

Turning the Ship Towards Life Course Theory, Social Determinants of Health, and Preconception Care

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Outline



Disparities in Birth Outcomes:



The Wisconsin Story



Life Course Theory to Action:



Improving Birth Outcomes



Improving Women's Health



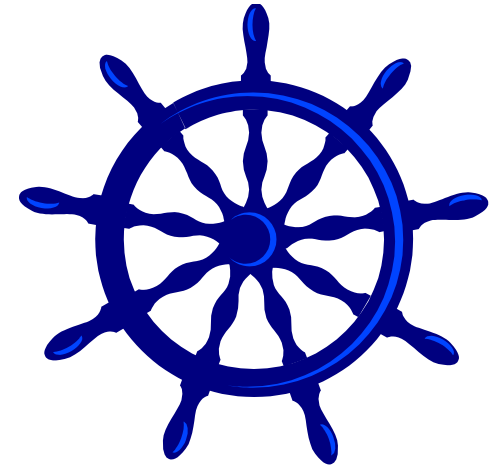
Building Early Childhood Systems



Promoting Program Integration



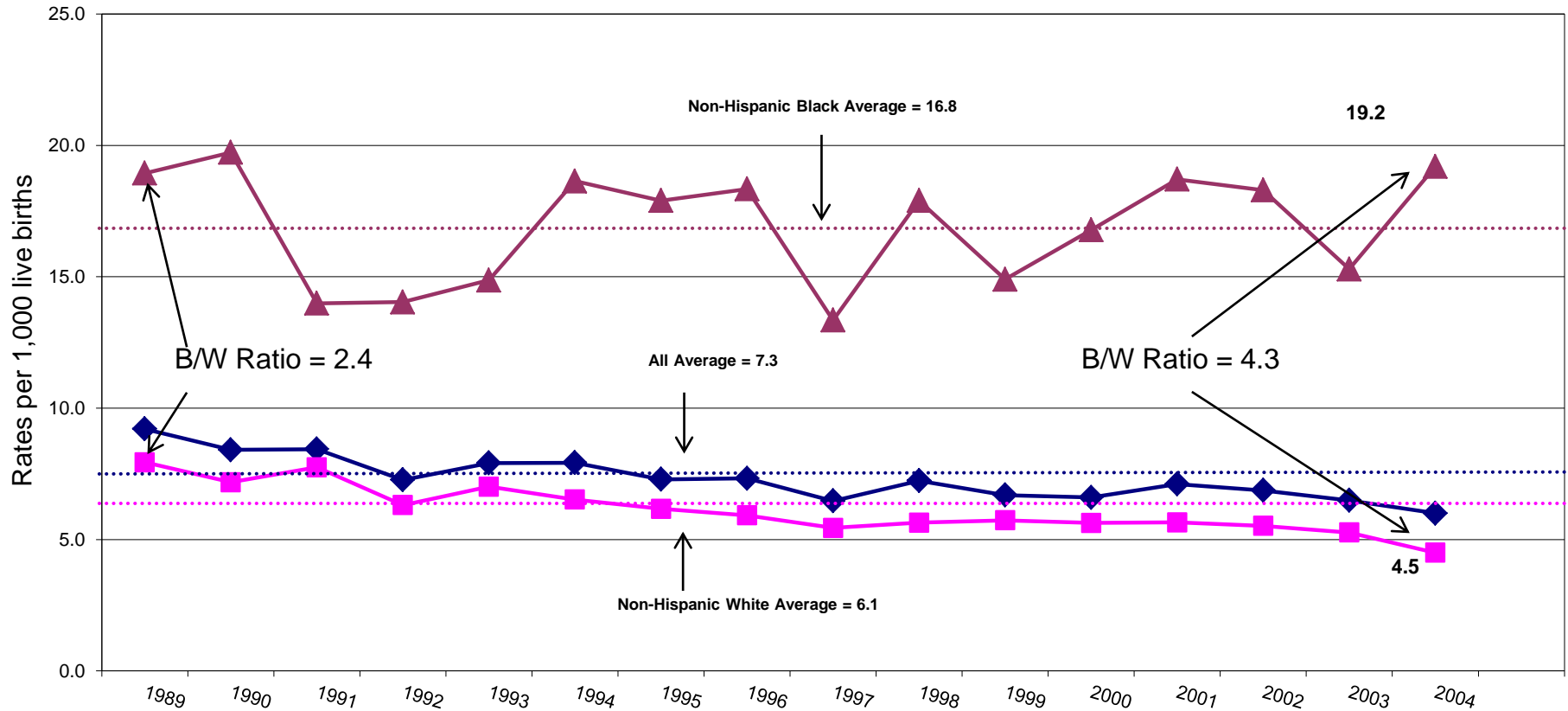
Guiding State Plans and Goals



Disparities
in Birth Outcomes:
THE WISCONSIN STORY



Infant Mortality Rates: Total, White, and African American, Wisconsin 1989-2004 - new



Source: WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 8/9/05.



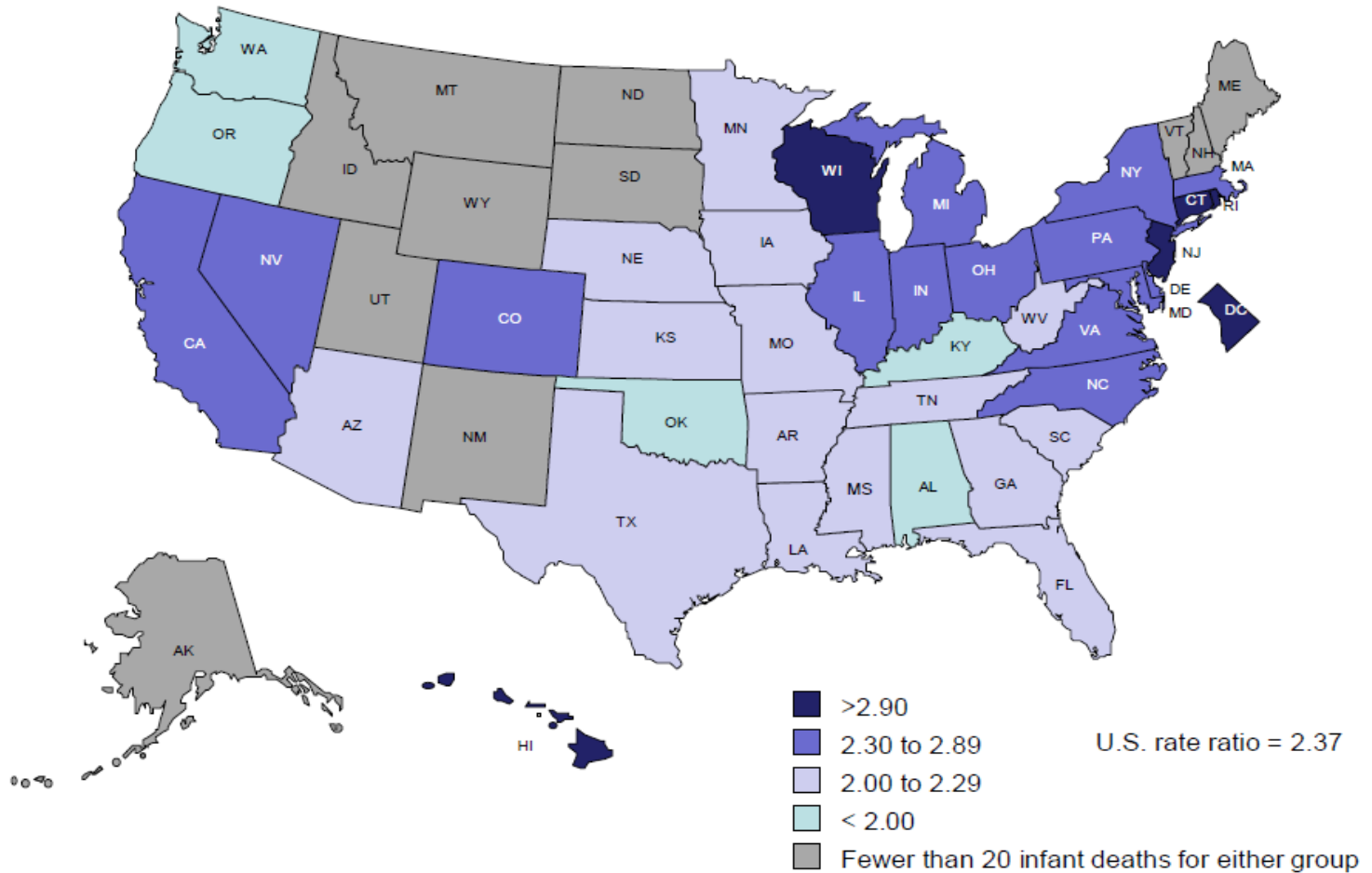
African American infant mortality rates, among reporting states, 2000-2002

