



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	2009 Actual (a)	2010 Adopted Budget (a)	2010 Estimate (a)(b)	2011 Budget	Change From 2010 Adopted Budget	
					\$	%
Revenues						
General Government (a)(b)	\$1,270,045	\$884,469	\$1,000,853	\$934,586	\$50,117	5.7%
Fine/Licenses	\$0	\$0	\$0	\$0	\$0	0.0%
Charges for Services	\$408,583	\$453,960	\$429,596	\$450,860	(\$3,100)	-0.7%
Interdepartmental	\$4,750	\$4,105	\$4,071	\$4,105	\$0	0.0%
Other Revenue	\$8,036	\$4,900	\$4,900	\$4,900	\$0	0.0%
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	0.0%
County Tax Levy	\$2,192,902	\$2,200,902	\$2,200,902	\$2,305,559	\$104,657	4.8%
Total Revenue Sources	\$3,884,316	\$3,548,336	\$3,640,322	\$3,700,010	\$151,674	4.3%
Expenditures						
Personnel Costs (b)	\$2,932,013	\$2,914,699	\$3,006,207	\$3,116,931	\$202,232	6.9%
Operating Expenses	\$591,144	\$451,778	\$431,590	\$386,163	(\$65,615)	-14.5%
Interdept. Charges (a)(b)	\$220,001	\$181,859	\$195,525	\$196,916	\$15,057	8.3%
Fixed Assets	\$23,483	\$0	\$0	\$0	\$0	0.0%
Total Expenditures	\$3,766,641	\$3,548,336	\$3,633,322	\$3,700,010	\$151,674	4.3%
Rev. Over (Under) Exp.	\$117,675	-	\$7,000	-	-	N/A

Position Summary (FTE)

Regular Positions	36.44	37.64	37.64	37.84	0.20
Extra Help (a)	3.93	3.39	3.79	3.79	0.40
Overtime	0.00	0.00	0.00	0.00	0.00
Total	40.37	41.03	41.43	41.63	0.60

(a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.

(b) 2010 estimates for expenditures and revenues exceed the adopted budget due 2009 carryover and additional expenditure authority added to the budget by approved ordinances.

Major Departmental Strategic Outcomes and Objectives for 2011

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); will maintain level II services status and maintain State of Wisconsin grant funding linked to level II status.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 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, and will assure Level II status Public Health Division and State of Wisconsin grant funding. (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).

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Symptomatic reversal rate	75%	76%	78%	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.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Rate of healthy infants	90%	95%	90%	93%

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

Key Outcome Indicator: The State of Wisconsin for 2011 estimates 3,755 mothers and children will be eligible for WIC services in Waukesha County each month. This is an increase in mothers and children from 2010. To maintain WIC grant funding, the WIC program is required to provide in 2011 nutritional services to 2,282 children and mothers per month and remediate nutritional deficiencies found.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 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. (Community Health)

Key Outcome Indicator: Provide 52 annual community site screenings within the chronic disease screening program to make available preventive screenings to citizens and will assure a level II status Public Health Division and will maintain State of Wisconsin grant funding.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 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 Statues s251.05, that will meet State of Wisconsin core public health requirements. (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:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of reported diseases controlled	90%	90%	92%	90%

Objective 7: The Public Health Division will respond to communicable disease emerging outbreaks or epidemics (to comply with the State of Wisconsin Statute s253.02(b)) in an Incident Command System (ICS) structure that will meet State of Wisconsin core public health requirements and maintain Public Health Preparedness Grant funding. (Communicable Disease Control)

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 outbreak or epidemic.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of decrease of secondary transmission in families where the disease is diagnosed.	50%	50%	60%	55%

Objective 8: The Public Health Division will daily provide a community information and referral Nurse Call Center to respond to communicable disease inquiries and provide referral information regarding health related community concerns to assure Level II status Public Health Division and State of Wisconsin grant funding. (Communicable Disease Control)

