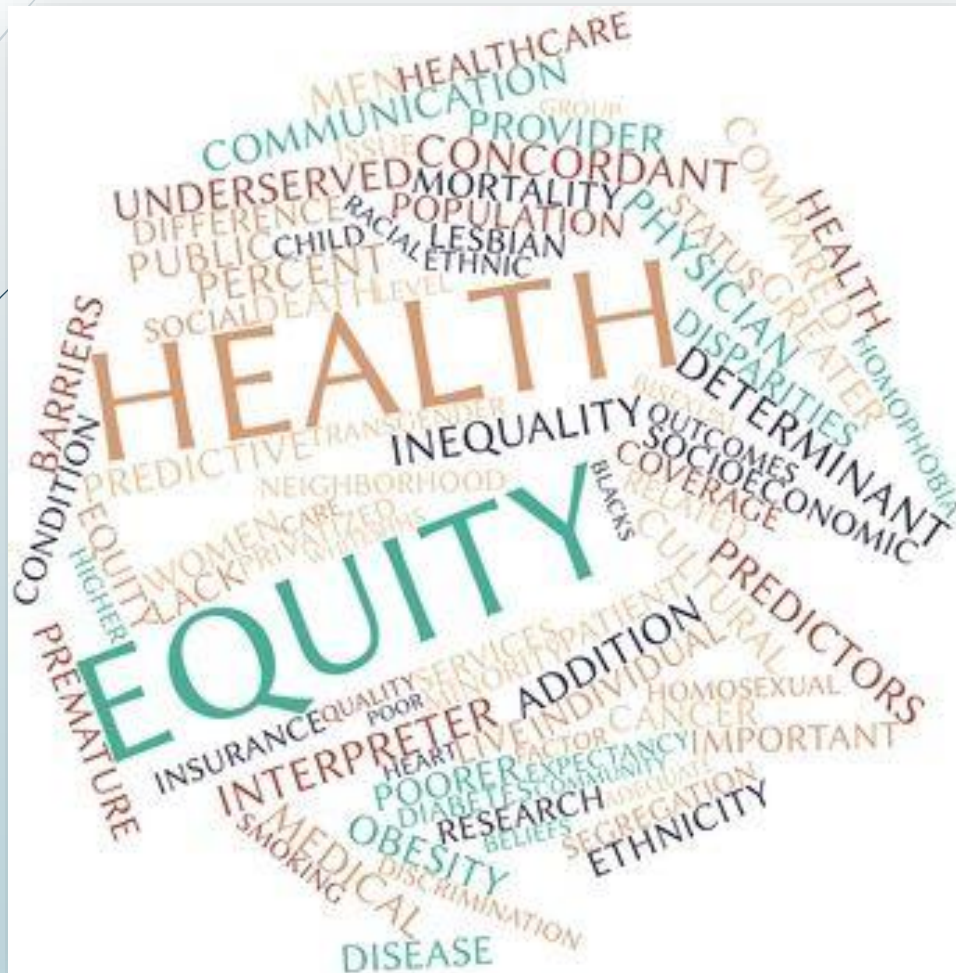


Achieving Health Equity



Public Health Orientation

Madison, WI

*Gwen Perry-Brye, RN-BC,
WHNP, DNP, APNP*

Clinical Services Director/

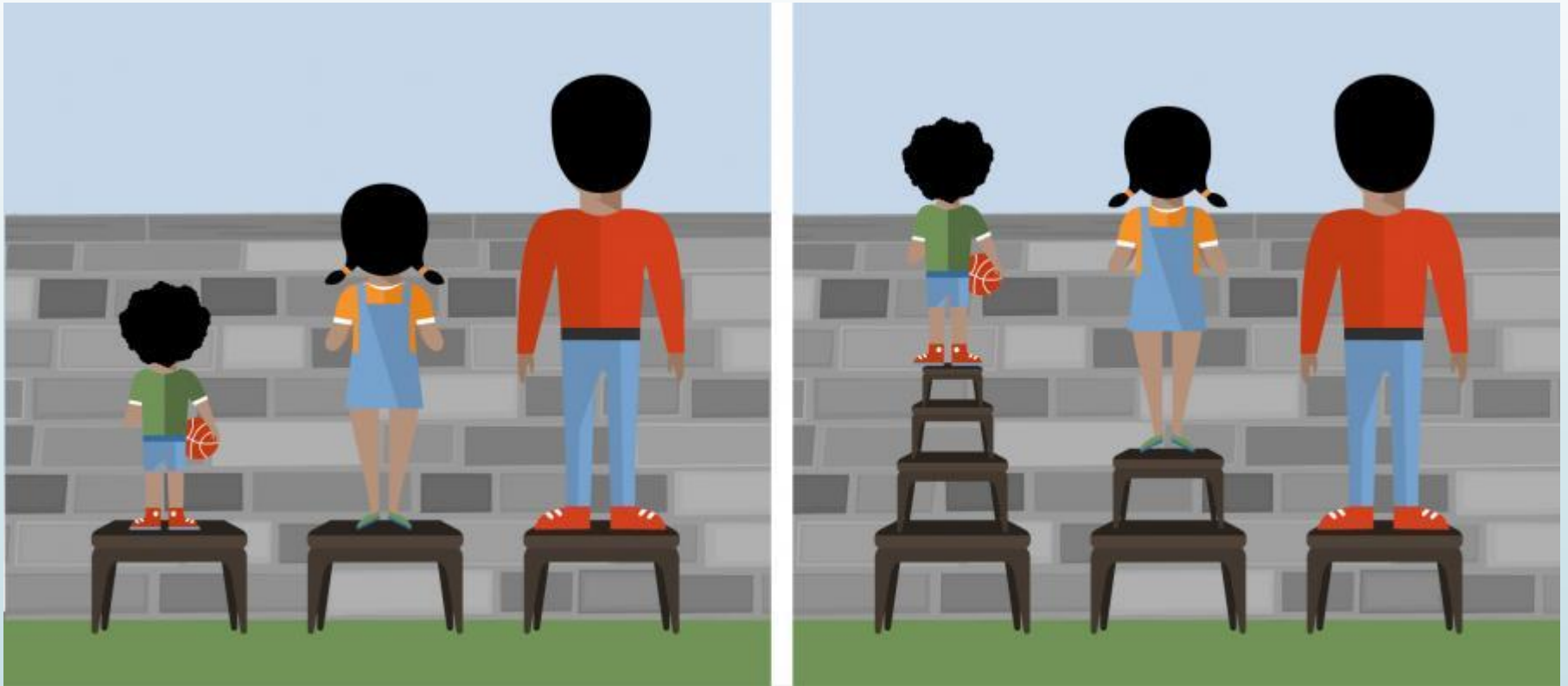
Assistant Health Officer



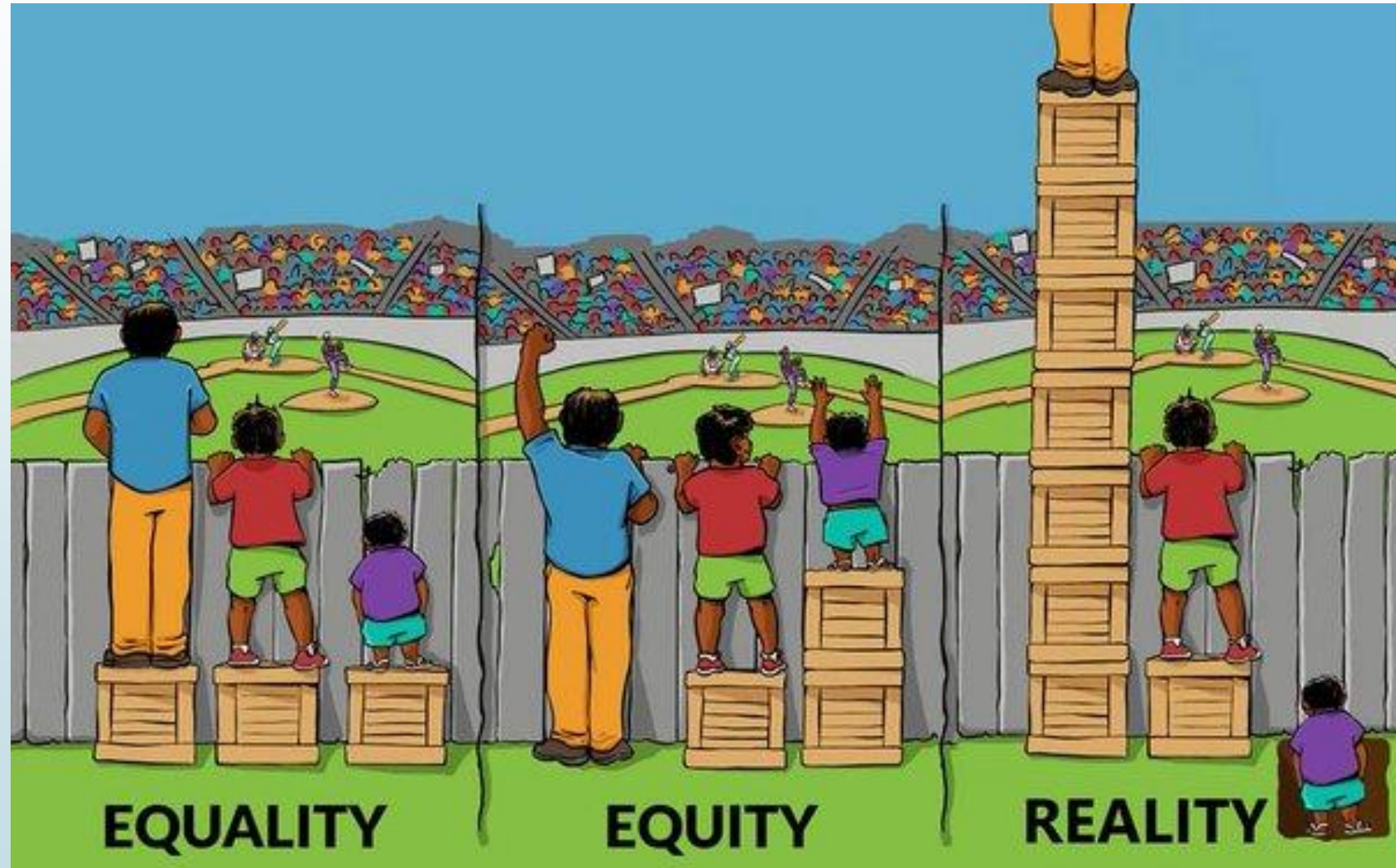
Objectives:

- Discuss how a local health department applied social determinants in implementing public health programs
- Learn ways public health may engage community-driven skills and initiatives to build and achieve health equity.

Equality v/s Equity



Equality v/s Equity v/s Reality





Everybody Has a Story to Tell

- Was there a pivotal moment that led you to public health as a career choice?
- What was it?
