



WISCONSIN POLICY FORUM

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Report Explores Structural Change to Public Health Services in Milwaukee County

Pandemic response, new public health paradigm point to opportunity to revisit current approach

As municipal public health agencies in Milwaukee County adjust to evolving expectations and face a generational test from a global pandemic, options to improve the current structure for delivering these services should be considered, according to a new Wisconsin Policy Forum report. Those options include expanding Milwaukee County's role to supplement that of municipal departments, greater collaboration and sharing among existing departments, and departmental consolidation.

Early in the COVID-19 pandemic, local leaders formed an operational center consisting of emergency management and public health officials from Milwaukee County and its 11 municipal health departments, as well as from health systems, academia, and the business community. This Unified Emergency Operations Center, or UEOC, helped coordinate the region's pandemic response – yet also raised questions about the need for ongoing coordination and potential structural change going forward.

Toward that end, Milwaukee County administrators commissioned WPF to examine the current structure for public health service provision in the county and possible opportunities for improvement. The County also commissioned the University of Wisconsin Population Health Institute (PHI) to conduct a complimentary analysis that focuses on the public health infrastructure's role in advancing racial and health equity. That report can be accessed [here](#).

Per state law, Milwaukee County is unique among Wisconsin's 72 counties in having responsibility for public health services specifically assigned to municipal governments, which may provide those services themselves or partner with neighboring municipalities. While Milwaukee County has 11 municipal public health departments, most other counties have a single department housed in county government. State law allows for a few exceptions, such as the joint City of Madison-Dane County model; and a two-department model in Racine County in which one department serves the City of Racine and another housed in county government serves most other municipalities.

The report provides an overview of the finances, staffing, and activities of each of the 11 departments in Milwaukee County, and also notes their progress in adapting to a paradigm shift, dubbed "Public Health 3.0," that has been advocated by the Centers for Disease Control and national public health experts. It urges public health agencies to move beyond traditional "direct service" activities like immunizations, inspections, and response to disease outbreaks, to a broader array of activities, in conjunction with outside stakeholders, to address "social determinants of health" such as housing, transportation, and access to healthy food. Under this model, public health leaders are urged to embrace the role of "Chief Health Strategist" for their communities.

The report reveals the difficulty for small municipal departments in Milwaukee County to transition toward this new paradigm given resource constraints and an affinity for traditional service models.

“In many of the county’s cities and villages, the existing model essentially is delivering the same types of services that were delivered two decades ago,” the report finds. “Whether health departments in Milwaukee County should be moving toward a more advanced model is a fundamental question raised by this report.”

Eight public health officers (PHOs) from the municipal health departments agreed to be interviewed for this report, and their comments suggest some steps already taken by the departments have laid footings for improved coordination. The PHOs agreed that forming the UEOC “was extremely beneficial in establishing a new, formalized level of collaboration and communication” and they have formed a successor organization to continue that progress.

While commending that step, the report notes that further progress toward the Public Health 3.0 model would require a new emphasis on data collection, collaborative public health planning, and new forms of collaboration with private health systems and social services providers. That, in turn, may require restructuring of existing departmental staff and increased investment.

“Moving on a countywide basis in a Public Health 3.0 direction may require an increase in financial and staff resources as well as more active participation by the county and state governments,” says the report. “Consequently, if that is a goal of Milwaukee County and municipal leaders, then the notion of consolidating some health departments to achieve greater efficiency, share the cost of additional staff, and better accommodate the repurposing of existing staff also should be on the table.”

Key informant interviews suggested the prospect of health department consolidation would be contentious, as local leaders value their existing health departments. Key informants also voiced concern that consolidation – or a more pronounced role for county government – could cause the public health needs of suburban communities to be overshadowed by the intense needs of the City of Milwaukee.

The report concludes by citing several possible courses of action for policymakers to consider:

1. **Continue on the current path.** The new Milwaukee County Public Health Collaborative created by the 11 municipal public health officers is designed to continue the enhanced coordination experienced during the pandemic. While this is an important step, consideration also could be given to formalizing it in multiple ways.
2. **Create a countywide public health advisory structure for Milwaukee County.** County and municipal leaders could consider creating a public health advisory council with representatives from the county, municipalities, and private health care entities to provide oversight and establish standards for public health services in the county and serve as a coordinating body.
3. **Establish a formal support role for Milwaukee County government.** This could entail the creation of an office or division in Milwaukee County government that is responsible for countywide public health data collection, planning, and performance management. This office would not directly administer public health services, but support municipal departments and potentially relieve them of the need to expand their staff.
4. **Consider formal sharing of staff.** Several departments lack sufficient staff to move toward a more expansive model; many do not collaborate as effectively as they could with private health systems and county government; and several have identified a desire for more programming and new services. While having the county provide staff support to municipal departments is one option, staff sharing also could occur among municipal departments.

5. **Consider health department consolidation.** Having fewer health departments in Milwaukee County could create savings that might be used to pay for new specialized health positions, enhance efforts to forge external partnerships, or potentially bolster the effectiveness of certain services and initiatives by delivering them across broader areas. While consolidating all 11 departments into one may be impractical, the two-department Racine County model could be considered, as could less comprehensive consolidation scenarios.

Our hope is that municipal and county officials, health systems, community stakeholders, and state leaders will now consider these insights and options and determine which (if any) they would like to explore in greater detail. At that point, the Forum and other research partners could work with stakeholders to develop more detailed recommendations.

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