Strengthening Public Health Policymaking for a Healthier Milwaukee

A Partnership Between

The City of Milwaukee Health Department

and

The Medical College of Wisconsin

June 2008
Dear Reader:

This report is the result of a two year partnership between the City of Milwaukee Health Department (MHD), the Injury Research Center at the Medical College of Wisconsin (MCW), and faculty leaders from the Departments of Emergency Medicine and Pediatrics of MCW. This community-academic partnership was funded through the Healthier Wisconsin Partnership Program to develop a framework for the MHD to use policy strategies to advance the health of Milwaukee residents.

The MHD provides Milwaukee residents with many essential public health services including immunizations, food inspection, and nurse home visits. The Department has a multi-disciplinary staff that is dedicated to the health of all of the residents of Milwaukee.

However, the City of Milwaukee continues to face serious health challenges in areas such as infant mortality, teen pregnancy, sexually transmitted diseases, and violence. In times of reduced resources to support direct health services, policy level change, both governmental and organizational, offers local public health departments the ability to improve health at the population level.

Local public health departments often lack the capacity to make policy change. Our research/partnership team conducted a survey, a case study, a legal review, key informant interviews and focus groups to assess the policymaking capacity at MHD and to inform the development of a policy framework.

Key Elements for successful policymaking include: a catalyzing event in the community, strong leadership at the local health department, compelling and accessible data/research, shared vision, media coverage, adequate funding, and mobilized grassroots community leadership.

In order to make greater progress towards healthier communities, local public health departments must embrace the tool of evidence-based policymaking. We hope this report will encourage health departments to engage in community academic partnerships to assess their policymaking capacity and provide a framework for action.

Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health
City of Milwaukee Health Department

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Medical College of Wisconsin  Medical College of Wisconsin
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Key Interviews
1. Alderman Michael Murphy – 10th District, City of Milwaukee
2. Amy Murphy – Former Home and Environmental Health Division Manager, City of Milwaukee Health Department
3. Bevan K. Baker, FACHE – Commissioner of Health, City of Milwaukee Health Department
4. Carmen Bolorin – Community Organizer, 16th Street Community Health Center
5. Vivian Chen, ScD – Former Health Operations Director, City of Milwaukee Health Department
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8. John Lumpkin, MD, MPH – Senior Vice President and Director, Robert Wood Johnson Foundation
9. Juan Carlos Ruiz – Former Community Organizer of Citizen Action of Wisconsin
10. Kurt Eggebrecht – Health Officer, Appleton City Health Department
11. Larry Marx – Former Co-Executive Director, Citizen Action of Wisconsin
12. Martin Collins – Commissioner, City of Milwaukee Department of Neighborhood Services
13. Sara Schubert Mishefske – Home Environmental Health Division Manager, City of Milwaukee Health Department
14. Seth Foldy – Former Commissioner of Health, City of Milwaukee Health Department
15. Steve Falek – Associate Director, Housing Authority, City of Milwaukee
16. Stuart Mukamal – Milwaukee City Attorney
17. Terry Perry – Senior Legislative Coordinator, City of Milwaukee, Office of the Mayor
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We would also like to thank all focus group participants, Milwaukee Health Department staff and everyone who assisted our research efforts throughout this project.
The City of Milwaukee Health Department (MHD), the state’s largest local health department, and the Medical College of Wisconsin, Department of Emergency Medicine, Department of Pediatrics, and the Injury Research Center, partnered to assess the health policymaking capacity of the Milwaukee Health Department and to define a model framework for future public health policy initiatives.