- How old were you when you first realized that you were different/unique?

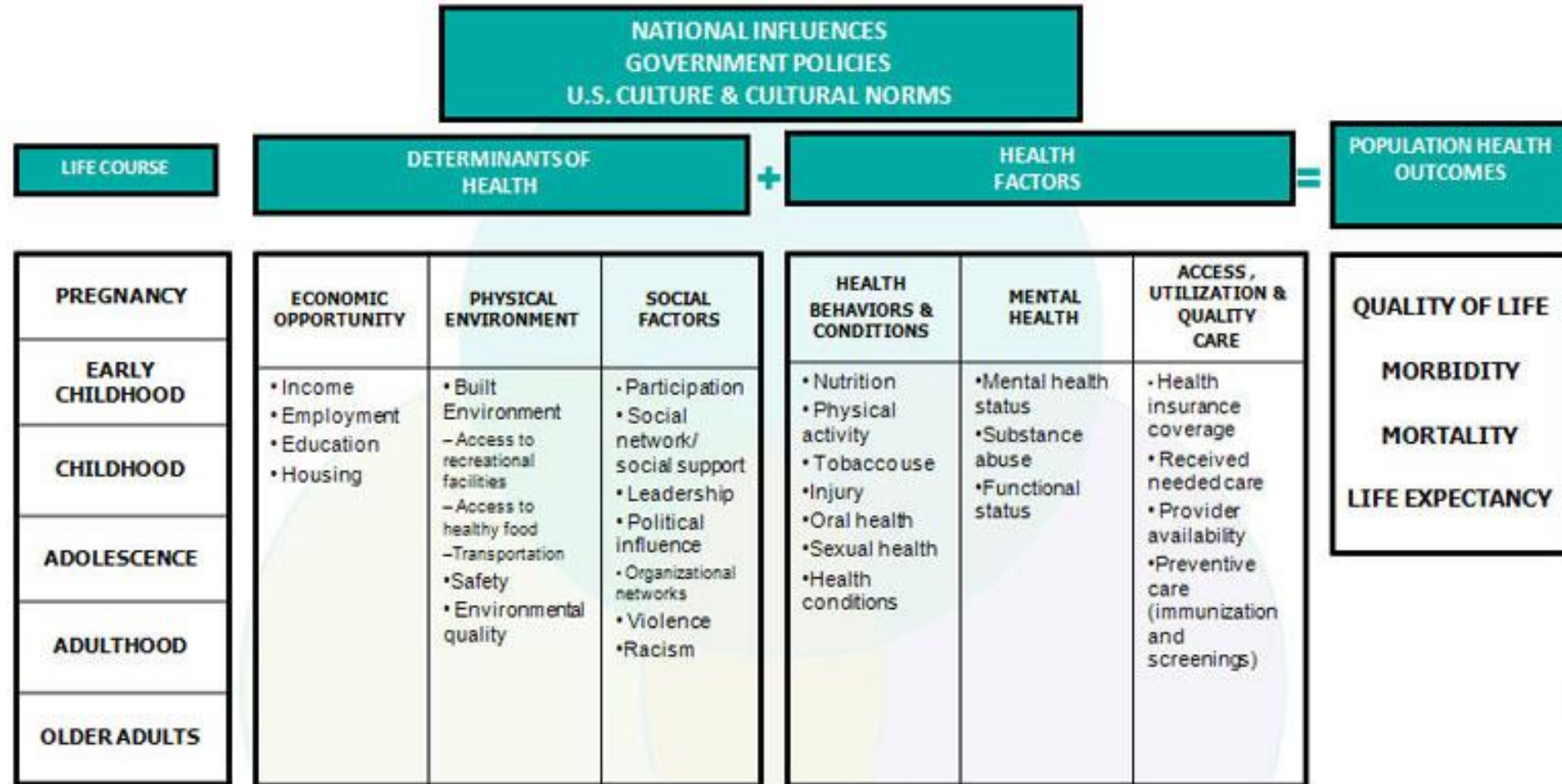


What is Health Equity?

- The attainment of the highest level of health for all people (US Dept. of Health and Human Services (HHS) Office of Minority Health (OMH), 2011, Healthy People 2020).
- Achieving Health Equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Equity

AN EXPLANATORY FRAMEWORK FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH



Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating supportive environments to enable change
- Data collection, monitoring and surveillance
- Population based interventions to address individual factors
- Community engagement and capacity building