US			13.6					
Rank	State	Black Rate	Rank	State	Black Rate	Rank	State	Black Rate
1	Washington	9.5	14	Florida	13.0	26	Mississippi	14.7
2	Oregon	10.4	15	Georgia	13.4	29	Delaware	14.9
3	Massachusetts	10.5	16	New Jersey	13.6	30	South Carolina	14.9
4	Kentucky	10.8	16	Virginia	13.6	31	Nebraska	15.0
4	Minnesota	10.8	18	Colorado	13.7	32	North Carolina	15.1
6	Texas	11.1	18	Louisiana	13.7	33	District of Columbia	15.3
7	New York	11.2	18	Nevada	13.7	33	Ohio	15.3
8	California	11.4	21	Indiana	13.9	35	Missouri	15.6
8	Iowa	11.4	22	Connecticut	14.3	36	Illinois	15.8
10	West Virginia	11.7	22	Arizona	14.4	36	New Mexico	15.8
11	Rhode Island	12.6	23	Pennsylvania	14.4	38	Michigan	16.9
12	Maryland	12.7	25	Oklahoma	14.5	39	Tennessee	17.0
13	Arkansas	12.8	26	Alabama	14.7	40	Wisconsin	17.9
			26	Kansas	14.7			

US DHSS, CDC, NCHS, Health United States, 2004



Infant mortality rate ratio of non-Hispanic black to non-Hispanic white by state, 2005-2007



Source: National Vital Statistics System, NCHS, CDC



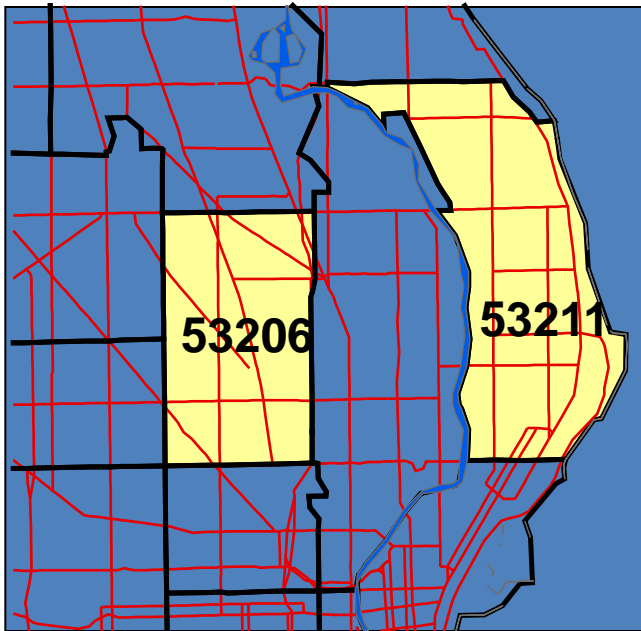
Infant Mortality Rates, 2002-2006

State/County City	White	Black	Hispanic	B/W Ratio
Dane	3.8	6.45	5.5	1.7
Madison	3.2	7.15	6.3	2.2
Kenosha	4.1	18.0	3.35	4.4
Kenosha City	3.4	17.5	3.6	5.2
Milwaukee	5.8	17.3	7.15	3.0
Milwaukee City	6.7	17.2	7.2	2.6
Racine	7.65	23.4	10.5	3.1
Racine City	6.9	23.0	8.9	3.3
Rock	4.5	18.8	5.0	4.1
Beloit	6.6	19.2	X	2.9
Wisconsin	5.2	17.0	6.3	3.3

Note: 'X' denotes less than 5 events and is not reported. WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 10/8/07.