Local health departments have traditionally been charged with providing health care services to those in the community who are most in need, monitoring the health of the community, guarding environmental health through laboratory services, treating minor illness, and promoting health and disease prevention programs. Consistent with this model, the Milwaukee Health Department has a broad array of public health programs that provide direct services to the community. *Despite this commitment to the health of its residents,*

*Milwaukee faces serious health challenges in areas such as infant mortality, teen pregnancy, sexually transmitted diseases, gun violence and lead poisoning.*

In the 1990s, state and local health departments were given a blueprint to guide their work into the 21st century. The plan included formalized definitions of core public health functions and essential public health services. *Policy development*, in addition to assessment and assurance, was defined as a main component of the core functions. Essential services were defined as “developing policies and plans that support individual and community health efforts, enforcing laws and regulations to protect health and safety, and researching for new insights and innovative solutions to health problems.” However, as local health departments sought to implement the strategies aimed at population-level policy change to improve health, they often found
that they lacked the training and organizational capacity to do so.

Like many other local public health agencies, staff-level activities of the City of Milwaukee Health Department have focused on providing direct service to residents. Examples include attempting to reduce sexually transmitted disease through testing and treatment and attempting to reduce teen pregnancy through individualized counseling and group education, an ad campaign, and easier access to condoms. Policy-level strategies could strengthen the public health impact for many health issues. In only a few areas has MHD been successful in implementing public health policy at both the state and local level that has positively impacted health outcomes. Utilizing solid health and housing data, the MHD Childhood Lead Poisoning Prevention Program has advanced health policy in the form of state law, local ordinances and resolutions. The MHD has also successfully advanced policy level strategies that have expanded health care coverage to undocumented pregnant residents through changes in Badger Care.

Research at a Glance

- 20 key informant interviews
- 60 MHD staff surveys
- 34 focus group participants
- Review of public health department’s legal authority
- Lead poisoning prevention case study

However, there is no standardized approach to policymaking within the Milwaukee Health Department to guide staff in advancing appropriate policy strategies. In addition, many program level staff at MHD feel under-equipped to advocate for policies central to the mission of their programs.

This project sought to define a standard strategy for MHD that would advance public health policy regardless of changes in political leadership or MHD staff.

To create a framework of policymaking, the project partners set out to assess the current capacity of the MHD. We used qualitative research to assess issues of capacity, barriers, systems, stakeholders, and priorities. The research included a legal review of MHD authority, a case study of successful policy development, staff interviews, focus groups, and key informant interviews.

Overall, the main objectives of the project were to

✓ assess public health policymaking in a local public health department through a community and academic partnership, and
✓ define a framework for policy development in a local public health department.
A variety of qualitative research methods was used to assess the current capacity of the MHD and analyze the issues of capacity, barriers, systems, stakeholders, and priorities. This project was approved by the Medical College of Wisconsin/Froedert Institutional Review Board.

Research methods included the following:
1. A case study of successful lead poisoning policy development and implementation, including 10 in-depth interviews
2. A professional review of MHD’s legal authority to make policy
3. A survey of selected MHD employees pertaining to experience, training and attitudes
4. Focus groups involving 24 MHD staff
5. A focus group involving 10 Medical College of Wisconsin faculty members
6. Telephone interviews with 5 leaders of outside public health agencies
7. Key informant interviews with 4 City of Milwaukee leaders

Each component of the research process is listed below, along with key findings and recommendations based on research results.

1. Lead Poisoning Prevention Policy

Method: Ten (10) in-depth interviews were conducted with representatives of municipal and community organizations that were involved in creating Milwaukee’s lead poisoning prevention policy. Respondents were asked a series of 15 open-ended questions, and responses were compiled and analyzed for common themes.

Findings: Respondents reported that Milwaukee’s lead poisoning policy was successfully developed and implemented due to the following factors:
- New national research on lead poisoning
- A concerned and organized community
- Effective leadership from within the affected communities

Photo courtesy Milwaukee Department of City Development
• Supportive local officials
• Local health department efforts
• Favorable and prolonged media coverage
• A collaborative spirit amongst all stakeholders
• Adequate funding for the initiatives
• Community level organizers and leadership development

**Recommendations:** Successful policy change does not seem to spring from one singular event but, rather, emerges from a confluence of events and actions on both national and local levels. Although it is very difficult to break down policy implementation into specific, concrete actions, respondents suggested some general guidelines that may provide for a more holistic approach.