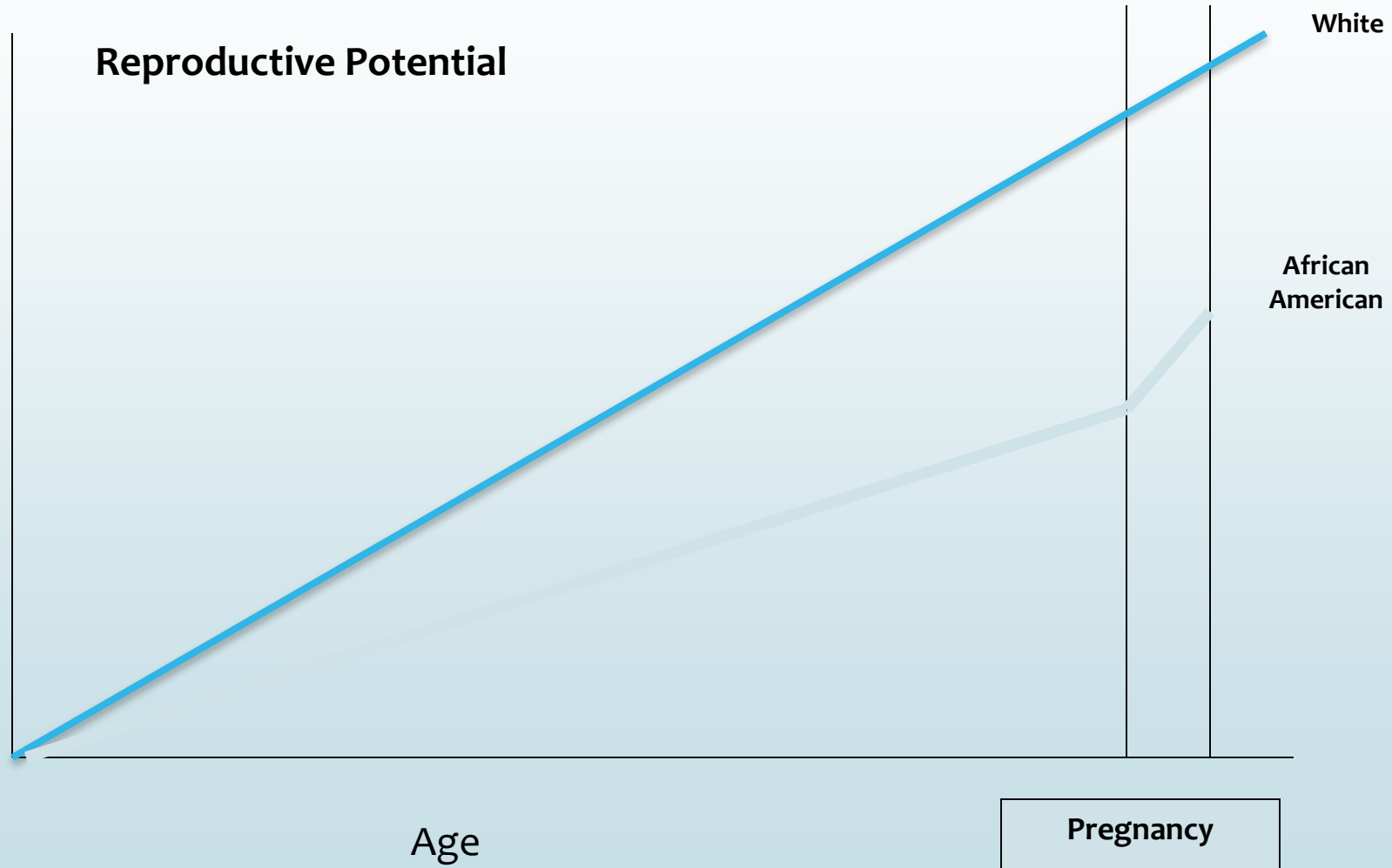
Life Course Perspective



- A way of looking at life not as disconnected stages, but as an integrated continuum.
- Suggests that a *complex interplay of biological, behavioral, psychological, and social protective and risk factors* contributes to health outcomes across the span of a person's life.