Key Outcome Indicator: The Nurse Call Center will daily respond to community communicable disease inquiries and offer information and referrals for community health related concerns.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of daily community information and referral response.	100%	100%	100%	100%

Objective 9: The Public Health Division will continue to report daily on the Wisconsin Electronic Disease Surveillance System (WEDSS) for reporting communicable disease and childhood lead poisoning case reports on the WEDSS modules to maintain State of Wisconsin core public health requirements. (Communicable Disease Control)

Key Outcome Indicator: The Public Health Division will daily report cases of communicable diseases and child lead poisonings on the WEDSS reporting system.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of daily required WEDSS reporting	100%	100%	100%	100%

Objective 10: The Public Health Division will maintain herd immunity among the enrolled 2-year-old population to protect them from communicable childhood diseases and reduce transmission of such diseases to other children to comply with State of Wisconsin Statute s.253.02(b). Maintain Level II compliance Public Health Division 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:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of Public Health enrolled 2-year-old children completed vaccines series.	85%	86%	84%	86%

Objective 11: Control the transmission and spread of sexually transmitted communicable diseases among adults to reduce the reservoir of these diseases in the County to assure Level II Status Public Health Division and State of Wisconsin HIV grant funding. (Communicable Disease Control)

Key Outcome Indicator: Clinic treatment rates of persons diagnosed with a sexually transmitted infection (STI) will be maintained at 90%.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate (a)	2011 Target
Percentage of clinic STI identified persons receiving treatment	90%	90%	92%	90%

Objective 12: 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, which will meet State of Wisconsin core public health requirements and CDC preparedness grant funding requirements. (Community Health)

Key Outcome Indicator: Public Health Division completion of mandated Cities Readiness Initiative (CRI) trainings, drills, exercises and CDC Preparedness completion of educating community agencies serving at-risk populations regarding preparedness protection skills.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of trainings, drills and exercises completed.	50%	50%	55%	60%

Objective 13: 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 deflection and prevention programs to meet State of Wisconsin core public health requirements. (Community Health)

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

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of reports completed on time	100%	100%	100%	100%

Objective 14: Completion of a three-year Community Health Improvement Plan identifying major Waukesha County health problems with annual review of community interventions to improve identified community health problems to meet State of Wisconsin core public health requirements. (Community Health)

Key Outcome Indicator: Completion of the three-year Community Health Plan with annual review of community interventions to improve such health identified problems.

Performance Measure:	2009 Actual	2010 Target	2010 Estimate	2011 Target
Percentage of reports completed on time	N/A	50%	50%	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.

	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Staffing (FTE)	3.00	3.00	3.00	3.00	0.00
General Government	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$182	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	(\$34)	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$320,944	\$327,286	\$327,286	\$345,464	\$18,178
Total Revenues	\$321,092	\$327,286	\$327,286	\$345,464	\$18,178
Personnel Costs	\$241,676	\$245,438	\$247,626	\$250,686	\$5,248
Operating Expenses	\$36,900	\$27,729	\$24,699	\$27,402	(\$327)
Interdept. Charges	\$43,059	\$54,119	\$54,119	\$67,376	\$13,257
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$321,635	\$327,286	\$326,444	\$345,464	\$18,178
Rev. Over (Under) Exp.	(\$543)	-	\$842	-	-



Program Highlights

Tax levy support to this program increases by about \$18,200, to fund increases in expenditures discussed below.

Personnel costs increase by about \$5,200, mostly due to the cost to continue exiting 3.0 FTE staff allocated to this program. Operating Expenses decrease slightly by about \$327, due to lower postage costs. Interdepartmental charges increase by about \$13,300, mostly due to an increase of approximately \$8,700 to about \$23,500 in End User Technology Fund (EUTF) computer charges, mostly due to the phasing in of full cost of technology ownership, which better reflects technology resources being used by departments, as recommended by Internal Audit. Overall Tax Levy of about \$7,900 is provided from EUTF to help offset the impact of this cost phase in, for net increase in EUTF charges of only about \$3,500, across all Public Health Division programs. In addition, interdepartmental Risk Management insurance charges increase by about \$3,000 to approximately \$14,900, based on the average claims experience and estimated risk exposure.



