REPORT BRIEF

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An overview of public health services in Milwaukee County and options for structural change

WISCONSIN POLICY FORUM

The COVID-19 pandemic has tested public health preparedness in Milwaukee County in ways that could not have been foreseen. A key initial action by local leaders was creation of a Unified Emergency Operations Center (UEOC) to support a countywide response. Consisting of emergency management and public health officials from county government and the county's 19 municipalities – as well as leaders from health systems, academia, and the business community – the UEOC tracked the spread of COVID-19, coordinated resources, and implemented mitigation measures.

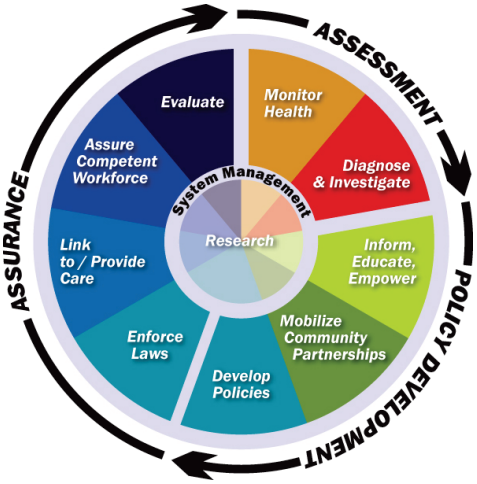
The need for a UEOC was predicated, in part, on the need to ensure effective coordination between the 11 municipal public health departments within the county. The creation of a temporary oversight body to coordinate the pandemic response among this large group of key players showed creative foresight. It also raised questions, however, about the need for structural change going forward.

Toward that end, Milwaukee County administrators commissioned the Wisconsin Policy Forum to examine the current structure for public health service provision in the county and possible opportunities for improvement. In this report, we provide details on that structure, consider the approaches taken in Dane and Racine counties for additional context, and lay out some policy options for county and municipal leaders to contemplate.[1]

Background

Public health is a broad term that can be defined in many ways. However, for local public health agencies, the U.S. Centers for Disease Control (CDC) cites "10 Essential Public Health Services" that should be provided to "protect and promote the health of all people in all communities."

CDC's 10 Essential Public Health Services



Source: U.S. Centers for Disease Control

More recently, the CDC and other national experts have promoted a modernized framework that provides additional specificity for local governments with regard to key public health priorities and

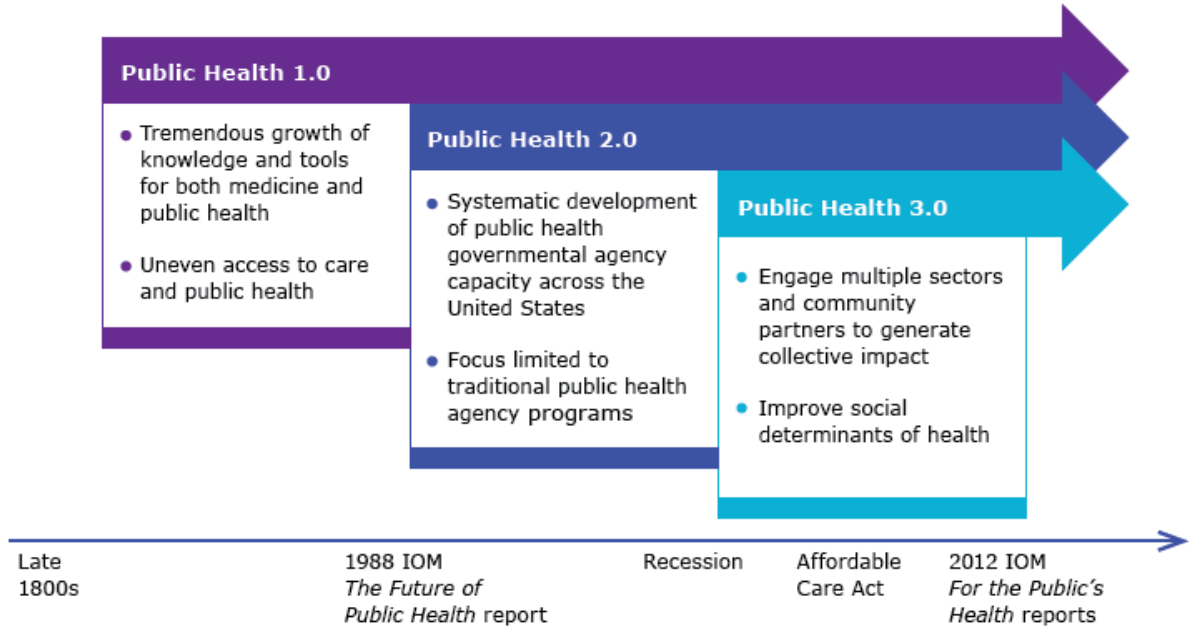
[1] The research for this report was conducted from January through fall 2021. Consequently, most fiscal data reflect 2020 budgets, which were adopted in late 2019 and are not skewed by pandemic-related grants. Most activity data come from 2019 annual reports, which better depict typical health department activities than 2020 data in light of the pandemic.