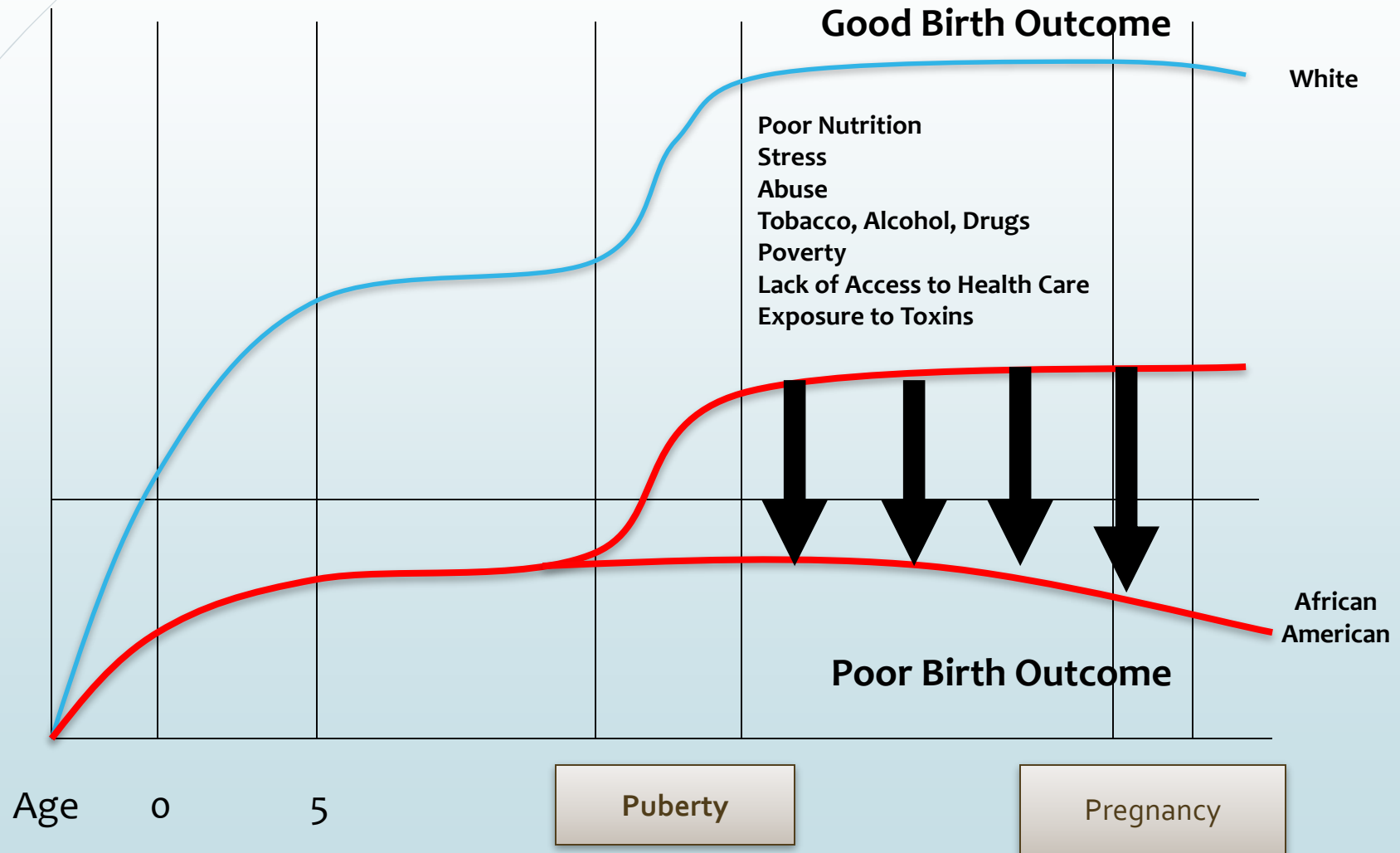
Life Course Perspective

Reproductive Potential

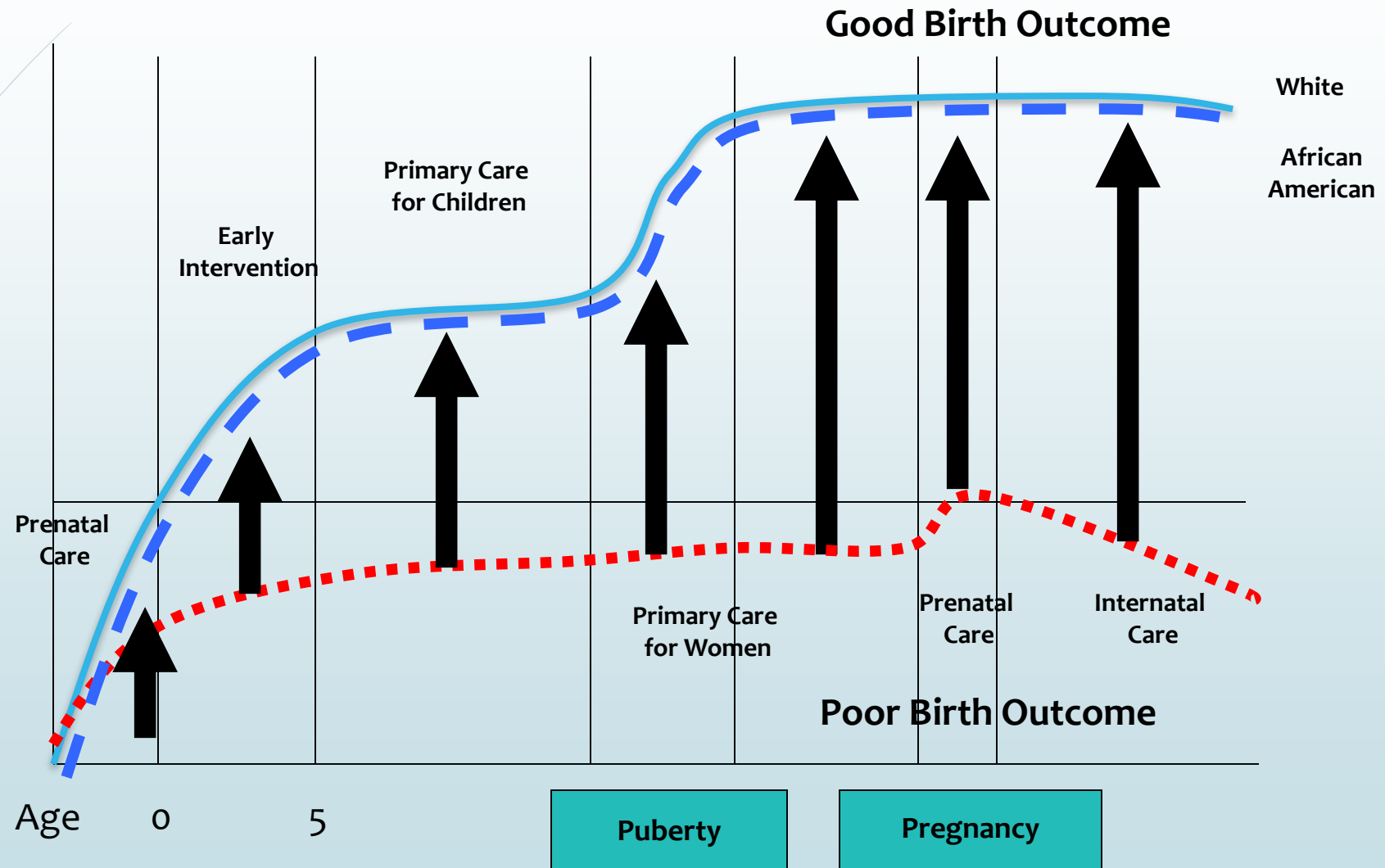


Lu, 2003

Life Course Perspective



Life Course Perspective





Health Care Disparities

- Racial disparities exist even when insurance status, income, age and severity of conditions are comparable.
- Racial disparities occur in the context of historic and contemporary social and economic inequality and institutional racism.
- Racial disparities lead to significantly higher death rates in minorities than whites.



Health Care Disparities Impact Child Health and Development

- ▶ Black infants are more than twice as likely as white infants to die before their first birthday.
- ▶ Low birth weight and preterm births are highest among poor black children.
- ▶ Black children are almost twice as likely to have asthma and 4 times more likely to have elevated blood lead levels than white children.
- ▶ One in four black children are overweight, compared to 1 in 7 white children.



Social Determinants of Health Contribute to Disparities

- Social Determinants are conditions in which we are born, grow, live, work and age.
- These conditions are shaped by the distribution of wealth, power, and resources at the local and national levels.
- Institutional racism plays a significant role in social determinants of health.



Social Determinants of Health

- ▶ Access of quality health care, providers, specialists.
- ▶ Opportunities for gainful employment and economic wealth and power.
- ▶ Physical Environment- safe housing, water, air and neighborhoods.
- ▶ Access to education/quality schools/teachers.
- ▶ Access to healthy foods, grocery stores.
- ▶ Freedom from violence/crime.
- ▶ Positive social interactions and relationships.



Achieving Health Equity

- Requires seeing health as a beginning, not an end.
- Requires fighting institutional racism and the root causes of disparities.
- Requires personal responsibility
- Requires political will, economic access and social action.



Is it different from Health Disparities?

- Health equity means social justice in health, (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically /socially disadvantaged)
- Health disparities are the metrics we use to measure progress toward achieving health equity. The reduction in health disparities (in absolute and relative terms) is evidence that we are moving toward greater health equity.
(www.publichealthreports.org)



Eliminating Disparities

- Addressing the underlying social determinants of health
- Conditions in which people are born, grow, work and age.
- Circumstances that are shaped by the distribution of money, power, and resources.
- Resources include education, health care, public safety and food access.



Dialogue- Courageous Conversations

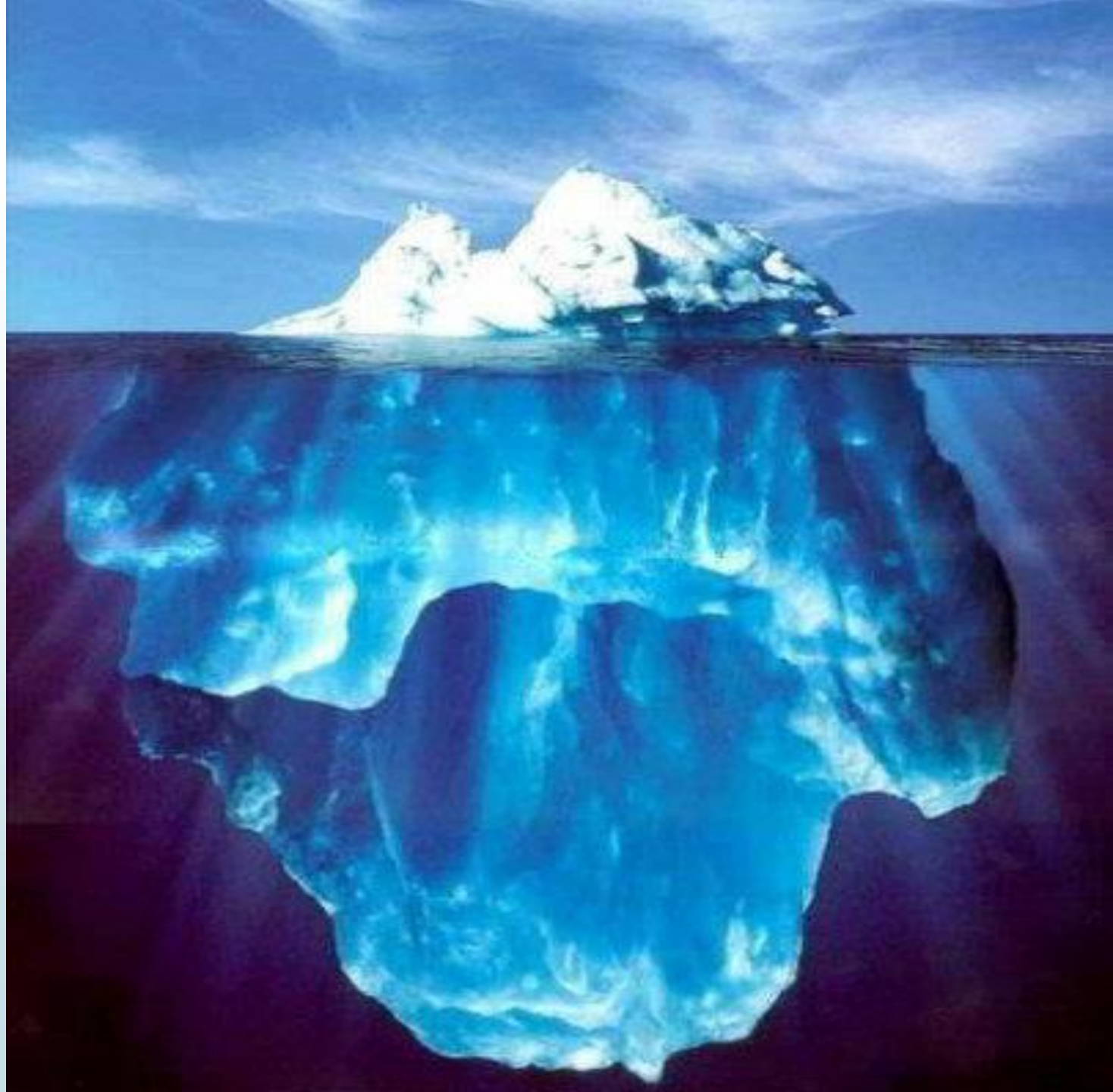
- Discussing the differences and agreeing to four important principles:
 - Stay engaged
 - Experience discomfort
 - Speak your truth
 - Expect and accept non-closure