A tale of two zip codes

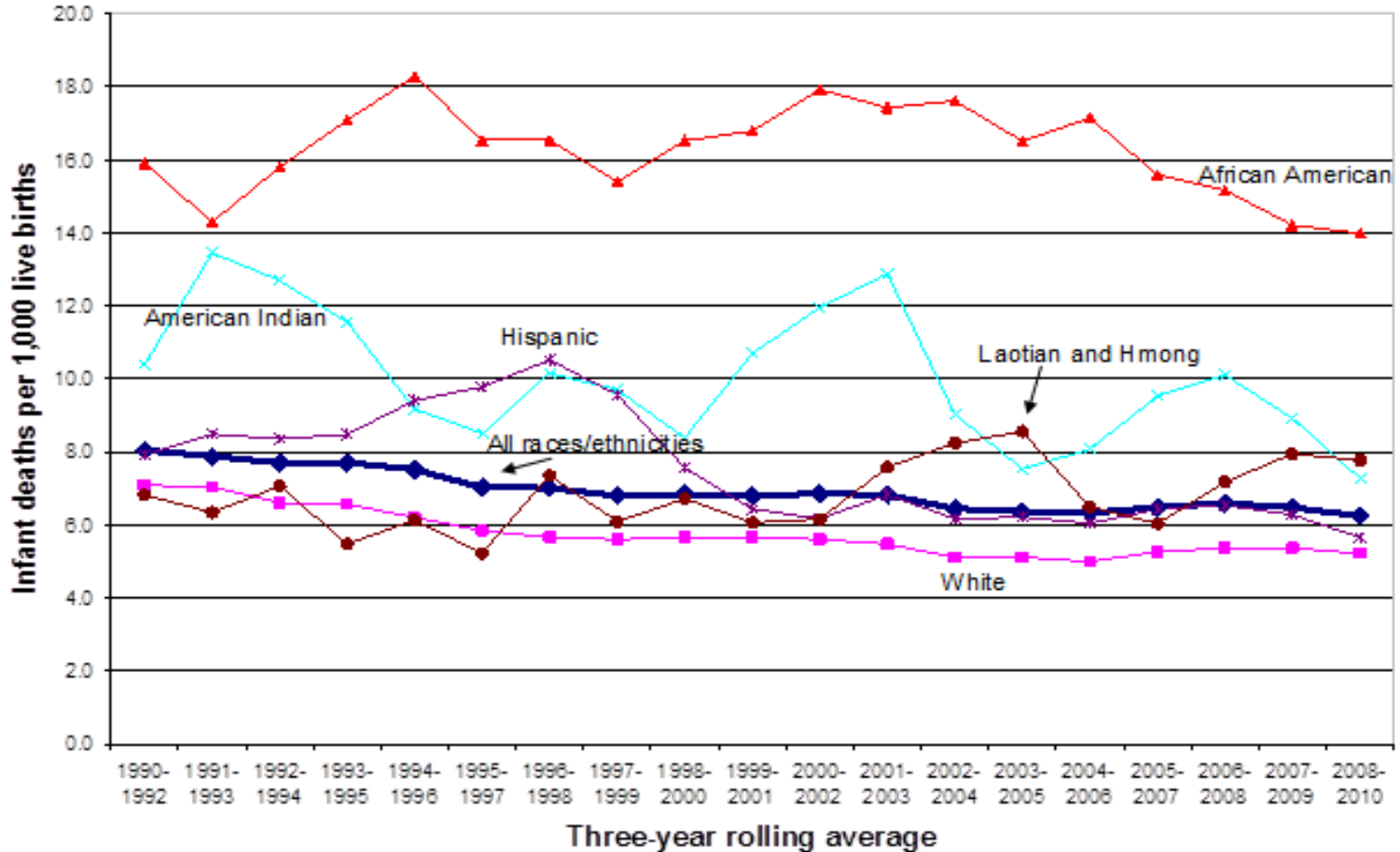


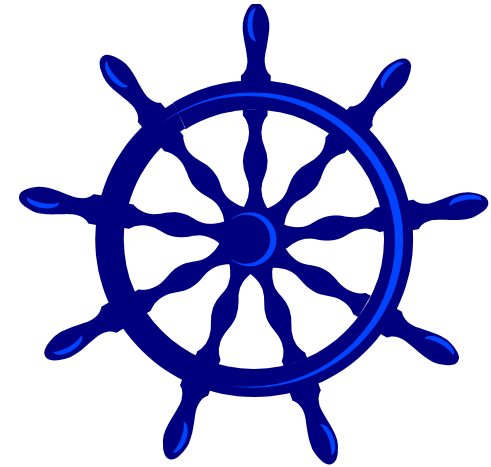
	53206	53211
Population*	32,868	35,225
Median age*	25.8	29.9
African American*	96.1%	2.5%
High school graduate (25+ yrs of age)*	57.6%	95.7%
Disabled (21-64 yrs of age)*	37.0%	9.3%
Median family income*	\$21,867	\$70,704
Families below poverty level*	35.0%	3.6%
Teen birth rate 2004**	111	3
HIV rate 2004***	47	9
STD rate (15-19 yrs of age)***	22,795	1,070

* Source: 2000 U.S. Census data
 ** Per 1,000 population
 *** Per 100,000 population



Wisconsin Infant Mortality Rates by Race/Ethnicity 1990-2010



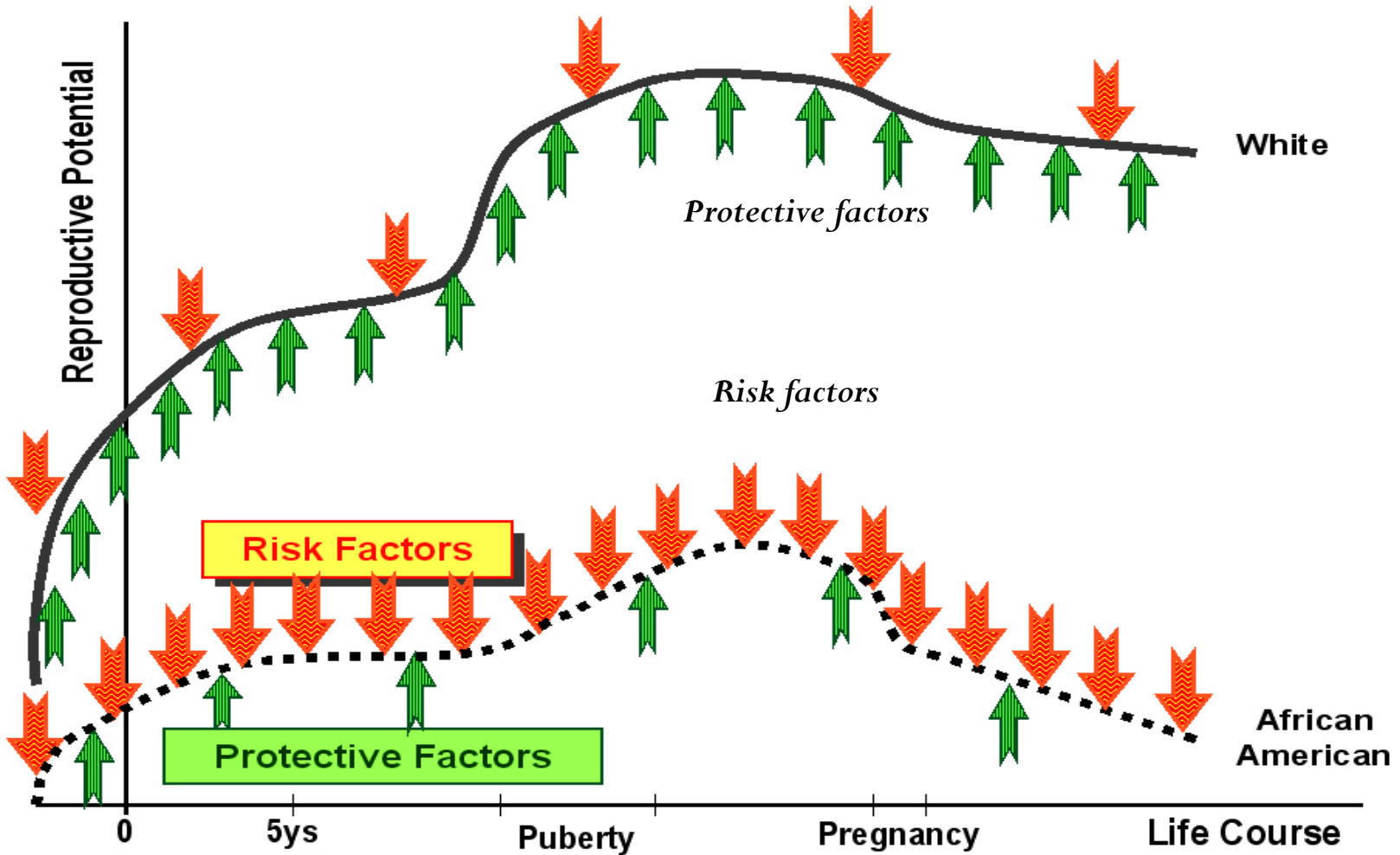


Life Course Theory to Action: **IMPROVING BIRTH OUTCOMES**



Healthy Babies Summit

(Lu and Halfon, 2003)