The following steps are suggested to aid in policymaking activities:

1. First, ensure that you know the science and numbers behind the case you are presenting. Then make a rational determination of what is an evidence-based practice.

2. Support the affected communities in educating residents about the problem and finding ways to organize and address it.

3. Be accessible to all affected parties to ensure that public policies are appropriate and useful.

4. From the public agencies’ point of view, pay attention to the details to make sure the policies created are both useful and reasonable.

5. Maintain constructive relationships and open communication with all parties. You need to hear them, and they need to know you’re approachable. Someone needs to be available to pick up the phone, listen, respond, and act.

6. Establish goals that are meaningful and measurable and that drive action, both in the community and among your employees.
2. Legal Review

**Method:** A legal examination of the authority of the Milwaukee Health Department was conducted by a Marquette University (MU) Law School professor and an MU law student. The review examined state and municipal laws.

**Findings:** Overall, MHD has broad authority to protect the public’s health. However, MHD must implement state law and city ordinances. So, while the MHD has the ability to act as an administrative department in defined fields in which it has been granted authority by the State of Wisconsin or City of Milwaukee, only the Common Council possesses the authority to enact ordinances. MHD may respond to an emergent need or maintain public health, but such actions rely on partnership with law enforcement and the City of Milwaukee’s Common Council.

**Recommendations:** If MHD wishes to make policy in an issue area (e.g., safe housing) a review of laws governing authority and court cases in that specific area would be necessary. Additionally, in order to accomplish particular public health initiatives, they should be framed in terms of the goals of the Council and of individual Council members in order to increase the likelihood of endorsement and authorization.

3. MHD Staff Survey

**Method:** One hundred fifty-six (156) surveys were distributed to MHD program level staff via email. The survey questions related to staff experience, training, and attitudes toward policymaking. Two email reminders were sent as follow-up. Sixty (60) surveys were returned, representing a 38% response rate.

**Findings:** Responses were evenly divided among relatively new employees to those with many years of service; however, 47% of responses came from staff.

<table>
<thead>
<tr>
<th>Primary Responsibilities</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Administrative</td>
<td>11%</td>
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<tr>
<td>Direct service</td>
<td>47%</td>
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<tr>
<td>Project manager</td>
<td>17%</td>
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<tr>
<td>Scientific/technical</td>
<td>15%</td>
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<tr>
<td>Supervision</td>
<td>10%</td>
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<tr>
<td>Total</td>
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*Positions held by MHD staff survey participants*
who characterized themselves as providing direct service. A strong majority (96%) responded that they were somewhat or very interested in using public policy as a tool for the health challenges facing Milwaukee, but 30% responded that they had no training in public health policy or advocacy. Respondents overall suggested that:

- MHD should play a leadership role, an active role, an integral role, or be a key player in policy development (nearly half of respondents included this theme)
- MHD should provide research and data support and act as a consultant to policy development (community organizing, assessments, education)
- MHD should be an advocate for public health broadly: for Milwaukee residents, for poor and underserved citizens, and for specific health issues

Staff identified these obstacles to using policy as a tool:

- Lack of time
- Restrictions or limitations placed on staff by MHD administrative policies (administration/management) related to communication with media and policymakers
- Position held doesn’t provide the opportunity to engage in public policy strategy
- Lack of money/resources
- Lack of training or lack of knowledge

**Recommendations:** Staff indicated that MHD should provide training opportunities for all staff in public health policy and advocacy, and that the department should streamline processes so that direct service staff are permitted to provide greater input to department strategy and public policy activities.

### 4. Outside Health Departments Interviews

**Methods:** To gain a better understanding of policy efforts in health departments elsewhere, five (5) phone interviews were held with leaders of city, state, and national public health agencies. Responses were analyzed for common themes.