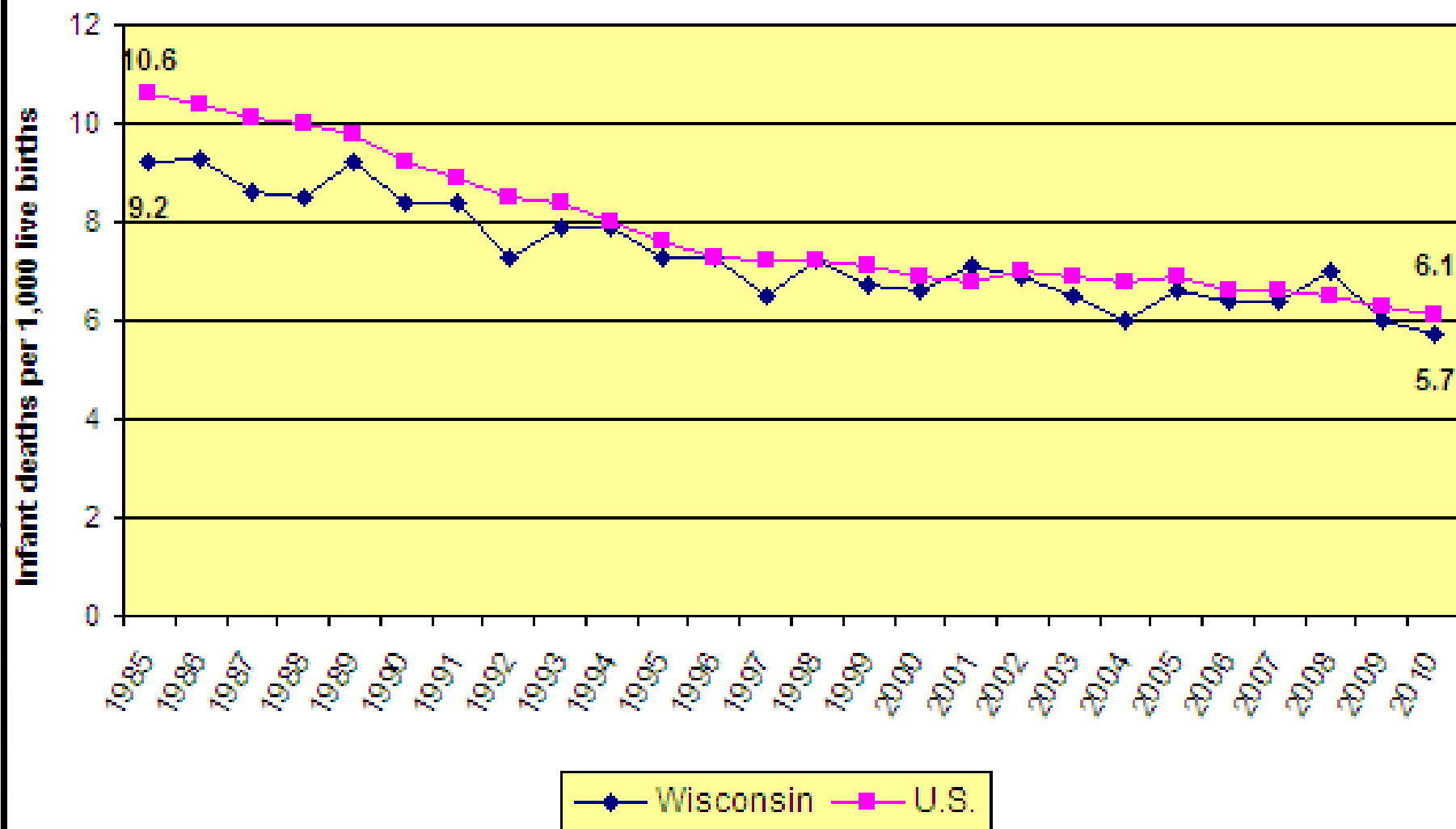
So why is all this important?

- ➡ What does the data tell us?
 - ➡ Disproportionality
 - ➡ History of persistent disparate trends

Why is Equity
so hard to
achieve?

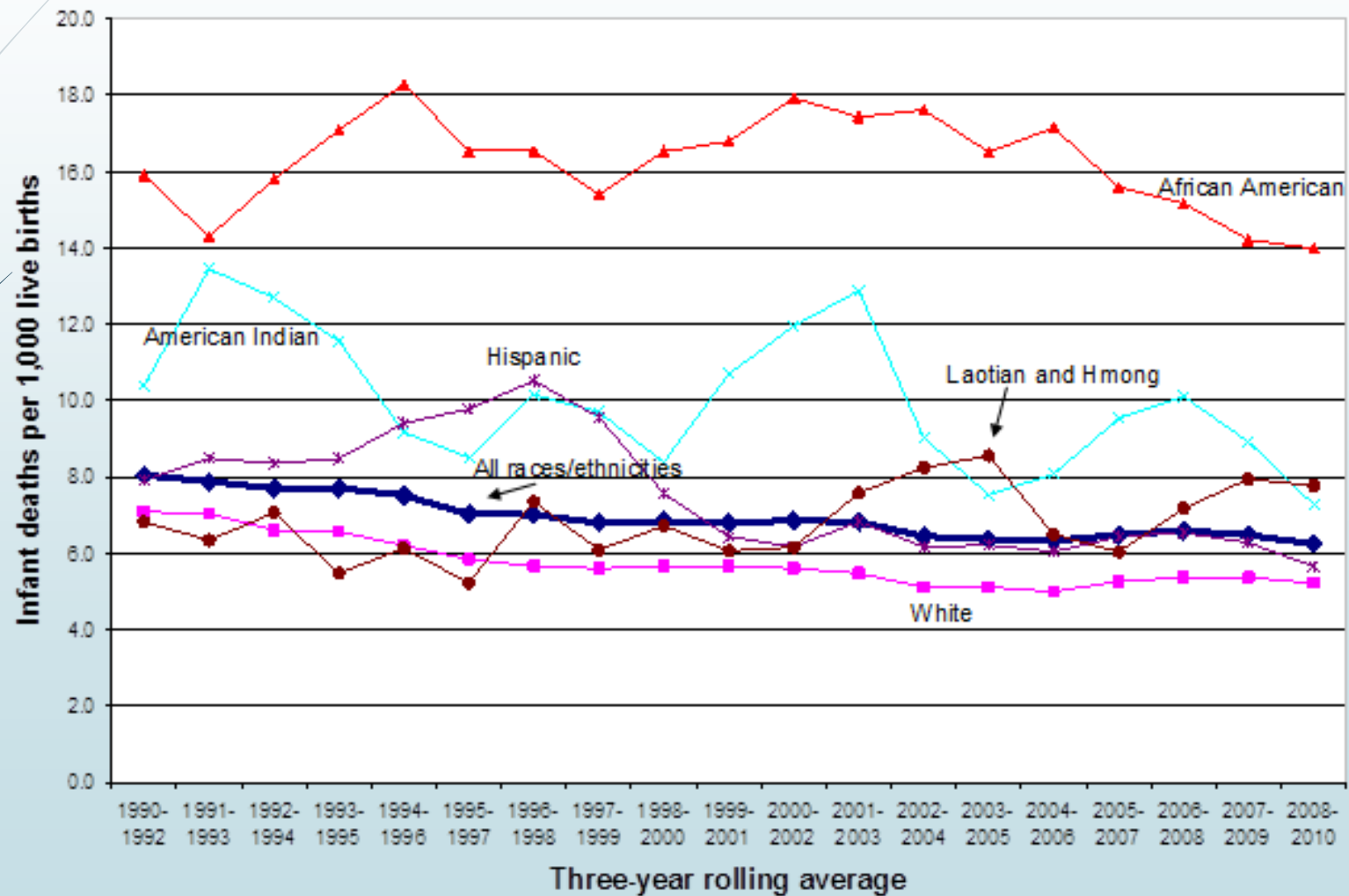


Infant Mortality Rates, Wisconsin and the United States, 1985-2010



Note: Rates are the number of infant deaths per 1,000 live births.
Infant deaths are those that occur before 365 days of age.