activities. The concept was explained in a white paper published on the CDC's website in 2017 titled "Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century."[2]

The paper suggested that while the U.S. had made tremendous progress in improving the health of its population during the past century, new strategies were needed to address "the full range of factors that influence a person's overall health and well-being." These "social determinants of health" include factors like housing, transportation, and access to healthy food.

In coining the term "Public Health 3.0," the paper refers to a progression in public sector health responsibilities and strategies that began in the late 1800s (see figure created by the paper's authors below). The new Public Health 3.0 framework suggests the role of the local public health agency should move beyond traditional "direct service" activities like immunizations, inspections, and response to disease outbreaks to also encompass a series of activities in which it "partner(s) with stakeholders across a multitude of sectors…to address the social determinants of health."

Figure 2: The Progression to Public Health 3.0



In Wisconsin, the state's Department of Health Services (DHS) is charged with responsibility for monitoring the activities of local health departments. The precise level and types of services are determined, however, both by state law and by local prerogative. At minimum, all local health departments are required to employ a full-time public health officer, maintain a board of health, and provide the following services:

- Public health data collection and analysis
- Communicable disease control
- Public health nursing
- Other disease prevention
- Services to promote health
- Emergency preparedness and response

[2] The white paper and **Figure 2** can be found at https://www.cdc.gov/pcd/issues/2017/17_0017.htm.

- Abatement or removal of human health hazards
- Policy and planning, including the conduct of a community health assessment and a community health improvement plan (which must be updated every five years)

Local health departments that adhere to those minimal requirements are designated as Level I health departments. DHS also has established service requirements for two additional levels (Level II and Level III) that departments may pursue at their discretion. Those requirements were updated in July 2019 to reflect a greater emphasis on performance measurement and population health.

Departments seeking a Level II designation must maintain detailed workforce development plans, undertake quality improvement efforts, and establish performance measures (in addition to meeting Level I requirements). Level III departments must go further by developing policies to address social determinants of health, ensuring additional services that align with the state's public health agenda, and implementing advanced systems of performance management and quality improvement. Level III departments also must serve as "community health strategists" by leading public health data collection, providing expertise to the community, and focusing on population health.

Overall, the health departments in Milwaukee County offer a range of services that align with the CDC's 10 Essential Public Health Services, as required by the state. However, as we will discuss, there also is substantial variation among the 11 departments in staff and financial resources that produce variations in the breadth and levels of services offered.

In particular, a key theme in this report is the lack of capacity among many local health agencies in Milwaukee County to focus on policy, planning, community partnerships, and social determinants per the Public Health 3.0 model. Now that the DHS requirements for Level II and particularly Level III departments place greater emphasis on such activities, departments that previously achieved those designations may be challenged to maintain them.

Health Department Snapshots

Our full report provides overviews of the 11 municipal health departments located in Milwaukee County. Here, we show summary information.