**Findings:** Based on these interviews, the elements of successful public health policy initiatives include the following:

- **Authority** of the local health department to redirect funds or shift resources to the greatest area of need
- **Collaboration** with community partners and a coordinated effort between health departments and community groups
• The infrastructure to gather and analyze the right data
• Empowering staff and partners at all levels to make decisions and take ownership
• Using the evidence (best practice guidelines or evaluated programs)
• Strong leadership that builds trust and confidence and motivates department staff and community partners to succeed
• Effectively-managed resources: leveraging federal and local funds; building strong, positive relationships with the media, and placing the most qualified people in available staff positions
• A clear strategic plan that aligns interests, addresses the health issues, and includes a plan for success and withdrawal

Successful public health policy initiatives include strong leadership that builds trust and confidence and motivates department staff and community partners to succeed.

Recommendations: There are many elements to successful policy initiatives; leaders of local health departments should consider several factors when advancing policy change: strong authority and leadership, community collaboration, a data infrastructure, a strategic plan and an empowered staff.

5. Key Informant Interviews

Method: Four (4) key informants were interviewed in-depth to gain additional insight into policymaking activities at the Milwaukee Health Department. Each key informant was asked the same eight (8) open-ended questions. Responses were then analyzed to identify common themes and key points.

Findings: Key informants presented a variety of viewpoints and ideas about the challenges and necessary steps to support policymaking activities. When questioned about potential policy solutions to the city’s greatest health issues, comments included the following:
• Need a more concerted effort in terms of programming dollars
• Need policies to promote services and access for the underserved
• Need to increase education and prevention activities
• Need to get the communities involved and shift our community’s mindset
• Need to provide greater community education about health status and issues
“Our funding limits a lot of what we can do. Policy solutions are related to financial resources.”

**Recommendations:** Key informants recognized the challenges in policymaking and acknowledged that one health department cannot be solely successful in developing and implementing policy activities. Strong partnerships with other health institutions, businesses, community-based organizations and faith-based communities are critical, and these collaborative efforts need to be statewide. The work the MHD is doing now is admirable, but efforts need to be amplified. Informants would like to see additional prevention and education and better dissemination of the latest research and data to communities and policymakers. This would allow people to make informed decisions. Informants also recognize the necessity of engaging people at the grassroots level and working to gain community buy-in.

6. City of Milwaukee Health Department

**Method:** To gain additional insight into the past, present, and future policymaking activities at the Milwaukee Health Department (MHD), two focus groups were conducted with MHD staff in May 2007. Each focus group lasted one and one-half hours. A comprehensive facilitator’s guide with predetermined questions was used. Responses were analyzed for common themes and key points.

**Findings:** Milwaukee Health Department staff members have been involved in a wide variety of different policy initiatives. However, there is confusion about exactly what is meant by “policy initiatives.” Several respondents listed involvement in activities relative to their current role, but few seemed certain about the extent to which their activities had to do with policymaking.

“Contributing factors” to aid in policymaking may sound simple, but respondents noted they can be very difficult to pinpoint. Regardless, group participants mentioned the following contributing factors:
Shared Vision
- A clearly defined issue
- An agreeable concept

Effective leadership
- Collaboration among stakeholders
- Clearly-understood and stated authority
- Coordinated effort

Solid research that demonstrates a clear cause-and-effect relationship
- Clear-cut facts / indisputable evidence
- Building a voice of those (people) most affected. The people that are most affected are the most believable.

Political and community support—taking a stance, uniting from both the bottom up and the top down
- People that are willing to speak out, community outrage
- Limited opposition
- Having some aspect of legal assistance and guidance

A catalyzing event that creates public awareness

Media coverage
- Helping the community understand the seriousness of the situations taking place

Furthermore, MHD staff respondents believe the MHD can play the largest role in advancing policy by serving as a data resource, providing research information and helping to provide the media with accurate, timely information. On the flip side, they feel the department is greatly inhibited by funding challenges.

Most focus group participants noted a training session, such as “Policymaking 101,” would help them to understand more clearly how their role is related to policy activities and what steps they can take to aid in developing and implementing new policies.
When asked how current staff’s roles should be enhanced, focus group respondents pointed right away to a need for increased internal communication and sharing at the Milwaukee Health Department. There is a sense that current communication is fragmented and that staff and management are not well-connected. Staff sees the need for a shared common vision and stronger coordination. They would like clearer direction on priorities and stronger communication so people are better informed and do not feel powerless when it comes to affecting policy. “Vision and mission communication need to start at the staff level.”