Wisconsin Infant Mortality Rates by Race/Ethnicity 1990-2010 (3-Year Rolling Averages)



African American Infant Mortality Rates, reporting states and DC, 2006-2008

Rank	State	AA IMR
1	Washington	7.66
2	Oregon	10.16
3	Rhode Island	10.56
4	California	10.72
5	Mass.	10.90
6	Iowa	11.10
7	New York	11.29
8	Minnesota	11.33
9	Texas	11.69
10	Colorado	11.97
11	New Jersey	12.06
12	Kentucky	12.13
13	Nevada	12.54
14	Georgia	12.70
15	Florida	12.83

Rank	State	AA IMR
16	S. Carolina	12.97
17	Maryland	12.98
17	Nebraska	12.98
19	Connecticut	13.11
20	Virginia	13.40
21	Illinois	13.45
22	Delaware	13.46
23	Arkansas	13.53
24	Alabama	13.73
25	Mississippi	13.82
26	Louisiana	13.88
27	Oklahoma	13.91
28	Pennsylvania	14.14
29	Missouri	14.49
30	Kansas	14.62

Rank	State	AA IMR
30	N. Carolina	14.62
32	Michigan	14.70
33	Arizona	14.85
34	W. Virginia	14.93
35	Ohio	15.03
36	Wisconsin	15.14
37	Indiana	15.36
37	Tennessee	15.36
39	District of Columbia	17.68
40	Hawaii	18.54

Mathews TJ, MacDorman MF. (2011) Infant mortality statistics from the 2008 period linked birth/infant death data set. National vital statistics reports; vol 60 no 5. Hyattsville, MD: National Center for Health Statistics.

Infant Mortality Rates, 2004-2008

Selected counties/cities

State/County City	White	Black	Hispanic	B/W Ratio
Dane	4.1	7.5	5.5	1.8
Madison	4.1	8.9	5.2	2.2
Kenosha	4.8	15.1	4.6	3.1
Kenosha City	4.3	14.7	5.0	3.4
Milwaukee	5.7	16.0	7.1	2.8
Milwaukee City	6.6	16.0	6.8	2.4
Racine	6.5	22.9	10.1	3.5
Racine City	6.0	22.3	8.6	3.7
Rock	5.1	17.7	4.5	3.5
Beloit	7.5	16.8	4.6	2.2
Wisconsin	5.2	15.9	6.3	3.0

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 08/22/12.

Note: 'X' denotes less than 5 events and is not reported.



Timeline of Programs in Kenosha County

- 1996 – Implementation of the Kenosha County Child Death Review Team
- 2004 – Data showed a historically persistent disproportionately higher infant mortality rate among the African American population.
- 2006 – The Black Health Coalition of Greater Kenosha (BHCGK) convened and identifies infant mortality as one of the four health issues to address. Coalition continues to meet quarterly.

2005-06

200

KENOSHA NEWS
 FRIDAY, OCTOBER 7, 2005

Black teen birth rate high in county above minority trend

Birth rates
 The following chart represents the birth rates for teens ages 15-19 for the county. These are compared over a 10-year period.

State medical society
 The following chart represents the birth rates for teens ages 15-19 for the county. These are compared over a 10-year period.

Lack teen

Percentage in county above state, U.S. minority trend

[illegible]

Discover a new way off for Central High bond

Birth rates

Birth Rates (per 1,000 women)
The chart represents the average annual birth rate per 1,000 women 15-19 for various states and Hawaii in 2002. The rates are compared with state and national rates for ethnicity.

State	Birth Rate (per 1,000 women)
Alabama	33
Alaska	121
Arizona	93
Arkansas	23

	U.S.
114	77
89	56

Dr. Patrick Romington, who co-authored the medical journal report, Kentucky County's birth rate among blacks is consistent with

New York

New York

See **TEENS**, Page 43

ratios
value
th

THAT health disparities exist between whites and blacks in the United States is widely recognized. With the black population faring far worse in many major health outcomes. But some experts are calling now attention to differences within the black population that they say may help explain the nature of such disparities and offer new clues about how to address them.

A small but growing body of research shows health disparities between native-born blacks and foreign-born blacks living in the United States. Christopher L. Gardner, a researcher in the Department of Afro-American Studies at Strick College, in Northampton, Mass., recently highlighted some of these differences in the *Journal of Health Care for the Poor and Underserved*. In a review article, the cited evidence that points to a different pattern of health for foreign-born blacks than their U.S.-born counterparts—at least initially.

Upon arrival, for instance, black immigrants have been shown to have lower rates of cardiovascular disease, cancer, by hypertension, obesity and overall

chronic medical conditions than U.S.-born blacks. Yet this pattern may drop with years of residence in the U.S., a finding that concerns health researchers and immigrant advocacy groups alike.

"Much of the research out there doesn't bother to tease apart these differences among blacks," said Arthur "Butt" Butler in this country are not a monolith," he said.

"They include immigrants from Africa, Central and South America, and England, French- and Dutch-speaking Caribbean nations, as well as people new from other African Americans."

Better understanding is needed

Better understanding of such differences is critical to improving care and controlling health costs nationwide, says Raymond Kargus, the deputy director of the National Institutes of Health.

Immigrants, mostly from the Caribbean and Africa, account for a large part of the growth in the country's black population and are a growing force to watch as they write in her review. In the Washington area, Africans

immigrants account for 21 percent of the foreign-born population (the second highest concentration in the United States) and number close to 65,000, according to U.S. Census data. Immigrants from Nigeria and Ghana comprise nearly 6 percent of that figure, found a 2006 Brookings Institution report.

Immigrants from outside Africa brings the estimated count of recent black immigrants to the Washington area to well over 100,000, according to some experts.

While the reasons for an initial immigrant health advantage are not entirely clear, one theory points to the fact that immigrants tend to be healthier people than the men that make up their ethnic counterparts. Other theories credit higher education and better health care access to the data and tighter social networks of foreign-born blacks.

Dr. Walter Pines, immediate past president of the National Medical Association, a black physicians' advocacy group for physicians and patients of African descent, fears the loss of those health advantages could be significant. He and other experts predict that the assimilation process and

associated disease may result in a decline in health status, a finding consistent with data on other immigrant populations.

These findings are barriers to accessing health care. Some may include an inability to speak English, a lack of health insurance, and discrimination against immigrants by health care providers. "Whenever there are barriers to navigating the health care system, people will have poorer outcomes," said Price.

They are lost

Vera Cox-Yasutake, vice president of the National Hispanic American Association (NAAA), a Maryland-based health advocacy group, agrees. Her experiences working with immigrants led her to argue that many lost the U.S. health care system during the

"I may not have hard numbers on this, but these people are lost every day who say, 'I'm here, but I don't know what to do next. Where do I go? What do I do?' " Tan-Jones said. "The U.S. health care system may be better than other countries, but we have family to help us navigate it. Here, most of our people don't get off early because they are lost."

Journal of the American Dietetic Association

By Arthur Saper, the coauthors over growing health risks. *Shunting* lower rates of cancer screenings for certain black, inner-city groups compared with U.S.-born blacks were also less likely to have a regular place to go to for health care. These findings suggest that patterns outside the black inner-city environment, along with the already dramatic health of U.S.-born blacks, disparities between blacks and whites could grow even larger.