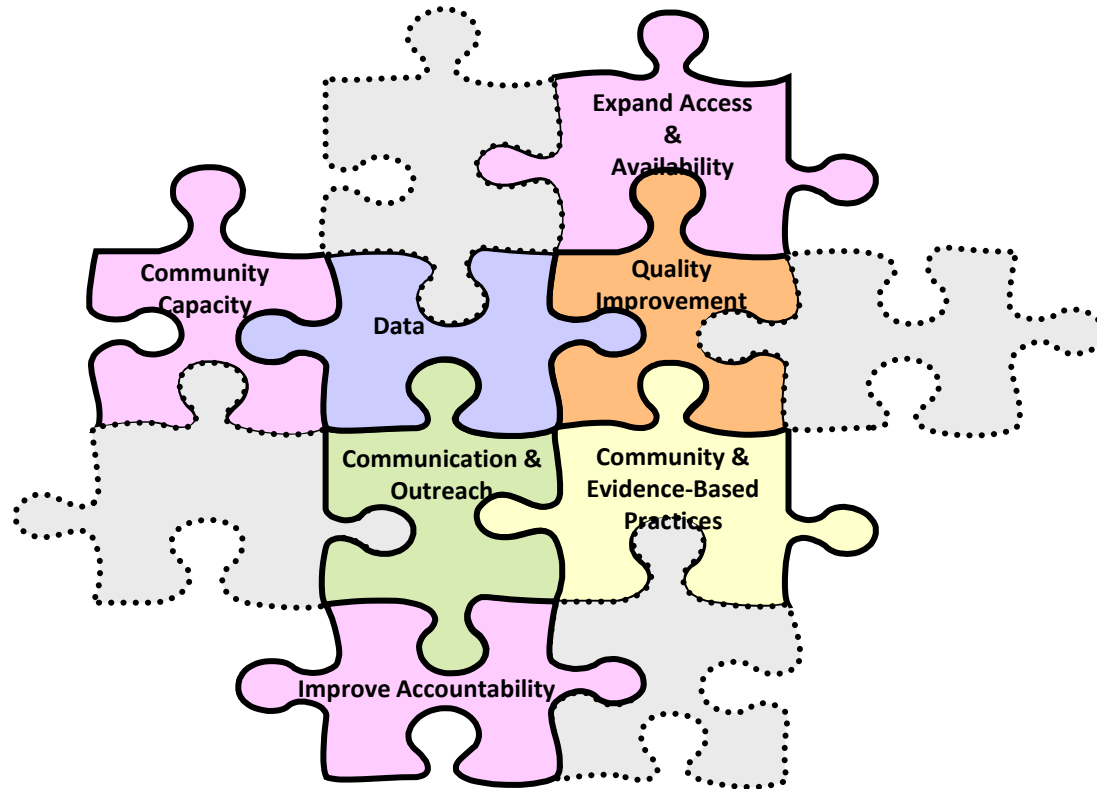




A Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes

Wisconsin
2008-2011

<http://www.dhs.wisconsin.gov/healthybirths/>





ABCs for Healthy Babies

Focus Group Research,
conducted in 2008

Milwaukee, Racine, Kenosha,
Beloit, Madison

18 groups, 180 African American
mothers, fathers, grandmothers

State Minority Health and
Tobacco funds





ABCs for Healthy Families



HRSA First Time Motherhood/ New Parents Initiative

- Improve birth outcomes for African American infants in WI
- Increase integration of life course perspective into preconception/interconception care
- Link to health and support services in Milwaukee and Racine
- Increase father involvement and support couples transitioning to roles as parents



TECHNICAL ADVISORY GROUP

Michael Lu, MD, MPH, Associate Professor, obstetrics, gynecology and public health, University of California, Los Angeles (UCLA)



Mario Drummonds, MS, LCSW, MBA, Executive Director, CEO, Northern Manhattan Perinatal Partnership, Harlem, NY



Fleda Mask Jackson, PhD, Member of the National Advisory Committee on Health Disparities for the Centers for Disease Control and Prevention

James Collins, MD, MPH, Attending physician, Neonatology; Professor of Pediatrics, Northwestern University's Feinberg School of Medicine



Kumea Shorter-Gooden, PhD, Full Professor and System-wide Director of International-Multicultural Initiatives, Alliant International University, Alhambra, California



Community Advisory Board

Purpose:

- To provide a forum for community and family members to participate in the planning, implementation, and evaluation of *ABCs for Healthy Families*

Composition:

- social services agencies
- health providers
- community advocates
- mothers, fathers, students, parents, retired nurse, etc.





Billboard

Let's deal with stress in ways that don't stress our babies

.....

text "NoStress" to 32075

myspace.com/JourneyofaLifetime



text4babySM

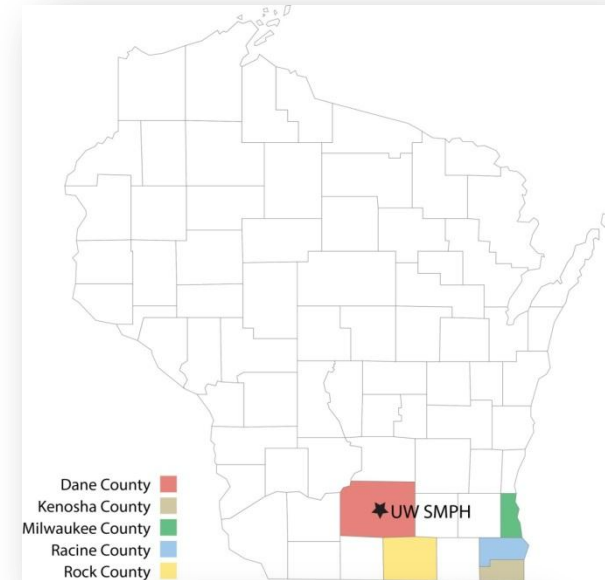
- Free service for pregnancy and baby's first year
- 12,793 WI mothers have enrolled
- 260 new users enroll each month on ave.