Recommendations: Based on staff comments and suggestions, recommendations include the following:

- Provide clear vision and direction to MHD employees
- Strengthen internal communications and information-sharing
- Involve people at the ground level in these efforts
- Provide staff training on policymaking activities and advocacy

“Take advantage of a precipitating factor. In other words, look at an issue and identify how immediate of a threat it is to the public. How aware are citizens at any given time? How much momentum is there behind the issue? Was there a catalyzing event that raised the community’s consciousness about the issue?”

“Vision and mission communication need to start at the staff level.”

7. Medical College of Wisconsin

Method: Ten (10) Medical College of Wisconsin faculty members, selected based on involvement with community academic partnership programs, participated in the last of three focus groups in June 2007. The purpose of the group was to discuss policymaking at the MHD and potential partnerships with the Medical College. The focus group lasted two (2) hours and a facilitator’s guide was used that focused on both policy development at the MHD as well as enhancing partnerships with faculty from the Medical College of Wisconsin. Responses were analyzed for common themes and key points.
Findings: Medical College of Wisconsin (MCW) faculty involvement in policy initiatives varies greatly in both type and extent. However, some common themes emerged, and these are outlined below:

• A nationally-recognized organization needs to step forward and lead the charge.
• Relationship-building is very important —
  ❍ especially with the people who sign legislation;
  ❍ and also with partner organizations that bring their own unique relationships and networks.
  ❍ MCW benefits from working with the Milwaukee Health Department.
• Catalyzing events can create community awareness and raise the public conscience.
• It is important to demonstrate a cause-effect relationship.
• Appeals to a community’s emotions can be very effective.
• Sharing information can empower people.
• Funding is needed.

MCW faculty also mentioned many challenges they have faced when dealing with policy initiatives and activities. These include the following:

• Restraints by the hospitals and MCW
  ❍ “We can’t let the media know we’re doing certain things.” “MCW has a number of vested interests.” “We’re able to share data, but we can’t take a position.”
• Frequent turnover of MCW staff and staff that are already spread too thin
• Conflicting priorities, often driven by political parameters
• Funding

Medical College of Wisconsin faculty feel their role regarding policy activities needs to be more active and needs a stronger focus on community health. They expressed a feeling of wanting to be more proactive in the policymaking process, but they believe that a unified mission is lacking.

Recommendations: The following recommendations emerged from the Medical College of Wisconsin faculty focus group:

• Provide top-down support to policy initiatives
  ❍ Get the Mayor and Common Council at the table
• Use catalyzing events to our advantage
• Take on a more active role and focus on community health
• Build relationships
RECOMMENDATIONS

A core function of public health departments is policy development that supports individual and community health; however, defining a framework and concrete steps for public policymaking at the local public health department level is not easy. Successful policy change does not seem to emerge from one singular event but, rather, from a confluence of events and actions on both the national and local levels. A multitude of factors influence public policymaking, and identifying a specific step-by-step model for creating successful change is difficult. Still, there are some key pieces and contributing factors that may help to foster success.

This project yielded general guidelines that provide for a more holistic approach to public health policymaking. Working to implement these key steps would aid in policymaking activities.

Based on research to date, this project team makes the following recommendations:

1. Work to implement a number of key steps to support policymaking processes. Utilize the “Model for Engaging in a Policy Change Process” (next page) to leverage efforts and aid in successful policy change. Recognize that successful policy change requires a variety of efforts at different levels.

