7,000	7,100	118
Adults Immunized	3,047	3,050	3,300	3,300	250
Adults Vaccines Administered	4,391	4,325	4,500	4,500	175
Adult/Child Influenza A H1N1 Vaccine Administered	0	0	**1,000	1,000	1,000

*The estimated number is high due to the actual Category I and projected level of Swine Flu disease in Waukesha County for 2009.

**The Novel Influenza A H1N1 (Swine Flu) epidemic has prompted the development of a new vaccine to be dispensed to the prioritized populations in the fall of 2009. It is not yet known as to the number of vaccines that will be available to public health agencies.

Sexually Transmitted Infections

County-Wide Key Strategic Outcome: A safe county

Program Description

The Sexually Transmitted Infection (STI) Program is designed to identify, track and contain the spread of sexually transmitted infections. Public Health services are provided to family physicians regarding current treatment schedules. Additionally, the Public Health Division tracks incidence and prevalence rates of STIs in Waukesha County. STI clinics are available for assessment, laboratory testing and treatment and counseling. Partner notification of exposure to an STI is provided. Anonymous Human Immunodeficiency Virus (HIV) testing is made available to identify HIV infections. Persons with AIDS disease are followed up for disease control, education and linking to resources.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	2.00	2.00	2.00	2.00	0.00
Charges for Services	\$13,978	\$17,000	\$13,012	\$16,400	(\$600)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$141,880	\$147,600	\$147,600	\$151,219	\$3,619
Total Revenues	\$155,858	\$164,600	\$160,612	\$167,619	\$3,019
Personnel Costs	\$103,754	\$139,451	\$114,486	\$141,600	\$2,149
Operating Expenses	\$18,634	\$21,752	\$18,306	\$21,700	(\$52)
Interdept. Charges	\$3,250	\$3,397	\$3,430	\$4,319	\$922
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$125,638	\$164,600	\$136,222	\$167,619	\$3,019
Rev. Over (Under) Exp.	\$30,220	-	\$24,390	-	-



Program Highlights

Charges for Services are decreased by \$600 to \$16,400, due to an increase of fees being waived for individuals lacking the ability to pay for screening, as a result of higher unemployment due to the current economic downturn. Tax levy support for this program increases by \$3,619 to \$151,219, mostly to cover higher personnel costs, which are budgeted to increase by \$2,149 or 1.5%, reflecting the cost to continue 2.0 FTE staff, and higher interdepartmental end user technology costs.



Activities

Workload - Output Data	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Individuals Screened by the STI Clinic	279	430	300	360	-70
Number of infections identified in the STI Clinic	36	86	76	86	0
STI Investigations (community reported)	587	650	660	700	50
HIV Screenings	281	310	320	340	30

Community Health and Disease Surveillance

County-Wide Key Strategic Outcome: A safe county

Program Description

The Community Health and Disease Surveillance Program (CHDS) is responsible for the monitoring of the incidence and prevalence rates of emerging County-wide public health problems, preventable chronic diseases, and communicable disease related issues. This program provides statistical research, analysis and evaluation to the County Health Report Card and carries out community requested studies of diseases impacting a specific locale. This program recommends public health interventions to control or contain County diseases and/or identified public health problems effecting aggregate populations. This program is responsible for public health workforce development in maintaining and introducing new clinical skills. This section oversees the employee compliance with the National Incident Management System (NIMS) training and the Incident Command System (ICS) course completions.

Community Health and Disease Surveillance (Cont.)