Activities

CDC Preparedness Evaluation Visit - On July 7, 2010, the Centers for Disease Control and Prevention (CDC) and the State of Wisconsin Division of Public Health (DPH) performed a site visit to Waukesha County Public Health Division (WCPHD) to evaluate WCPHD preparedness of the Cities Readiness Initiative, using the Strategic National Stockpile Technical Assistance Review (TAR) tool. A preparedness team from WCPHD successfully completed the evaluation answering all questions and providing evidence of plans, protocols, templates and other general preparedness documents. WCPHD submitted a self-evaluation and will receive a formal report from the CDC with a final score, which will be published nationally.

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.

	2009 Actual (a)	2010 Budget (a)	2010 Estimate (a)	2011 Budget	Budget Change
Staffing (FTE)	4.44	4.44	4.44	4.44	0.00
General Government (a)	\$147,518	\$145,738	\$145,909	\$145,804	\$66
Charges for Services	\$140,005	\$140,230	\$151,129	\$155,230	\$15,000
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$154,911	\$150,476	\$150,476	\$159,462	\$8,986
Total Revenues	\$442,434	\$436,444	\$447,514	\$460,496	\$24,052
Personnel Costs	\$296,948	\$306,038	\$330,220	\$330,415	\$24,377
Operating Expenses	\$97,042	\$117,662	\$102,442	\$116,520	(\$1,142)
Interdept. Charges (a)	\$9,205	\$12,744	\$12,494	\$13,561	\$817
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$403,195	\$436,444	\$445,156	\$460,496	\$24,052
Rev. Over (Under) Exp.	\$39,239	-	\$2,358	-	-

(a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.



Program Highlights

General Government revenues increase slightly by \$66, mostly due to an increase in the Childhood Lead Poisoning Prevention Grant by \$766 to \$13,365, partially offset by a decrease in the Family Foundations grant by \$700 to \$132,439. Charges for Services revenues are budgeted to increase by \$15,000 mostly due to an increase in Child HealthCheck exams being performed. Tax Levy allocated to this program increases by nearly \$9,000, mostly due to personnel cost increases, discussed below.

Personnel costs increase by about \$24,400, mostly due to the cost to continue existing 4.44 FTE staff allocated to this program. In addition, due to higher labor market demand for scarce public health nursing staff, vacant public health nurse positions were filled during 2010 at higher wage rates than the budget anticipated, which is estimated to increase salary and benefit costs by \$8,300 from the 2010 budget. Operating expenses decrease by about \$1,100, mostly due to a decrease in the contractual services attributable to the Family Foundations Grant, which is not expected to affect program operations significantly.

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.

	2009 Actual (a)	2010 Budget (a)	2010 Estimate (a)	2011 Budget	Budget Change
Staffing (FTE)	5.10	5.60	5.60	5.51	(0.09)
General Government (a)	\$69,484	\$77,543	\$72,764	\$65,337	(\$12,206)
Charges for Services	\$41,753	\$45,000	\$57,500	\$45,000	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$285,260	\$332,354	\$332,354	\$370,101	\$37,747
Total Revenues	\$396,497	\$454,897	\$462,618	\$480,438	\$25,541
Personnel Costs	\$355,836	\$419,797	\$425,846	\$450,431	\$30,634
Operating Expenses	\$9,699	\$20,288	\$8,450	\$11,505	(\$8,783)
Interdept. Charges (a)	\$11,702	\$14,812	\$14,812	\$18,502	\$3,690
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$377,237	\$454,897	\$449,108	\$480,438	\$25,541
Rev. Over (Under) Exp.	\$19,260	-	\$13,510	-	-

- (a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.