2. Review laws governing authority and court actions in a specific area before engaging in policymaking activities.

3. Specifically, the Milwaukee Health Department should:
   a. provide a clear vision and direction to employees
   b. strengthen internal communications and information-sharing
   c. provide staff training opportunities in public health policy and advocacy
   d. streamline processes so that direct service staff are permitted to provide greater input to overall department strategy and policy activities
   e. involve people at the ground level in these efforts
   f. build relationships
      i. form strong statewide partnerships with other health institutions, businesses, CBOs, and faith communities
      ii. fund community leaders
   g. amplify current efforts
   h. provide top-down support to policy initiatives
      i. get the Mayor and Common Council at the table

4. Use catalyzing events within the community to build and support a case for policy change.

5. Inform communities and policymakers of the latest research and data so people can make informed decisions.

6. Engage people at the grassroots level and work to gain community buy-in.
Step One: Prepare

1. **Research** the science and numbers behind the case you are building or the policy you want to change. Determine what is an evidence-based practice. Know the details.
2. **Review** laws and court actions governing authority in the specific area you are focusing on.
3. **Check** to make sure the potential policy would be both reasonable and useful.
4. **Identify** potential funding sources.
5. **Assess** the strength of contributing factors (right).

Contributing Factors

1. Research & Evidence
   a) Infrastructure to gather and analyze the right data
   b) Information on laws governing authority and court actions in the specific area you are focusing on
   c) Demonstration of a cause-effect relationship
   d) Clear-cut facts and indisputable evidence
   e) The voice of those (people) most affected

2. Catalyzing Event
   a) a major fortunate or unfortunate health-related event that takes place in your city, i.e. outbreak of measles

3. Shared Vision
   a) Established goals
   b) Clear strategic plan

4. Strategic Relationships
   a) Collaboration with community partners (community-based organizations, community organizers, community leaders and more)
   b) Coordinated efforts between health departments and community groups
   c) Nationally recognized organization (outside of and working in conjunction with the health department) stepping forward and helping to lead the charge
   d) Relationships with those who make legislation (continued)

Step Two: Plan

6. **Build and leverage** contributing factors.
7. **Develop a shared vision** based on a clearly-defined issue and an agreeable concept.
8. **Establish goals** that are meaningful and measurable and that drive action both in the community and among your employees.
9. **Develop a clear strategic plan** that aligns interests, addresses the health issues, and includes a plan for success and withdrawal. Clearly identify key actions, responsible parties, timeframes, and measurements in the plan.
Step Three: Engage

10. Support the affected communities in creating awareness of the problem and finding ways to organize and address it.

11. Be accessible to all affected parties to ensure that policy solutions are appropriate and useful.

12. Maintain constructive relationships and open communication with all parties on the issue. You need to hear them, and they need to know you’re approachable. Someone needs to be available to pick up the phone, listen, respond, and act.

13. Work the plan.

14. Evaluate results of efforts.

15. Celebrate success!

Contributing Factors (continued)

5. Active & Engaged Community
   a) Political support
   b) Community support
   c) Limited opposition
   d) Some aspect of legal assistance and guidance

6. Communication Strategies
   a) Education strategies to raise community awareness about the issue or problem
   b) Media coverage: share information to empower people, and, appeal to the community’s emotions

7. Checks & Balances
   a) Ensure the policy created is appropriate, useful, and reasonable

8. Strong Leadership
   a) Ability to build respect and trust and to motivate health department staff, community partners, and the community at large
   b) Authority to redirect funds or shift resources to the greatest area of need
   c) Ability to foster collaboration among stakeholders
   d) Ability to effectively manage resources by leveraging federal and local funds, providing accurate and timely information to the media, and placing qualified people in available staff positions
   e) Ability to coordinate and keep efforts well organized
   f) Ability to empower staff and partners at all levels to make decisions and take ownership

9. Funding Resources
As health departments change and increasingly look at opportunities to impact the community in greater ways, leadership and policymaking activities undoubtedly need strengthening. Although many local public health departments currently lack the training, resources and experiences to actualize meaningful policymaking activities, health departments can use the “Model for Engaging in a Policy Change Process” now to help lay the groundwork for meaningful population-level policy change in the future.
Strengthening Public Health Policymaking for a Healthier Milwaukee

For questions or comments contact:
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