The adjacent table shows total and per capita health department full-time equivalent (FTE) employees. While the FTE totals for individual departments correspond somewhat to the size of the population served, there are some notable

Milwaukee County health department FTEs per capita*

Municipality	FTEs	FTEs per 10,000 capita
Population < 15,000		
Hales Corners	2.3	3.0
Greendale	4.9	3.5
Population 18,000 - 40,000		
Cudahy	7.4	4.1
South Milwaukee	8	2.6
Franklin	8.1	2.2
Oak Creek	6.6	1.8
Greenfield	8.7	2.3
Population 45,000 - 65,000		
Wauwatosa	12.8	2.7
West Allis	40.5	6.3
North Shore	8.4	1.3
Population > 100,000		
City of Milwaukee	279.0	4.7

*FTE Totals do not include temporary pandemic-related hires and are based on most recent year for which data could be obtained or are publicly available

variations. For example, the West Allis department's FTEs far exceed those of the other departments in its population grouping (in large measure because of special service offerings), while the Oak Creek and North Shore departments' totals are lower than others in their groupings. On a per capita basis, these departments also stand out – West Allis on the high side and Oak Creek and North Shore on the low side.

We provide a similar perspective on health department expenditures in the next table. Given that personnel costs comprise the vast majority of most health department budgets, it is not surprising that a similar pattern emerges, with West Allis showing the highest per capita spending levels and North Shore and Oak Creek the lowest.

Milwaukee County health department 2020 budgeted expenditures

Municipality	2020 Expenditures per Capita	2020 Total Budgeted Expenditures
Population < 15,000		
Hales Corners	$28.9	$220,800
Greendale	$26.1	$369,300
Population 18,000 - 40,000		
Cudahy*	N/A	N/A
South Milwaukee	$22.5	$687,800
Franklin	$19.2	$693,800
Oak Creek	$15.5	$560,400
Greenfield	$23.4	$867,000
Population 45,000-65,000		
Wauwatosa	$31.4	$1,505,000
West Allis	$53.4	$3,426,000
North Shore	$12.6	$813,000
Population > 100,000		
City of Milwaukee	$49.8	$29,400,000

*We requested but did not receive the Cudahy Health Department budget.

The extent to which municipal health departments receive financial support generated by local property taxpayers is a key element in considering their future financial capacity. Departments that rely more heavily on grants may face greater challenges given the temporary nature of some grant funding, while those that enjoy stronger support from local government resources may be more stable. A higher proportion of local funding also may reflect greater prioritization of health department services among a community's elected leaders.

Our next table shows the percentage of each department's budget that is attributed to local government resources (typically property tax levy) as well as to grant funding. Here we see that the majority rely on local revenues to supply at least 60% of their revenues, regardless of their size. However, the Milwaukee, West Allis, and Franklin departments receive less than 55% of their revenues from these sources.

Local funds & grants as % of health department budgets (2020)

Municipality	Property Tax Levy as % of Dept. Budget	Grants Revenues as % of Dept. Budget
Population < 15,000		
Hales Corners	73%	16%
Greendale*	N/A	N/A
Population 18,000 - 40,000		
Cudahy*	N/A	N/A
South Milwaukee	65%	21%
Franklin	44%	33%
Oak Creek	73%	9%
Greenfield**	84%	16%
Population 45,000-65,000		
Wauwatosa	66%	6%
West Allis	53%	32%
North Shore	60%	17%
Population > 100,000		
City of Milwaukee	45%	50%

*There are no calculations for Greendale and Cudahy because we were unable to obtain grant revenue information for those departments.
**All general city revenues are reflected for Greenfield because we could not segregate the department's property tax levy from other general city revenues.

While each of the health departments offers basic public and environmental health services, they vary in their additional offerings as well as in the breadth and types of community partnerships in which they engage. The table below offers a comparative glimpse of special offerings and community partnerships, while the full report provides greater detail about the full range of services offered.