Program Highlights

General Government grant revenue decrease by about \$12,200 due to a reduction in the Maternal and Child Health Grant by about \$4,200 to approximately \$65,300 and the elimination of the Early Detection and Identification of Pregnancy Grant, budgeted at \$8,000 in 2010. Charges for Services revenues remain at the 2010 budget level, with the same anticipated Medicaid reimbursement rates for Prenatal Care Coordination (PNCC) services. Tax Levy allocated to this program increases by about \$37,700, mostly due to increases in personnel allocated to this program, described below.

Personnel costs increase by about \$30,600, reflecting cost to continue for existing staff. In addition, due to higher labor market demand for scarce public health nursing staff, vacant public health nurse positions were filled during 2010 at higher wage rates than the budget anticipated, which is estimated to increase salary and benefit costs by \$8,300 from the 2010 budget. Higher personnel costs are partially offset by the realigning of 0.09 FTE (about 190 hours) of a Community Health Educator position to the Community Health program for the continuation of Level II status programming. Operating Expenses are budgeted to decrease by about \$8,800, due to the decrease in the Maternal and Child Health Grant and the elimination of the Early Detection and Identification of Pregnancy Grant, mentioned above. Interdepartmental Charges increase by about \$3,700, mostly due to budgeting for cellular phone charges of about \$2,100 an End User Technology Fund (EUTF) charges by about \$1,400.



Activities - Child Health

Workload - Output Data	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Estimate</u>	<u>2011 Budget</u>	<u>Budget Change</u>
Number of children tested for lead poisoning	1,541	1,500	1,510	1,500	0
Total number of children treated for lead poisoning	6	10	9	9	-1
Number of Healthcheck examinations	1,810	1,800	1,875	1,900	+100
Number of Healthcheck serious health problems found remediated/treated	32	38	39	38	0
Number of children referred with medical conditions	147	150	152	155	+5
Number of children medical issues resolved	143	150	152	155	+5
Number of POCAN* high risk/neglected children cases managed	39	33	40	33	0
Number of POCAN high risk/neglected children entering Child Protective Services	0	0	0	0	0

*Prevention of Child Abuse and Neglect Grant. State standard for Waukesha County is 33 cases.



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

	<u>2009 Actual</u>	<u>2010 Budget</u>	<u>2010 Estimate</u>	<u>2011 Budget</u>	<u>Budget Change</u>
I. Medicaid Program: Number of pregnant women PNCC screened	275	320	318	320	0
A. Number of women enrolled	120	125	123	125	0
B. Number of women who delivered full term infants of average birth weight	108	114	112	110	-4
II. Non-Medicaid Program: Number of pregnant women PNCC screened	80	85	82	85	0
A. Number of women enrolled	80	80	78	80	0
B. Number of women who delivered full term infants of average birth weight	71	66	70	70	+4

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.

	2009 Actual (a)	2010 Budget (a)	2010 Estimate (a)	2011 Budget	Budget Change
Staffing (FTE)	5.49	5.49	5.89	5.89	0.40
General Government (a)	\$388,649	\$388,373	\$410,191	\$418,683	\$30,310
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$388,649	\$388,373	\$410,191	\$418,683	\$30,310
Personnel Costs	\$355,674	\$334,527	\$348,074	\$368,019	\$33,492
Operating Expenses	\$15,151	\$36,109	\$43,145	\$31,095	(\$5,014)
Interdept. Charges (a)	\$17,824	\$17,737	\$18,972	\$19,569	\$1,832
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$388,649	\$388,373	\$410,191	\$418,683	\$30,310

Rev. Over (Under) Exp.	-	-	-	-	-
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- (a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.