	2008 Actual	2009 Budget (a)	2009 Estimate	2010 Budget	Budget Change
Staffing (FTE)	6.74	7.02	7.02	6.26	(0.76)
General Government	\$298,429	\$215,596	\$344,764	\$241,314	\$25,718
Interdepartmental	\$1,350	\$1,440	\$0	\$1,440	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$416,286	\$420,797	\$420,797	\$327,750	(\$93,047)
Total Revenues	\$716,065	\$637,833	\$765,561	\$570,504	(\$67,329)
Personnel Costs	\$505,144	\$504,643	\$500,974	\$433,307	(\$71,336)
Operating Expenses	\$90,482	\$81,420	\$161,014	\$79,472	(\$1,948)
Interdept. Charges (a)	\$70,772	\$51,770	\$59,301	\$57,725	\$5,955
Fixed Assets	\$38,000	\$0	\$23,483	\$0	\$0
Total Expenditures	\$704,398	\$637,833	\$744,772	\$570,504	(\$67,329)
Rev. Over (Under) Exp.	\$11,667	-	\$20,789	-	-



Program Highlights

General Government revenues are budgeted to increase by \$25,718 to \$241,314, mostly due to a one-time Tobacco II Grant of \$34,820 that is directed at reducing childhood exposure to second-hand smoke. The federal Centers for Disease Control and Prevention's (CDC) City Readiness Initiative Grant is budgeted to increase slightly by \$216 to \$37,475. These increases are partially offset by a reduction in the CDC's Public Health Preparedness grant of by \$9,318 to \$169,019. Tax Levy allocated to this program decreases by \$93,047 to \$327,750, mostly due to a decrease in personnel costs in this program, described below.

Personnel Costs are budgeted to decrease by \$71,336, mostly due to a transfer out of 0.75 FTE (1,560 hours) of a public health nurse to the Communicable Disease Control program and 0.50 FTE (1,040 hours) of a public health nurse to the Maternal Health program, discussed previously. These reallocations of staff are estimated to reduce personnel costs in this program by \$103,824. These decreases are partially offset by the cost to continue increase for remaining 6.26 FTE staff, in budgeting a one-time increase in a part-time Community Health Educator position by 0.20 FTE (420 hours) to 0.80 FTE (1,660 hours), funded with Tobacco II grant revenues, for an estimated increase in personnel costs for this program of \$12,980. (The existing 0.60 FTE of this position is budgeted in the Maternal Health Program.) Temporary extra help (budgeted in 2009 at \$32,474), funded with Public Health Preparedness grant revenues for 0.71 FTE (1,480 hours), is eliminated and the Preparedness grant funding from this temporary extra help and other expenditures is converted to cover a new regular full-time Clerk Typist II position, estimated to cost \$49,723. This position would meet Public Health Preparedness Grant objectives by maintaining the Wisconsin Electronic Disease Surveillance System (WEDSS), checking for new communicable diseases in the County, entering data into the communicable disease investigation database and running standard quick reference reports during diseases outbreaks, among other tasks. This work is on-going in nature and better suited for a regular position than with previous temporary help assistance, that carried out these tasks.

Operating Expenses are budgeted to decrease by \$1,948, and includes the elimination of third-party temporary extra help, budgeted at \$20,969 in the 2009 adopted budget, partially offset by budgeting for interpretation services at \$17,566. Interdepartmental charges are budgeted to increase by \$5,955, mostly due to budgeting \$4,178 in one-time Tobacco II grant funded postage cost.



Activities

In June 2009, the Public Health Management team participated in a 4 day Incident Emergency Management Course held at the National Emergency Training Center in Emmitsburg, Maryland. There were a total of 73 participants from various disciplines in Waukesha County including political leaders, public health, fire, police, EMS, volunteer, private and non profit agencies. The goal of the course was to build awareness and skills needed to develop and implement policies, plans and procedures in an Emergency Operations Center to protect life and property. The course was a combination of classroom lectures, discussions, small group planning sessions and a functional exercise. The course culminated in an emergency flooding exercise utilizing the Incident Management Team concept in the Policy, Emergency Operations Center, and Unified Command areas. The experience provided an unequalled opportunity to explore and enhance the interactions and response between individual agency emergency plans and Waukesha County's plan to ensure the best possible service to the public during a disaster situation.

	2008 Actual	2009 Budget	2009 Estimate	2010 Budget	Budget Change
Public Health Staff National Incident Management System (NIMS) and Incident Command System (ICS) course completion	22	22	30	30	12