Municipality	WI DHS Designation	Special Offerings	Community Partnership Activities
Population < 15,000			
Hales Corners	Level I	School consultations, household sharps drop-offs, radon kits	Substance misuse and addiction recovery with the Greendale Health Department
Greendale	Level III	Radon kits, child vision screenings, sharps collection Training programs include healthy bowels/healthy bladder, stop the bleed, home safety, bike safety, and suicide prevention	Substance misuse and addiction recovery with the Hales Corners Health Department
Population 18,000 - 40,000			
Cudahy	Level III*	Oral health education and dental varnishes, car seat program, home visits, reproductive health services, radon kits Over 62 public health education events and trainings	Trauma-informed care in collaboration with other local health, police, and fire departments for opioid epidemic response WIC services provided by the West Allis Health Department Healthiest Cudahy Coalition with 30+ community partners
South Milwaukee	Level III	School health services, child car seat and sleep safety, radon kits, sharps collection	Light and Unite Red campaign for substance abuse and mental illness education
Franklin	Level II	Feeding Franklin food collection drive, sharps collection, radon kits, infant services, car seat safety, services in low-income senior housing facilities, and 60 community education programs	Volition Franklin community partnership for substance misuse prevention
Oak Creek	Level III	Child passenger safety, fall prevention program, radon kits, sharps collection	None detected
Greenfield	Level III	Farmers market organization, child sleep and car seat safety, emergency safety trainings, healthy aging programs, radon test kits	Healthiest Greenfield Coalition community partnership to address mental health, substance misuse, suicide, healthy aging, nutrition, and physical activity Partnership with the Greenfield Police Department for substance abuse intervention, treatment referrals, and CPR and stop the bleed trainings Partnership with the Greenfield Fire Department for certain programs

Municipality	WI DHS Designation	Special Offerings	Community Partnership Activities
Population 45,000-65,000			
Wauwatosa	Level III	Data gathering and public health planning activities. Health fairs for a variety of topics. Programs for healthy eating, living well with chronic conditions, summer reading, Alzheimer's education, medication safety, and fire and fall prevention.	Coalitions: Safe Kids of Southeast Wisconsin, Wellness in Tosa Schools, Safe Routes Wauwatosa Commissions: Wauwatosa Senior Commission, Wauwatosa Citizens with Disabilities Commission Light and Unite Red campaign for substance abuse and mental illness education Supports local library programming
West Allis - West Milwaukee	Level III*	Public health planning, data collection, quality control, performance management Child blood lead test review and follow up, vision/hearing tests, dental fluoride varnish treatments Various programs such as the West Allis Senior Center, infant massage, pregnancy classes, parenting classes, health equity training, stop the bleed, living well with chronic conditions, and healthy homes support	Provides WIC services to the cities of Cudahy and Greenfield Partners with internal and external entities on violence prevention and opioid response and prevention efforts Provides environmental health support to Greendale
North Shore	Level III	Child bike helmet distribution, car seat inspections, fall prevention program	Member of the REDgen and Prevent Suicide of Greater Milwaukee coalitions to promote balance and resiliency for kids and teenagers
Population > 100,000			
City of Milwaukee	Level III	Home visits for women with high-risk pregnancies, doula support, reproductive health services, various infant mortality initiatives, medication disposal services, lead risk assessments and remediation, back-to-school health fair, community healthcare access program, fatherhood and co-parenting coaching	Various partnerships related to special initiatives in areas like low birthweight babies, violence prevention, and others that are too numerous to mention in this table

*Also accredited by the National Public Health Accreditation Board

Observations on Health Department Structure and Collaboration

The snapshots of the 11 health departments in Milwaukee County in the full report were developed from our review and analysis of departmental budgets, annual reports, and planning documents; and from insights provided by the eight public health officers (PHOs) who agreed to be interviewed. Those interviews not only covered departmental finances, staffing, and programming, but also a broader set of questions regarding the optimal structure for providing public health services in the county. Below, we summarize what we learned with regard to four overriding issues.

Health Department Communications and Collaboration

> *"There was unanimity that the formation of a Unified Emergency Operations Center early in the COVID-19 crisis was extremely beneficial"*

The PHOs noted that even prior to the pandemic, they had recognized a need for greater communication and collaboration among the 11 health departments and they had begun to meet periodically as a group to discuss common challenges and ways to coordinate certain activities. There also was unanimity, however, that the formation of the UEOC established a new, formalized level of collaboration and communication – not only among the 11 departments but also between them and the Milwaukee County Department of Health and Human Services (DHHS), the state DHS, and private health systems.

The UEOC has now been replaced by a new collaborative framework created by the 11 PHOs that is designed to provide a mechanism for continued coordination. The mission of this new Milwaukee County-Wide Public Health Collaborative, according to its charter, is to "coordinate and elevate a unified public health system response in collaboration with key partners in Milwaukee County."