Data show that U.S. blacks generally had far isolated visits to health care systems. Death rates for heart disease, for example, are twice as high among blacks as whites, according to the National Cancer Institute. The study also gave advice for obesity, cancer and infant mortality. Lower socioeconomic status among U.S. blacks was seen as a major risk factor (similar to the one mentioned for black immigrants) contribute to the problems.

Looking beyond race

In response to current disparities and fears over future trends, some experts are calling for more research that looks

within it, such as ethnicity, class and length of residence in the United States. They claim that understanding the differences within black communities is crucial to the success of thinking about disparities and addressing population at risk.

According to Arthur, culture differences may be the address by existing health literacies: many campaigns and programs assume that respect defines the system. Other efforts could be more effective by addressing determinants of health care, discrimination, psychological stress and economic issues.

"The same thing has always happened to people of color groups, including Latinos and Asians," Arthur said. "It's time to start doing it for the black population."

The National Center for Minority Health and Disparities established in 2001, has always been to focus its research on this problem. Other initiatives are exploring their own and to address the problem.

Arthur applauds the move. "After all," she said, "we may have come here on different boats, but we're all in the same

KENOSHA NEWS
MONDAY, MARCH 13, 2006
Infant death rate soars

MONDAY, MARCH 13, 2006

KENOSHIA
MONDAY, MARCH 13, 2006

Black infant death rate soars

Mortality 7 times higher than for whites in county

Read & React
To respond to this article visit
www.kenosha.com

The most recent numbers for the black infant deaths are the highest in the last seven years, said Gary Brown, executive director of Kenosha Area Family and Aging Services Inc. Until the rate has been and



...prenatal care, according to state health officials. The black

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13 seed
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14 seed
No. 2
15 seed
No. 1
16 seed

Te Ferguson just wants her baby to be healthy.

And with about three months to go, her pregnancy is progressing normally.

"It's been good so far. Every thing's normal," said Ferguson 18, of the regular checkups she had with doctors at the Aurora Health Clinic on 22nd Avenue.

But while Ferguson knows the importance of keeping herself and her unborn child healthy, not enough women seek or have access

In Kenosha County, infants were six to seven times more likely to die than white infants, according to 2004 data provided by the Wisconsin Department of Health and Family Services.

The mortality rate for black infants was 30.2 deaths per 1,000 live births, compared with 4.5 for white infants.

Kenosha's rate was more than 30 percent higher than the statewide rate of 19.2 per 1,000.

Many factors

The leading cause of death was low birth weight, accounting for 1,800 in 2000, according to local data.

Dr. Te...

Donna Hemphill, an obstetrician GY
Ferguson, 18, of Kamasha, who is six
her visit on Friday to the Aurora Hea
ve.



Dr. Donna Hemphill, an obstetrician gynecologist, examining Te Ferguson, 18, of Kenosha, who is six months pregnant, during her visit on Friday to the Aurora Health Clinic at 7550 22nd Ave.

To Your Health

The Journal Times, Friday, August 4, 2006
page editor: Arin M. Gustaf

Racial comparisons of health care get more study

BY JEFFREY Q. GHASSEM
The Washington Post

That health disparities exist between whites and blacks is well recognized, with the latter group faring far worse on many major health outcomes. But some experts are calling for new approaches to understand the differences within the black population that they say may help explain the nature of such disparities and offer new ideas about how to address them.

A small but growing body of research shows health disparities between native-born blacks and foreign-born blacks living in the United States. Carolina Arreola-Ornelas, a researcher in the Department of Health, Behavior, and Society at the Johns Hopkins University College in Baltimore, Md., has recently highlighted some of these differences in the *Journal of Health Care for the Poor and Underserved*. In a review article, she states that "it is important to better overall picture of health for foreign-born blacks than U.S.-born counterparts—at least locally."

Usually, for instance, black immigrants have been shown to have lower rates of cardiovascular disease, cancer, hypertension, obesity and even

chronic medical conditions than U.S.-born blacks. Yet this reluctance may drop with years of residence—a concern for health researchers and immigrant advocacy groups alike.

Much of the research on the immigrant's better health overlooks these differences among blacks," said Archer. "But 'blacks' in this country are not a homogeneous group," she said. "There are blacks from Africa, Central and South America, and England, French- and Dutch-speaking Caribbean nations, as well as people now known as African Americans."

Better understanding is needed

Better understanding of such health disparities is critical to improving and coordinating health care nationwide, says Raymond Kington, deputy director of the National Institutes of Health.

Immigrants, mostly from the Caribbean and Africa, account for a large part of the growth in the country's black population over the past 25 years, Archer writes in her review. In the Washington area, African

immigrants account for 11 percent of the foreign-born population (the second highest concentration in the United States) and are more likely to be poor, with 36.8 percent of them living on less than \$10,000, according to U.S. Census data. Immigration from Ethiopia, Nigeria and Ghana has increased nearly 50 percent in the last five years, and a 2005 Brookings Institution report, *Adding Black Immigrants to the Mix*, says that African immigrants in the Washington area are well over 100,000, according to some estimates.

While the reasons for an initial immigrant health advantage are not entirely clear, one theory points to "selective migration"—the idea that immigrants are healthier to begin with. Other theories credit higher education and socioeconomic status, lower-fat diets and tight social networks of foreign-born blacks.

Dr. Winston Price, executive director-president of the National Medical Association, a black physicians' advocacy group for physicians and patients of African descent, fears the loss of such health advantages over time. He and other experts say that the assimilation process and

associated disease may lead to a more consistent and useful, a finding consistent with data on other immigrant populations.

Another factor: obstacles to accessing health care. Many people may have trouble speaking English, a lack of health insurance and discrimination—and navigating by themselves with a complex health care system. There are barriers to navigating the health care system, people will have poorer outcomes," said Price.

'They are lost'

Yvona Oso-Yona, vice president of the African Women's Cancer Research Institute (AWICI), a Maryland-based health advocacy group, agrees. Her experiences working with African immigrants suggest that many feel the U.S. health care system daunting.

"I may not have hard numbers but I have seen these people who are very intelligent and have cancer. Where do I go? What do I do?"—Yvona said. "The U.S. health care system may be very complex and at times we have family to help us navigate it. Here, many of our people don't go for early screening because they are scared."

Notes of the researchers' conclusions

by Arthur supports the concept of early growing, health risks, and early lifestyle interventions. Large-scale screenings for certain black immigrant groups compared with U.S.-born blacks showed that the U.S.-born group has less than U.S.-born blacks to have a regular place to go to for health care. Some fear that if such studies are conducted, health care managers, along with the already drastic health of U.S.-born blacks, disparities between immigrants and whites could grow even larger.

Data show that U.S. blacks generally pay far higher rates of health care than whites. Deaths from heart disease, for example, are twice as high among blacks as whites, according to the National Center for Health Statistics. Similar gaps exist for obesity, cancer and infant mortality. Lower socioeconomic status among U.S. blacks as well as barriers to health care (discussed and mentioned for black immigrants) contribute to the problem.

Looking beyond race

In responses to current disparities and fears over future trends, some experts are calling for more research that looks

within it, such as ethnicity, ages and length of residence in the United States. They understand that understanding the differences within black communities can provide new ways of thinking about disparities and improving populations at risk.

According to Arthur, other differences might be addressed by providing translators in many languages and promoting agencies that respect different belief systems. Other efforts could address social inequalities in health care, discrimination, psychological stress and economic issues.

"The same thing has always happened with other minority groups," says Arthur, "Latins and Asians," Arthur said. "It's not so hard doing it for the black population."

NIA's National Center for Minority Health and Disparities established in 2004, has always begun to focus its research on this problem. Other institutes are conducting their own studies and working on the same issues.

Arthur applauds the move. "After all," she said, "we may have come here on different boats, but we're all in the same



Timeline of Programs in Kenosha County cont.

- 2008 – The Kenosha County Division of Health (KCDOH) and Kenosha/Racine Community Action Agency – Women, Infants, and Children (WIC) program collaborate to provide an intensive Pre-Natal Care Coordination (PNCC) program to address infant mortality with pregnant African American women as the target population.
- 2008 – Infant Morality Delegation (IMD) formed to address the high rate of African American infant mortality.