Lifecourse Initiative for Healthy Families

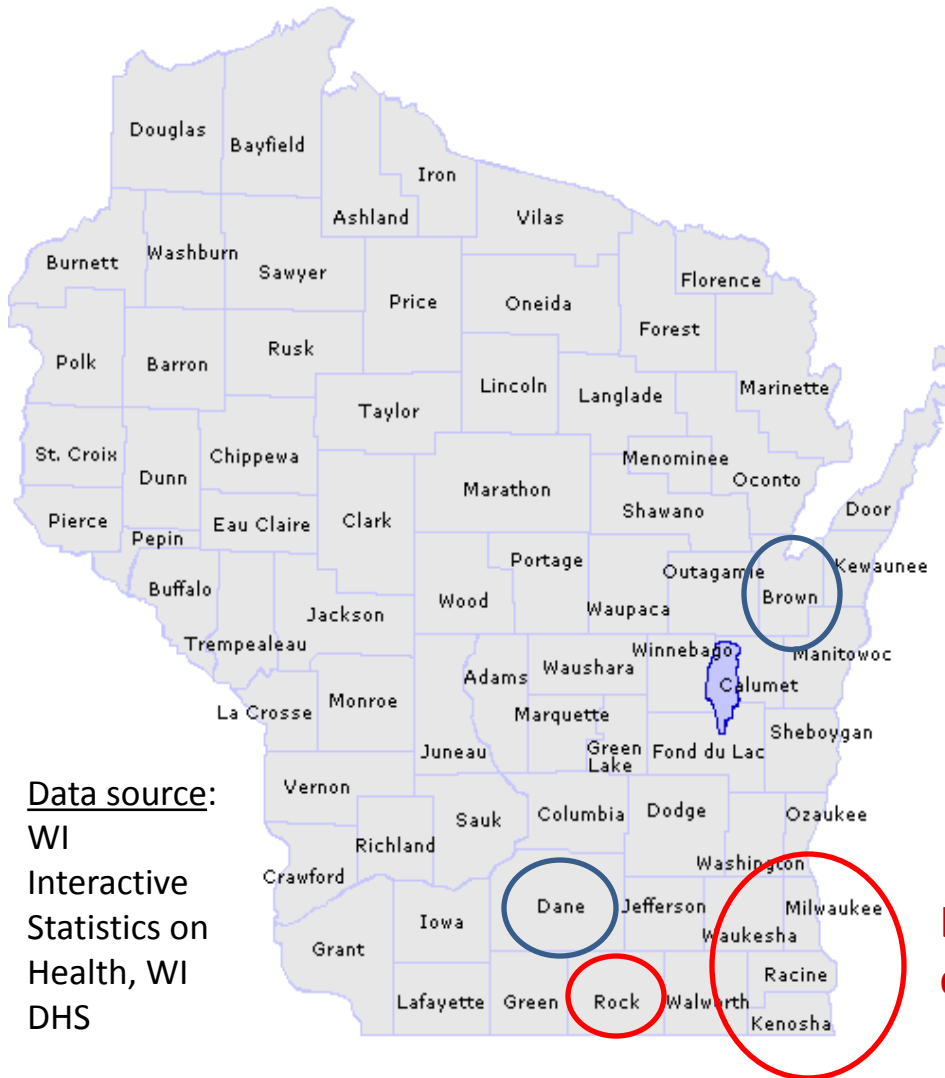
General Overview

- The Wisconsin Partnership Program's regional effort to support partnerships with communities to address high infant mortality among African Americans in Wisconsin.
- Emphasis on sustainable health impact, social determinants of health and widespread improvements.
- Invest in community-academic partnerships, education, research and evaluation.



University of Wisconsin
**SCHOOL OF MEDICINE
AND PUBLIC HEALTH**

African American Births, Deaths, and Infant Mortality Rates in WI, 2006-2010



Data source:
WI
Interactive
Statistics on
Health, WI
DHS

County	% AA births	IM rate
Brown	2%	15.8
Dane	7%	12.2
Kenosha	3%	8.2
Milw.	76%	15
Racine	6%	18.1
Rock	2%	17
LIHF Total WI communities	35,612	14.7

Lifecourse Initiative for Healthy Families

Core Program Elements

Phase One: Planning



Community Planning
and Visioning



Lifecourse
Collaboratives



Community Action
and Evaluation Plans

Phase Two: Implementation and Evaluation



Evidence Based
Interventions to
Address Risk and
Protective Factors



Policy, Systems and
Environmental Change



Evaluate,
Communicate and
Leverage Resources

Lifecourse Initiative for Healthy Families

WI Partnership Program Funding Support

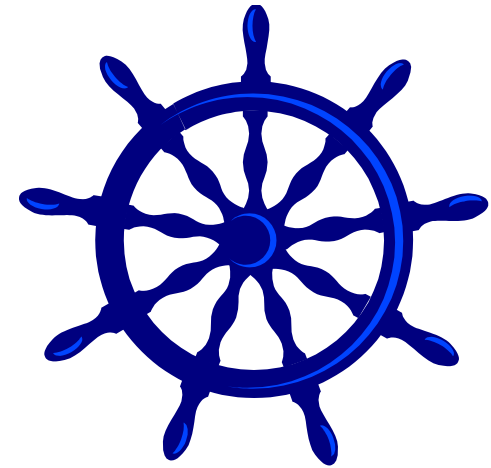
Community Grants

- | | |
|---|-------------|
| 1. Establish MCH Collaboratives (2010-2012) | \$1 million |
| 2. Collaborative System Change (2012-2014) | \$1 million |
| 3. Project Grants (2013-2016) | \$4 million |
| 4. Collaborative Systems Change (2014-2019) | \$4 million |

Evaluation and Capacity Building

1. Establish a Regional Program Office
2. Support PRAMS oversample
3. Support program evaluation





Life Course Theory to Action: **IMPROVING WOMEN'S HEALTH**



Wisconsin 
Healthiest Women
Initiative

Build and
strengthen
community capacity

Expand access to
and availability of
high quality services

Improve
accountability



Data

Focus Areas	Indicators	WI Women Ages 18-44 (%)	US Women Ages 18-44* (%)	White** (%)	Black** (%)	American Indian** (%)	Hispanic (%)	Other non- Hispanic (%)
Social/Economic Determinants	Poverty (<200% Federal Poverty Level)	28	37	25	57	n/a	n/a	n/a
	Physical abuse prior to pregnancy	5.8	3.3 (median)	4.2	14.2	+	9.3	5.9+
	Less than a high school education	7	11	5	15	n/a	26	n/a
Sexual Health and Pregnancy Planning	Unintended pregnancy	35	40 (median)	30	61	+	45	44+
	Sexually transmitted infections (rate per 100,000 women age 18-44)	1624	2023	542	6015	2302	1223	1164
	Inter-pregnancy interval < 18 months (percent of repeat live births)	33	n/a	33	35	37	29	38
	Folic acid / multi-vitamin everyday in month prior to pregnancy	33	30 (median)	37	23	+	20	26
Substance Use	Current smokers	23	19	23	28	37	26	19
	Binge drinking	25	14	24	17	26	21	11
Overweight/Obesity	Obese (BMI ≥30)	23	24	20	42	40	29	22
	Consume at least 5 fruit/vegetable servings per day	26	27	25	21	n/a	n/a	n/a
	Meet guidelines for moderate / vigorous physical activity	59	51	59	54	n/a	n/a	n/a
	Any exercise (other than regular job)	84	n/a	85	67	77	74	72
Mental Health	Postpartum depressive symptoms	14	13 (median)	11	26	+	18	21+
	Mental health not good for 14+ days in last month	12	13	11	20	23	25	15

WISCONSIN'S STATEWIDE FRAMEWORK FOR IMPROVING WOMEN'S HEALTH



<http://www.dhs.wisconsin.gov/healthybirths/>



Everywomanwisconsin.org

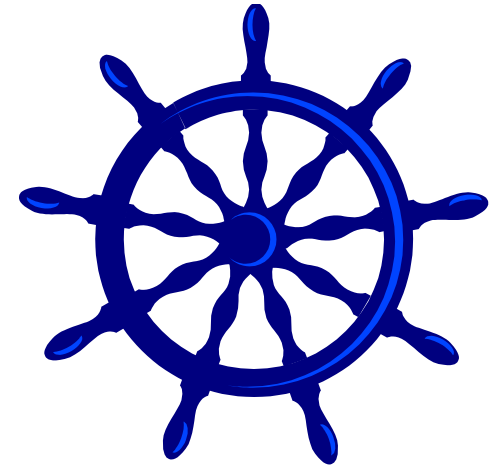
Understanding the Lifecourse

See what happens to Lisa as you alter the lives of her mother and grandmother.