In terms of opportunity for improvement, one PHO noted that the 11 departments at times compete for state or federal grants, and that collaborating more often on competitive grant proposals to cover multiple jurisdictions may make sense. Another said that while regular meetings are good, more concerted efforts to engage in joint planning and preparedness also would be beneficial.

Relationship with Milwaukee County Government

> *"Several PHOs said they had only infrequent communications with DHHS and that the relationship could and should be strengthened"*

While none of the PHOs termed their department's relations with DHHS as negative, several said they had only infrequent communications with the department and that the relationship could and should be strengthened. Specific comments voiced by one or more PHOs included the following:

- Previous efforts to strengthen the connection between municipal health departments and DHHS and its Behavioral Health Division (BHD) had resulted in some initial improved engagement but it was not long-lasting.

- Several PHOs were unaware of the nature and depth of county government's resources – their engagement with DHHS during the pandemic had now opened their eyes to those resources, which extend beyond behavioral health to areas like aging and disabilities services.

- Several PHOs acknowledged BHD's capacity constraints given the breadth of the county's behavioral health challenges but suggested BHD was primarily concerned with addressing behavioral health needs in Milwaukee and not in its suburbs.

Relationship with Private Health Systems

> *"Some suburban departments that do not enjoy the presence of a major hospital said they rarely heard from private health systems and that relationships were lacking"*

How the municipal health departments viewed their relationship with private health systems was a point of distinction among our eight PHO interviewees and largely depended on whether there was a strong presence by one or more health systems in a particular community.

One area of strength cited by several PHOs, however, was the role played by the Milwaukee Health Care Partnership (MHCP). MHCP is a consortium of leaders from the four major private health systems in Milwaukee County, the Medical College of Wisconsin, the five federally qualified health centers, and the DHHS director, Milwaukee health commissioner, and DHS secretary. Across the board, the PHOs added that another major benefit of the UEOC was the role it played in strengthening their relationship with MHCP and its leaders.

Views on Health Department Consolidation

> *"PHOs said there is likely to be little political support from municipal elected officials for any form of consolidation, as local leaders highly value their existing health departments"*

Health department service sharing and consolidation could take many forms in Milwaukee County, ranging from relatively simple service sharing arrangements between two neighboring departments to merger scenarios involving three or more departments. Public health officials also could consider a single health department to serve the county similar to almost all other counties in Wisconsin, or one to serve the City of Milwaukee and another to serve the 18 other municipalities.

While we did not ask our PHO interviewees to opine on each of these potential models, we did ask them to express their general views on health department consolidation, as well as on the notion of having Milwaukee County government play a larger role in overseeing public health service delivery. There were varying views on these issues but virtual unanimity on two points:

1) There is likely to be little political support from municipal elected and public health leaders for any form of consolidation, as local leaders highly value their existing health departments; and

2) An overriding concern with regard to consolidating public health services at the county level or otherwise carving out a major role for county government is that the public health needs of suburban communities would be overshadowed by the intense needs of the City of Milwaukee.

On the positive side, several PHOs felt that having fewer than 11 departments might produce gains in efficiency from economies of scale. Some also opined that the ability of larger, consolidated departments to employ staff who specialize in specific areas and conduct data gathering/analysis, pursue community partnerships, and expand other Public Health 3.0 activities could be helpful.

There were mixed feelings with regard to the idea of greater county government involvement. Several PHOs acknowledged that a Milwaukee County role in data collection, preparedness planning, and identification of emerging issues and priorities would be beneficial. However, others thought county government could not be helpful beyond ensuring ongoing joint meetings and coordination given its lack of expertise on the public health programming currently conducted by municipal departments.

The Public Health Structure in Dane and Racine Counties

We also provide context for Milwaukee County policymakers by examining the unique structures used by two other large counties in the state. The first, Dane County, is served by Public Health Madison and Dane County (PHMDC), which was formed via a 2008 merger between the Dane County and City of Madison health departments. PHMDC is governed by the Dane County Executive and Madison Mayor; the director reports to both offices. The department's Board of Health is also equally comprised with four members each appointed by the mayor and county executive.