Program Highlights

General Government WIC Grant revenues increases by \$30,310 due to increases in the WIC Grant to support the Farmers' Market Nutrition program and for breastfeeding counselor services. Personnel Costs increase by about \$33,500 mostly due to the cost to continue existing staff of 5.49 FTE, an employee's change in health plan selection from single coverage to family, and about \$14,700 in on-call additional temporary extra help and related benefits for a 0.40 FTE (about 830 hours) breastfeeding counselor (public health technician) position (added mid-year 2010 through enrolled ordinance 164-87). Operating expenditures decrease by about \$5,000, mostly due to a decrease in medical supply costs by about \$9,000 to \$2,100.



Activities

	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
*State estimated # of eligible low income population per month for Waukesha County	3,755	3,676	3,755	3,755	79
Monthly WIC enrollment of at-risk mothers, infants and children for Waukesha County	2,257	2,218	2,125	2,282	64
Total number of mothers, infants/children served per year in the WIC Program	4,134	4,250	4,100	4,255	+5
Annual number of infants/children nutritionally deficient enrolled in the WIC program annually	2,924	3,120	2,900	3,140	+20
The annual number of children with improved nutritional status after WIC program intervention	2,924	2,694	2,900	2,924	230

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

From January 1, 2009 through December 31, 2009 WIC food vouchers supplemented Waukesha County retail food vendors by \$1,986,559 and local Waukesha County produce farmers by \$22,650.

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

Program Description

This program area includes the Chronic Disease Prevention and Control programs for Level II public health status, which 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. 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.

	2009 Actual (a)	2010 Budget (a)	2010 Estimate (a)	2011 Budget	Budget Change
Staffing (FTE)	7.57	6.81	6.81	7.60	0.79
General Government (a)	\$320,328	\$216,535	\$220,982	\$252,285	\$35,750
Charges for Service	\$1,891	\$2,500	\$1,960	\$2,500	\$0
Interdepartmental	\$1,800	\$1,440	\$1,800	\$1,440	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$472,812	\$378,815	\$378,815	\$397,843	\$19,028
Total Revenues	\$796,831	\$599,290	\$603,557	\$654,068	\$54,778
Personnel Costs	\$539,223	\$476,414	\$510,826	\$570,816	\$94,402
Operating Expenses	\$152,022	\$87,909	\$73,249	\$50,150	(\$37,759)
Interdept. Charges (a)	\$32,416	\$34,967	\$34,967	\$33,102	(\$1,865)
Fixed Assets	\$23,483	\$0	\$0	\$0	\$0
Total Expenditures	\$747,144	\$599,290	\$619,042	\$654,068	\$54,778
Rev. Over (Under) Exp.	\$49,687	-	(\$15,485)	-	-

- (a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.



Program Highlights

General Government revenues are budgeted to increase by \$35,750, mostly due to the increase in the federal Center for Disease Control and Prevention (CDC) Cities Readiness Grant funding by about \$34,300 to approximately \$67,300 and the first-time budgeting a new state/federal Preventive Health and Health Services grant of about \$21,500, to fund the development a state mandated community health improvement plan. This is partially offset by the elimination of one-time State Tobacco II grant dollars, budgeted at about \$34,800 in 2010. Charges for Services remain at the 2010 fee level of \$2,500 for cholesterol screening, and Interdepartmental charges of \$1,440 remain at the 2010 fee level for CPR classes offer to other County departments. Tax Levy support for this program increases by about \$19,000, mostly to help cover personnel cost increases.

Personnel Costs are budgeted to increase by about \$94,400 to \$570,800 mostly due to the cost to continue for existing staff, and the transfer in of 0.50 FTE (1,040 hours) of a Public Health Nurse from the Communicable Disease Control program, estimated to increase grant-funded personnel costs in this program by \$41,200. This position is planned to assist with grant objectives such as the state-mandated community health improvement plan (mentioned above), as well as other grant objectives related to the CDC Public Health Preparedness and City Readiness Initiative grants.