Wisconsin Association for Perinatal Care Pilot Project

- Statewide MCH contract
- Integrating preconception health services into a women's health clinic in Milwaukee
- Integrating preconception health services into an HMO in Southeastern Wisconsin



Life Course Theory to Action: **BUILDING EARLY CHILDHOOD SYSTEMS**



Local Initiatives

- **Wisconsin Healthiest Families**
 - Family Supports
 - Child Development
 - Mental Health
 - Safety and Injury Prevention

- **Keeping Kids Alive**
 - Child Death Review
 - Fetal Infant Mortality Review



Activities

STEPS

- Assessment
- Planning
- Implementation
- Evaluation and Sustainability

CORE ACTIVITIES

- MCH Core Competencies and Training
- Partnerships
- **Provide training on the Life Course Framework for community partners**



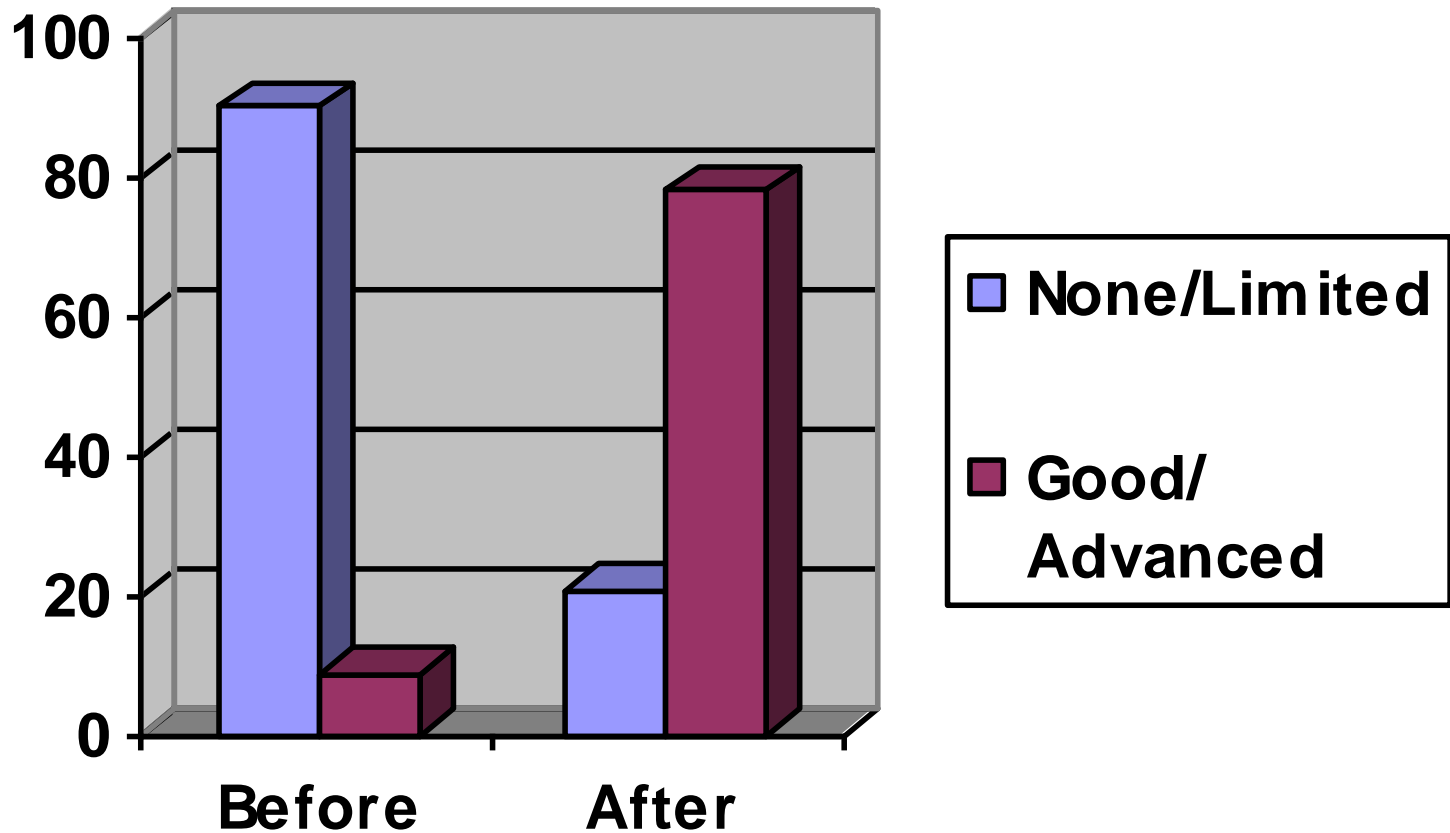
Life Course Training for Local Public Health Providers

- Regional Presentations
- Life Course Interactive Activity
- Life Course Toolkit
- Website
- Train-the-Trainer Presentation
- Individual Technical Assistance

<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/index.htm>



Survey Results: Knowledge of Life Course Framework *BEFORE* implementation of objective and *AFTER* participation in education





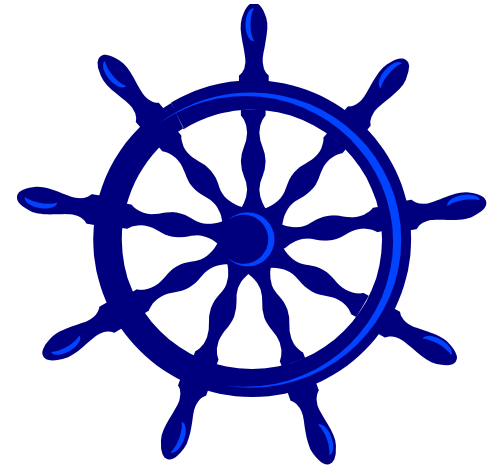
Making the Link for Children and Youth with Special Health Care Needs

CYSHCN Outcomes

- Partner in decisions
- Medical home
- Insurance
- **Screening**
- Organized service system
- Transition services