The second is Racine County, which is served by two health departments: the Racine County Public Health Division (RCPH), which serves most municipalities in Racine County outside of the City of Racine; and the Racine Public Health Department, which serves the City of Racine and two adjacent small villages. RCPH was formerly known as the Central Racine County Health Department (CRCHD) and was governed by a Board of Health comprised of representatives from each of the member municipalities. In January 2022, it was dissolved and reincorporated as a Racine County government division. The Racine Public Health Department remains a function of city government.

Insights for Milwaukee County

The public health models in Racine County and Dane County offer several insights for local officials in Milwaukee County to ponder as they consider their own framework moving forward. In particular, they provide perspective on the following important questions:

- *Can a joint city-county health department serve the needs of both city and suburban residents?* Our high-level analysis of the Racine and Dane County models yields mixed insights into that question. In Dane County, the combined approach seems to work. The concern that PHMDC might unequally weight its services toward the city's population is addressed through periodic assessments that determine whether services are divided proportionately based on population. Conversely, in Racine County, the retention of separate departments to serve the city and suburbs is deliberate and is largely predicated on perceived differences in the needs of city versus suburban residents and different philosophies with regard to services.

- ***What would an equitable funding and governance model look like for a city-county health department or a single department to serve the Milwaukee County suburbs?*** PHMDC officials believe their model has proven effective as a means both of sharing governance among the city and county governments and distributing costs. For example, it uses equalized value as the metric for determining the respective city and county funding shares, which recognizes ability to pay (based on property wealth) in a way that population would not. With regard to an equitable structure for a suburban department, RCPH/CRCHD offers some important lessons. The department was created as a freestanding entity governed with equal representation from each suburban community and financed proportionally by each based on population. That model worked relatively well, but the shift to a division of county government is seen to hold several advantages, including the ability to tap into the larger county government infrastructure for support services.

- ***Would consolidating to one or two departments in Milwaukee County produce service-level benefits?*** A large health department housed within a city or county government offers advantages in terms of being able to tap into the support services infrastructure of the larger government, maintain a larger staff that can include specialized positions to pursue Public Health 3.0 activities, and forge stronger relationships with other stakeholders. However, a single department may have difficulty responding to the distinct needs of urban and suburban populations, though the combined structure used by PHMDC could alleviate that challenge.

Insights and Conclusion

Our analysis reveals that basic municipal public health services that many citizens have come to rely upon – such as flu shots, maternal and infant health services, communicable disease investigations, and restaurant inspections – continue to be the strong suit of the 10 suburban health departments in Milwaukee County. We also note that the Milwaukee Health Department is unique in both its offerings and challenges.

Digging deeper, however, **reveals challenges among several departments in developing capacity to go beyond basic service levels**. Similarly, we see variation in the ability and motivation of municipal public health leaders in the county to engage in the data collection and analysis, planning, and community partnerships that are central to the Public Health 3.0 model and its emphasis on improving social determinants of health.

Whether health departments in Milwaukee County *should* be moving toward a more advanced model is a fundamental question raised by this report. **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. That this is the case despite substantial progression in the thinking and recommendations of federal public health agencies, the Wisconsin DHS, and experts with regard to what local health agency services *should* look like is worthy of community-wide review and deliberation**.

It is also notable that some of the basic services emphasized by municipal health departments in the county– like flu shots and blood pressure checks – are readily available today at pharmacies or other convenient locations or might more logically fall under the purview of primary care physicians. Also, there has been an increase over time in the number of citizens with access to health insurance that covers or reduces the cost of many basic services provided by local health departments.

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. Consequently, if there is consensus around that goal, then the notion of consolidating some health departments to bolster efficiency, share the cost of added staff, and accommodate the repurposing of existing staff also should be on the table.

Policy Options

As we reflect on our overall findings and observations, several broad conceptual policy options emerge. We outline those below in order of least to most comprehensive.