In addition, there is a net increase of a Community Health Educator position allocated to this program by 0.29 FTE (about 600 hours) or about \$28,200. This increase includes 0.09 FTE (about 190 hours) transferred into this program from the Maternal Health program and an overall increase in this position by 0.20 FTE (about 420 hours) to 1.0 FTE (creating a full-time sunset position that is split 0.49 FTE/0.51 FTE between this program and the Maternal Health Program, abolishing the part-time sunset position). Most of increase is to be funded with higher City Readiness grant dollars (about \$34,000), mentioned above, to help comply with increasing work required to document federal grant objectives, partially offset by the elimination of \$13,000 in Tobacco II money that helped fund this position in the 2010 Budget. The remaining \$6,900 of increase is budgeted to be covered with Tax Levy. Overall, across both this program and the Maternal Health program, this sunset position is to be funded with at least 90% grant revenue, with the remaining portion funded with other revenues and/or tax levy. If grant funding is reduced below 90% of direct position costs, this position will be reduced or terminated.

Operating expenses and interdepartmental charges decreased by about \$37,800 mostly due to moving grant funds to cover personnel costs above and the elimination of one-time Tobacco II grant funding, mentioned above.



Activities

Workload - Output Data	2009 Actual	2010 Budget	2010 Estimate	2011 Budget	Budget Change
Community health screenings, family health clinic screenings and health fairs	575	600	580	600	0
Numbers of medical problems identified and remediated from health screens	41	45	43	42	-3
Adult Medical Crisis: Case Management resulting in home stabilization	40	80	35	35	-45



Activities

CDC Medical Prophylaxis/Medical Supplies Inventory Management: Trainings, Drills and Exercises

Requirements:	2009	2010	2011
Training Skill Sets	29	29	36
Drills	4	4	4
Exercises: Activation of Skill Sets	*38	*38	38

*Real-time Influenza A H1N1 Clinics

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. This area also includes the Sexually Transmitted Infection (STI) program, which 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 also 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 community resources.

	2009 Actual (a)	2010 Budget (a)	2010 Estimate (a)	2011 Budget	Budget Change
Staffing (FTE)	14.77	15.69	15.69	15.19	(0.50)
General Government (a)	\$344,066	\$56,280	\$151,007	\$52,477	(\$3,803)
Charges for Services	\$224,752	\$266,230	\$219,007	\$248,130	(\$18,100)
Interdepartmental	\$2,950	\$2,665	\$2,271	\$2,665	\$0
Other Revenue	\$8,070	\$4,900	\$4,900	\$4,900	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy	\$958,975	\$1,011,971	\$1,011,971	\$1,032,689	\$20,718
Total Revenues	\$1,538,813	\$1,342,046	\$1,389,156	\$1,340,861	(\$1,185)
Personnel Costs	\$1,142,656	\$1,132,485	\$1,143,615	\$1,146,564	\$14,079
Operating Expenses	\$280,330	\$162,081	\$179,605	\$149,491	(\$12,590)
Interdept. Charges (a)	\$105,795	\$47,480	\$60,161	\$44,806	(\$2,674)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$1,528,781	\$1,342,046	\$1,383,381	\$1,340,861	(\$1,185)

Rev. Over (Under) Exp.	\$10,032	-	\$5,775	-	-
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- (a) For comparative purposes, 2009 actuals, the 2010 Budget and 2010 Estimate for General Government revenues and Interdepartmental Charge Expenditures are both restated lower to reflect the elimination of intradepartmental cross-charges for Health and Human Services (H&HS) Administrative cost recovery, which previously resulted in double budgeting. Instead, General Government grant revenues are now budgeted directly in the H&HS Administrative/Information Services program to help offset estimated administrative costs.