Life Course Concepts

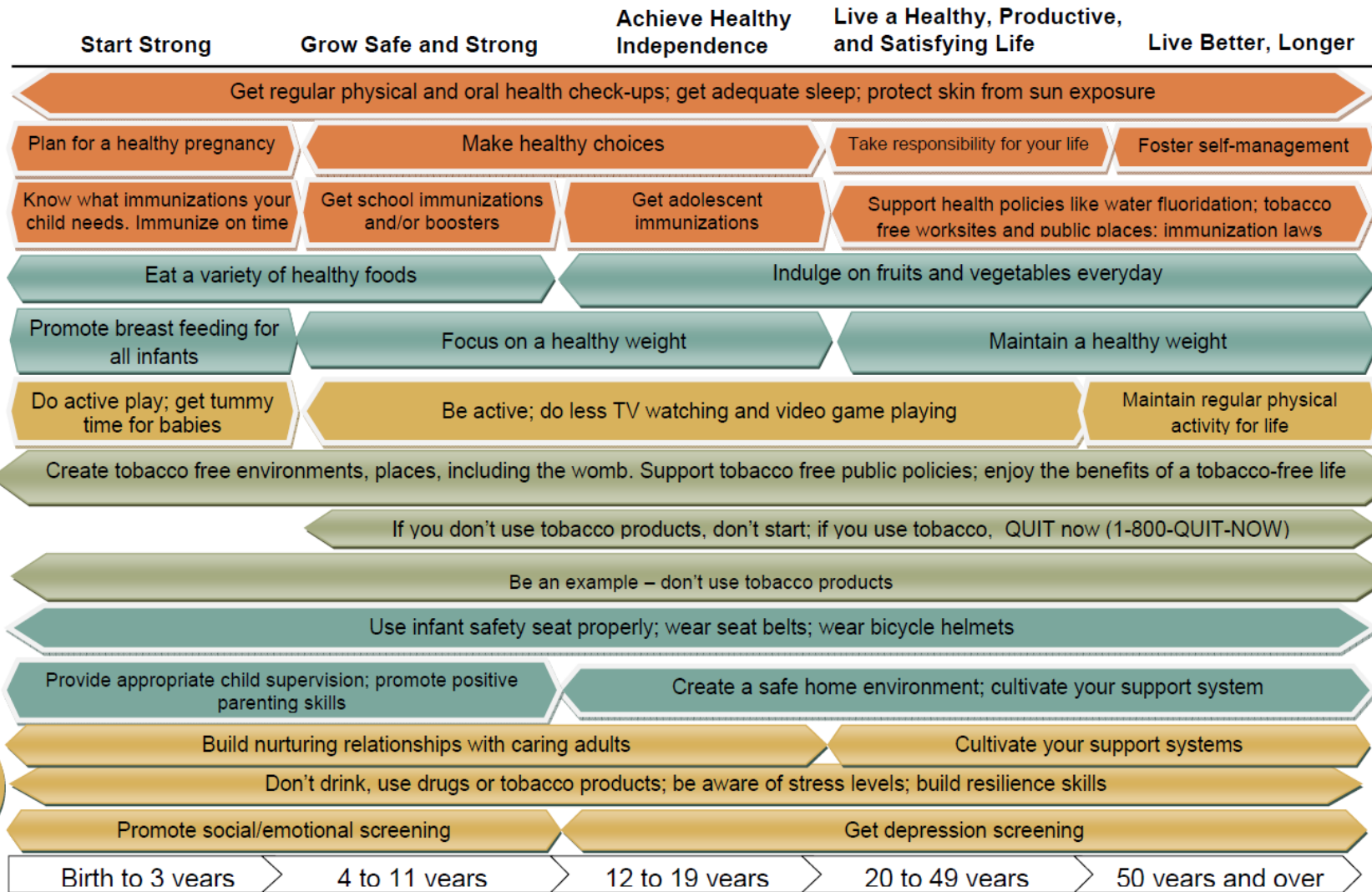
- Timeline
- Timing
- Environment
- Equity
- Risk and protective factors



Life Course Theory to Action: **PROMOTING PROGRAM INTEGRATION**

Wisconsin HEALTHY PEOPLE AT EVERY STAGE OF LIFE FRAMEWORK: Core Messages

Key Messages



Prepared by the Wisconsin Division of Public Health's Program Integration Work Group 04/2010



Medicaid and Managed Care

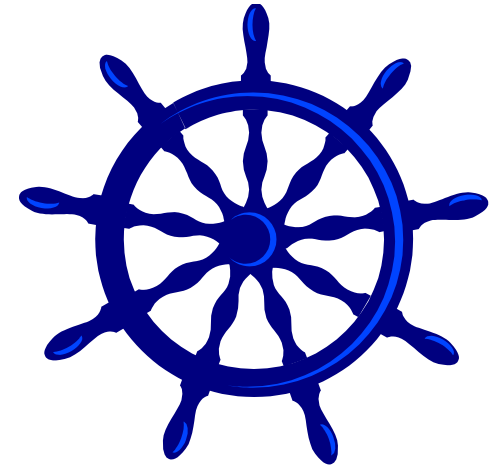
- **High Risk Birth Registry**
- **Medical Home Pilot for Birth Outcomes**
 - Pay-for-Performance benchmarks
 - Evidence-based practices
 - Mental health and social services referrals

Timeline Timing Environment Equity



Prenatal Care Coordination and Family Planning

- **Women's Health Now and Beyond Pregnancy**
 - Standard of care for 3rd trimester contraception
- **Family Planning Pilot**
 - Hand ups – not hand offs
 - Addresses smoking, physical activity, depression
 - Prenatal Care Coordination services



Life Course Theory to Action:

GUIDING STATE PLANS AND GOALS



Healthiest Wisconsin 2020

Vision

“Everyone living better, longer”



Goals

Improve Health across the Life Span

Eliminate Health Disparities and

Achieve Health Equity



Healthiest Wisconsin 2020



- Process included multiple partners around the state to select the most important objectives
- *Healthy Growth and Development* focus area identified preconception and interconception health as an objective

A map of the state of Wisconsin, filled with a light blue color. The map is centered on the page and serves as a background for the title text.

*Healthiest Wisconsin 2020 Baseline
and Health Disparities Report*
Healthy Growth and Development