1) **Continue on the current path**. The new Milwaukee County Public Health Collaborative created by the 11 PHOs is designed to provide a mechanism for continued coordination that builds on efforts initiated in the years immediately preceding the pandemic. This is a voluntary collaborative among the departments that also invites representatives from county government and the Milwaukee Health Care Partnership to participate. Yet, while the collaborative is an important step with regard to maintaining a structure for communication and collaboration, consideration also could be given to formalizing it in multiple ways.

   For example, the group could become an official offshoot of the Milwaukee County Intergovernmental Cooperation Council (ICC) with a charter and scope of activities approved by that body and dedicated staff who are financially supported by the ICC. Encouraging public and elected leader participation also could become a priority. Meetings of the group could be publicly noticed and reports on activities and initiatives could be shared periodically not only with the ICC, but also with Milwaukee County's Health Equity, Human Needs and Strategic Planning Committee and the MHCP's leadership.

2) **Create a countywide public health advisory structure for Milwaukee County**. County and municipal leaders could consider creating a public health advisory council comprised of representatives from municipalities, DHHS, and private health care entities to provide broad oversight of public health services in the county and serve as a coordinating body. A possible model is the Emergency Medical Services Council, which was established by Milwaukee County in its Code of Ordinances to "assist" the county's EMS division and municipal EMS providers.

   While county government was the logical creator of the EMS Council given its oversight and administrative role with regard to that function, a public health advisory council might more logically be created by the ICC. However, the EMS Council's role in assisting with planning, reviewing service delivery and performance, and identifying opportunities for coordination and collaboration could be mirrored by a new public health council.

3) **Establish a formal role for Milwaukee County government in supporting municipal health departments.** An option that could complement and build off the previous option would be to create within Milwaukee County government an office or division that would be responsible for countywide public health data collection, planning, and performance management. This office would not have any administrative control over public health services, but instead would support the municipal departments and potentially relieve them of the need to expand their own staff as they seek to broaden their activities along the Public Health 3.0 spectrum.

Such a step would entail creation of new positions within county government, which could require a substantial financial commitment depending on the breadth of the office's activities. If this path is taken and the new office develops enhanced performance standards and strategies for local agencies, then it may also be appropriate for county government leaders to consider financial assistance to municipal health departments. Such a financial commitment would be a sizable challenge for Milwaukee County, but its leaders have prioritized making Milwaukee the healthiest county in Wisconsin and they may need to back that goal with additional investment.

4) **Consider formal sharing of staff and back office support.** Several of our findings suggest there may be merit in considering enhanced sharing of public health staff or services or outright health department consolidation. Those include our observations that several departments lack sufficient public health specialists and related staff to effectively move toward Public Health 3.0 activities; 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 but would need to pursue grant monies to afford the new staff to do so.

   While having county government provide staff support to all departments in areas like data collection and planning is one option, staff sharing also could occur among multiple municipal departments. For example, communities in the southern part of the county could share public health specialist or community outreach positions; doing so could add greater expertise while the cost would be shared and thus become more affordable. Similarly, multiple departments could share enhanced "back office" support in areas like information technology, human resources, and grant writing/management.

5) **Consider health department consolidation.** As with service sharing, one of the benefits of consolidation is the opportunity to create specialized positions in a larger department and either pay for them through administrative savings or share the cost among multiple jurisdictions. Having fewer health departments in Milwaukee County also could enhance efforts to ensure appropriate external partnerships and could bolster the effectiveness of certain public health services and initiatives by having them delivered over broader geographic areas.

   In light of the unique challenges facing the Milwaukee Health Department, consolidating the 11 departments into a single Milwaukee County health department may be impractical. However, the two-department Racine County model could be considered, as could less comprehensive consolidation scenarios, particularly in the southern part of the county. Examples could be creation of a single department to serve Oak Creek, Cudahy, South Milwaukee and St. Francis; a consolidation between Greendale and Hales Corners; or having both of those small departments merge with one of the nearby larger departments (Greenfield or Franklin).

Acting on these policy options would require substantial additional research and analysis to flesh out financial and programmatic details and develop specific implementation plans. Our hope is that municipal and county officials, private health systems, community stakeholders, and state DHS leaders will now consider these insights and options and determine which (if any) they would like to explore in greater detail. Once those decisions are made, the Forum and other research partners could be called upon to work with stakeholders to develop more detailed recommendations.