Program Highlights

General Government revenues decrease by about \$3,800 due to a reduction in the Childhood Immunization Grant. Charges for Services are decreased by \$18,100, mostly due to a decrease in International Traveler Immunization Clinic charges by \$10,000 to \$105,000, to be more in-line with 2010 estimates. In addition regular Immunization Clinic fee revenues decrease by \$8,000 to \$37,000 due to the completion of the Adolescent Immunization Series, which was an effort to boost immunization rates among teens. Interdepartmental revenues remain at the 2010 budget level, mostly for the annual employee influenza vaccine campaign. Other revenue of \$4,900 remains at the 2010 budget level due to anticipated continuation of community donations intended to help fund the Division's monthly immunization clinics.

Communicable Disease Control (cont.)

Personnel costs increase by about \$14,100 to approximately \$1,146,600 for 15.19 FTEs mostly due to the higher costs to continue existing staffing, partially offset by the transfer out of a 0.50 FTE (1,040 hours) Public Health Nurse to the Community Health program, estimated to reduce personnel costs in this program by \$42,100, and several employee health plan changes estimated to decrease personnel costs approximately \$8,300. Operating expenses decrease by about \$12,600 to approximately \$149,500, mostly due to a decrease in medical consultation services for the Influenza A H1N1 Pandemic by \$5,000 and several small reductions in operating expenditure accounts.



Activities

Workload – Output Data	2009 <u>Actual</u>	2010 <u>Budget</u>	2010 <u>Estimate</u>	2011 <u>Budget</u>	Budget <u>Change</u>
Crisis CD Clients: Category I	101	*600	90	100	-500
General CD Clients: Category II	668	680	683	690	+10
Tuberculosis Clients	185	170	185	180	+10
TB Skin Tests	1,066	1,000	1,050	1,050	+50
Children Immunized	2,836	3,050	2,800	2,800	-250
Childhood Vaccines Administered	5,775	7,100	5,600	6,600	-500
Adults Immunized	2,768	3,300	3,100	3,300	0
Adults Vaccines Administered	4,042	4,500	4,284	4,500	0
Adult/Child Influenza A H1N1 Vaccine Administered	0	**1,000	0	0	-1,000

*The 2010 budget number is high due to the inclusion of projected Influenza A H1N1 illness cases expected.

**The Influenza A H1N1 new vaccine to be dispensed in 2009 and 2010 was included in this number.



Activities

Influenza A H1N1 Pandemic - Waukesha County Public Health Division (WCPHD) has been responding to 2009 Influenza A H1N1 pandemic since it was first identified as a novel virus in April of 2009. Before the production of vaccine, WCPHD was focused on surveillance and epidemiology of the new virus, disease containment and the prevention of further spread. WCPHD received reports on over 1,300 cases of H1N1 disease in the community. WCPHD held its first H1N1 mass vaccination clinic on October 13, 2009 for public health employees, and other first responders. Between October 13, 2009 and March 8, 2010, WCPHD held a total of 20 mass clinics immunizing approximately 16,000 people. WCPHD was able to create a highly refined process for opening and operating a mass clinic on a large scale

2009-2010 Influenza A H1N1 Disease Control			
Disease Control:	2009	2010	TOTAL
Number Diagnosed	1,099	4	1,103
Case Investigations	1,770	5	1,775
Vaccine Immunization Campaign:			
Mass Clinics	11	4	15
Number Immunized	13,241	1,168	14,409
Community Clinics	0	5	5
Number Immunized	0	795	795
Number Immunized at regular immunization clinics	52	445	497
TOTAL NUMBER OF PEOPLE IMMUNIZED	13,293	2,408	15,701

Workload – Sexually Transmitted Infection	2009 <u>Actual</u>	2010 <u>Budget</u>	2010 <u>Estimate</u>	2011 <u>Budget</u>	Budget <u>Change</u>
Individuals Screened by the STI Clinic	300	360	300	350	-10
Number of infections identified in the STI Clinic	68	86	70	70	-16
STI Investigations (community reported)	602	700	750	755	+55
HIV Screenings	320	340	350	350	+10