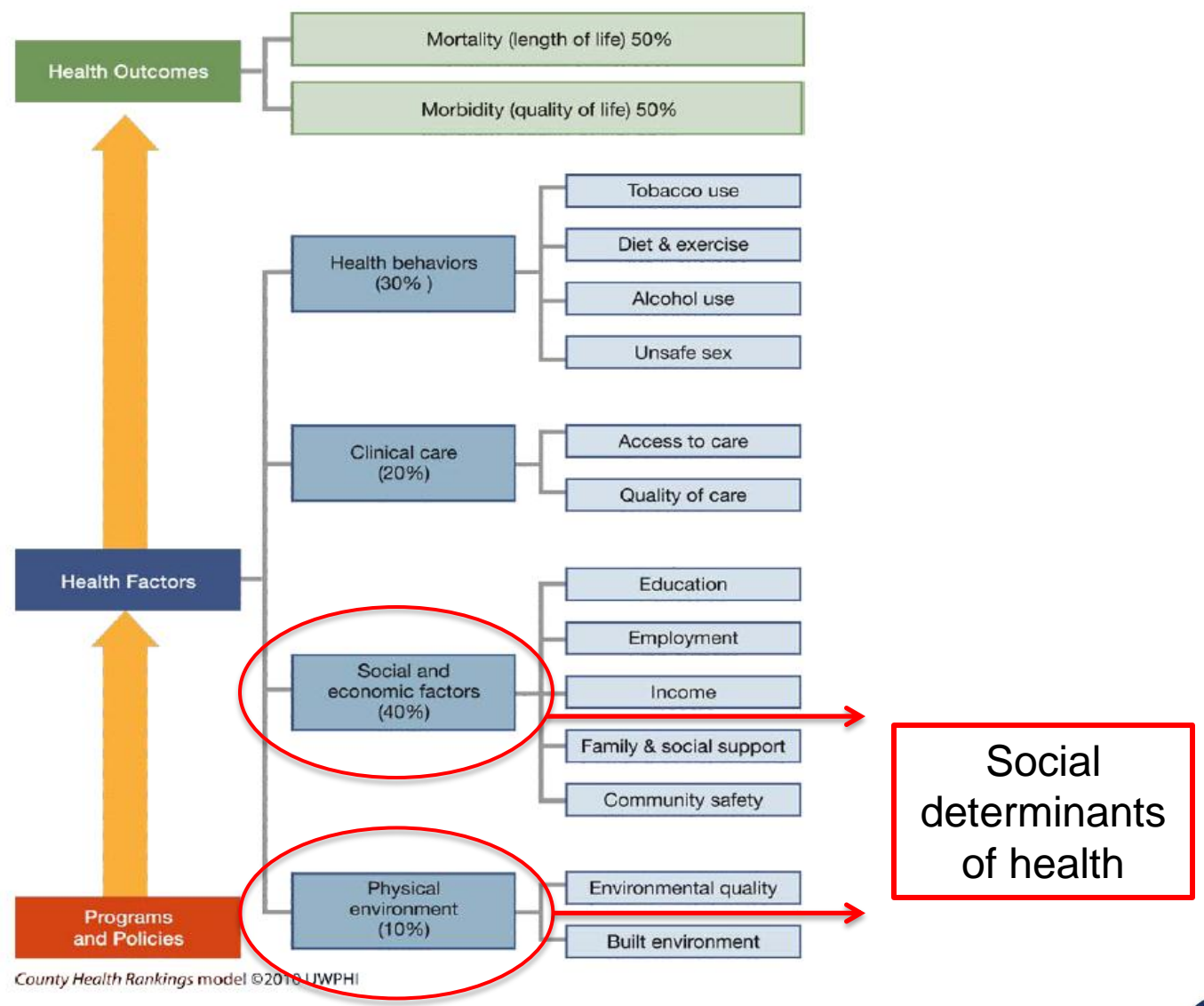
Wisconsin Department of Health Services

January 2014

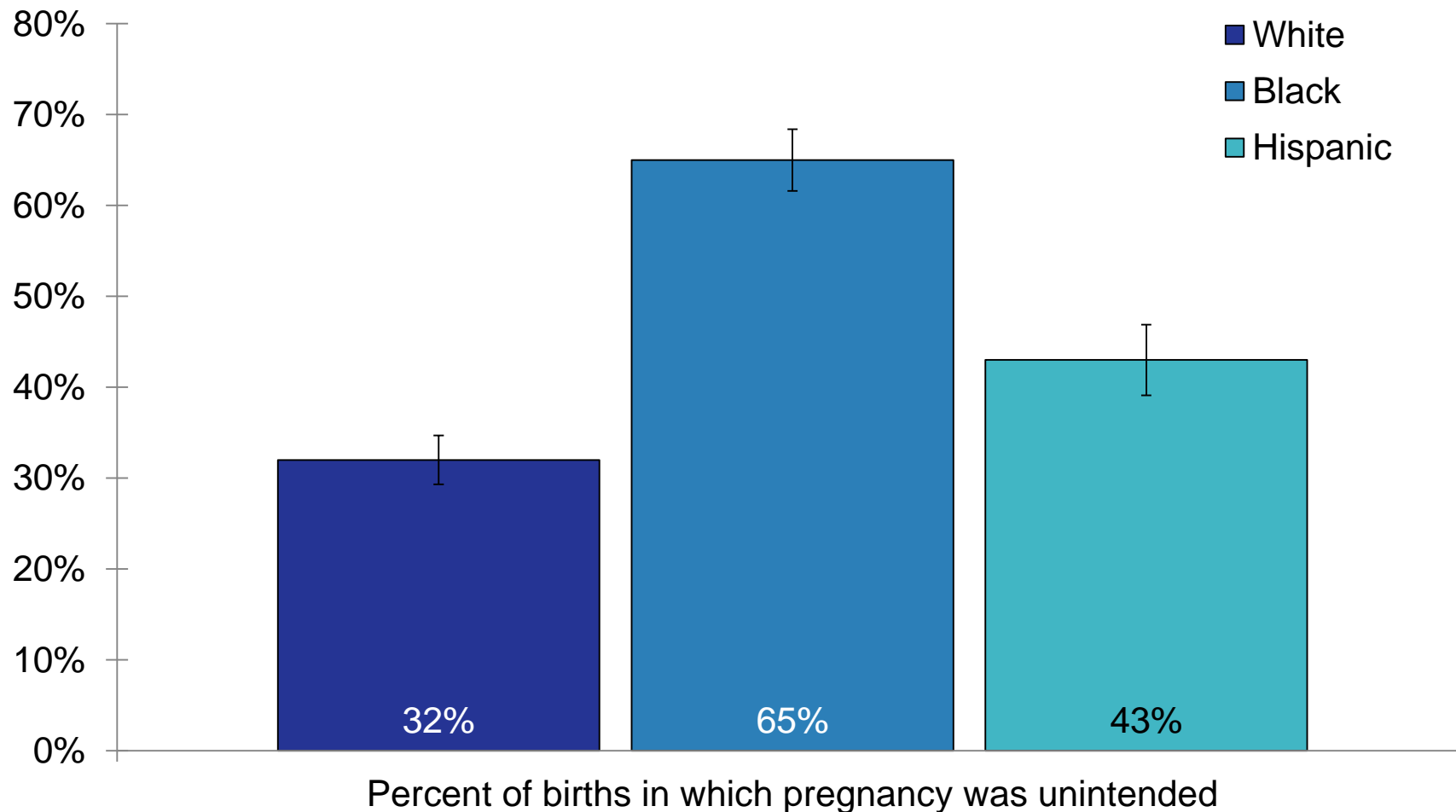
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Factors that influence health



Unintended pregnancy as a percent of births, by race/ethnicity, Wisconsin, 2009-2011



Source: Wisconsin Department of Health Services, Division of Public Health, PRAMS, 2009-2011.





Wisconsin Department of Health Services Goals to Reduce Infant Mortality

“By 2014, reduce prematurity by 8 percent from 2009 baseline.”

“By 2020, reduce racial and ethnic disparities in birth outcomes by 10% from the 2010 baseline, including infant mortality and prematurity.”



Region V CoIIN Strategy Areas

- **EEDs:** Reduction in Early Elective Delivery (non-medically indicated delivery before 39 weeks)
- **SIDS/SUID/Safe Sleep:** Prevention of Sudden Infant Death Syndrome and Sudden Unexplained Infant Deaths through the promotion of Safe Sleep practices
- Enhancement of **Preconception Health and Interconception Care**
- Addressing **Social Determinants** of Health



Thank you!

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