2008

Stress from racism may be factor in high black infant deaths

BY JOE PETTY
petty@kenosha.com

Researchers suggest chronic stress caused by racism could play a major role in the dramatically higher rates of infant mortality within the black community.

The question hits home in Kenosha County, which has one of the highest black infant mortality rates in the state. Wisconsin, at 15.9, has one of the nation's highest rates.

An ongoing discussion of the issue continued at the Kenosha Public Health Center, where the United Way of Kenosha County, the County Division of Health and the Black Health Coalition of Greater Kenosha held the latest in a series of forums.

"Our African American mortality rate is extremely high, even the other ethnic groups," said Katherine Marks, chief executive officer of the United Way of Kenosha County.

Black infants in Kenosha County are more than seven times as likely to die than their white counterparts, according to 2004 data furnished by the United Way.

While whites experienced an infant mortality rate of 1.06 per 1,000 births, the black rate soared to 14.19 per 1,000.

The Hispanic rate landed roughly in the middle, at 3.67 per 1,000.

A final question was turned in February to local understanding of the disparity.

Marks said eight local causes were identified. Of those, the United Way has chosen four for initial focus — prenatal care, support systems, housing practices and infant feeding.

But the idea of racism as a stressor was a focus of Friday's meeting, where attendees viewed and discussed "When the Struggle Breaks," a DVD documentary on the topic.

Two Chicago physicians looking to solve the mystery of racial pediatric health disparities found that pre-

BLACK INFANTS
in Kenosha
County are more than seven times as likely to die than their white counterparts, according to United Way data.



Katherine Marks, chief executive officer of the United Way of Kenosha County, speaks Friday on efforts to reduce the area's black infant mortality rate. The United Way and other organizations co-hosted the second in a series of meetings on the issue, driven by the county's wide-racism disparity rate between white and black infant deaths.

African American mothers with more protective factors, to help them overcome negative ones.

Daryl Lee Carter, a member of a Southern Infant Death Syndrome association in Racine and an employee of the AIDS Resource Center in Kenosha, said he believes the types of relationships that parents are in and the pressure of a nurturing father also matter.

Levin said the pressure goes beyond obvious instances of racism.

"It's a lot more than just individual acts and individuals doing things," Levin said. "It's institutional."

In a small group round-table, Levin addressed the subtle forms of racism that also experienced as a black expectant mother.

Though she said she had a great doctor, she said she had to be on her guard — in multiple occasions — if her babies were from the same father.

Levin, who is married, said she felt her Kenosha doctor's reluctance about receiving her visiting ring when it became too tight during her pregnancy.

She said she didn't meet people thinking, "There's just another pregnant black woman. I wonder who the father is."

Angela Cunningham, director of the B.C.A. Urban Outreach Center at Grace Lutheran Church, said she believes it is key to provide

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KENOSHIA
SATURDAY, AUGUST 2, 2008

Black infant death stats alarming

Rate more than 4 times that of white babies in county

Kenosha County's infant mortality rate is one of the highest in the state, and the disparity between white and black babies is alarming. The county's black infant mortality rate is 14.19 per 1,000 live births, compared to 1.06 per 1,000 for white babies, according to 2004 data from the United Way of Kenosha County.

The disparity is even more pronounced when looking at the rate for African American babies who are born to mothers who are also African American. In that category, the rate is 21.19 per 1,000 live births.

The county's Hispanic infant mortality rate is 3.67 per 1,000 live births, and the rate for Native American babies is 1.06 per 1,000 live births.

The county's overall infant mortality rate is 2.19 per 1,000 live births.

The disparity in infant mortality rates is a major public health issue in Kenosha County. The United Way of Kenosha County is working to address the issue through a variety of programs, including prenatal care, support systems, housing practices, and infant feeding.

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Local News

Kenosha News / Wednesday, August 20, 2008 / A3

Prenatal care alarm sounds

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Fire displaces nine from southside home

A fire in the upstairs bedroom of a home at Monday has displaced nine people.

The fire was called in at 11:11 p.m. on Monday. The fire was located in the upstairs bedroom of a home at Monday. The fire was caused by a candle that had tipped over.

The fire displaced nine people, including a family of five and four other residents. The fire was contained to the upstairs bedroom, and no one was injured.

The fire was caused by a candle that had tipped over. The fire was contained to the upstairs bedroom, and no one was injured.

The fire was caused by a candle that had tipped over. The fire was contained to the upstairs bedroom, and no one was injured.

Hospital groups to work on balancing doctors' caseloads of Medicaid moms

BY DENISE LACROIX
denise@kenosha.com

Representatives from the county's two largest medical groups have agreed to work on balancing the caseload for doctors serving pregnant women on Medicaid, but they will ultimately need the cooperation of a number of doctors in Kenosha County.

Jean Helgeson, Medicaid director for the state Department of Health and Family Services, said officials from Aurora Medical Center, Aurora Medical Group, United Hospital System and United Medical Group met with her last week to work on the issue.

"It was interesting being in the room with two competitors," Helgeson said. "We brought the data we had, which summarizes the numbers of Medicaid delivery claims the doctors are delivering and by what groups and individual doctors."

According to data compiled by the state through July 2007:

- The 11 doctors with the Aurora Medical Center, Aurora Medical Group delivered 147 babies.
- The four doctors at United Medical Group delivered 130.
- Dr. Timothy Zalko delivered 143.
- The three independent doctors with Midwest Center for Women's Health delivered 85.
- Other doctors delivered 42 babies.

Helgeson said she felt those who attended the meeting accepted the conclusion that Zalko has delivered more than his fair share of babies and that his share is going up.

"They didn't dispute the numbers," Helgeson said. "They were able to agree there was a problem and that there was a significant increase in the caseload Zalko has seen. They also agreed that it wasn't a good situation and it was not sustainable... Public have to desire to be petty."

Officials with Aurora declined to comment specifically on the meeting, but they did agree on something: whether they are involved in being part of the solution, and we are committed to working with others in the community to find a resolution.

Rita Schmidt, president and CEO of United Hospital System, said he felt the meetings went very well and the focus will now be on analyzing whether there truly is a problem, how serious it is and if it is an immediate problem.

"No one can dispute what Dr. Zalko is doing," Schmidt said. "But a number of our doctors are doing their fair share."

Schmidt said the focus will be on how obstetricians can spread out the number of Medicaid patients they are



Timeline of Programs in Kenosha County cont.

- 2008/2009 – Infant Mortality Delegation (IMD) facilitated three Town Hall meetings:
 - “Infant Mortality Crisis in Kenosha County”
 - “When the Bough Breaks”
 - “Healthy Babies, Brighter Futures”
- 2009 – Workgroup formed with support from IMD and BHCGK to complete the RFP for the Lifecourse Initiative Grant.
- 2010 – Kenosha Lifecourse Initiative for Healthy Families grant is awarded.

Infant Mortality Rates, 2006-2010

Selected counties/cities

State/County City	White	Black	Hispanic	B/W Ratio
Dane	4.1	12.2	4.2	3.0
Madison	5.2	14.5	3.2	2.8
Kenosha	5.3	8.2	4.4	1.5
Kenosha City	4.8	7.6	4.8	1.6
Milwaukee	5.4	15.0	7.2	2.8
Milwaukee City	5.8	15.0	7.2	2.6
Racine	6.5	18.1	8.8	2.8
Racine City	6.3	18.4	8.0	2.9
Rock	6.2	17.0	6.8	2.7
Beloit	8.8	13.8	4.5	1.6
Wisconsin	5.2	14.7	5.9	2.8

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 08/22/12.

Note: 'X' denotes less than 5 events and is not reported.

2009-10

Wirsch named to infant mortality study

State Sen. Robert Wirsch, D-Pleasant Prairie, will serve on a legislative study committee on infant mortality.

The panel, which will convene this fall, is charged with studying causes of infant mortality in the state and the public health costs of not addressing them and evaluating past efforts to address the problem and the coordination of public health and Medicaid funding.

Infant mortality rates in Kenosha County have raised concern among public health officials, particularly because of a disparity between black and white infant deaths that exceeds state and national averages.

"I'm excited about that because it's been a major problem here in Kenosha," Wirsch said, of his committee assignment. "There's a lot we have to find out, but there's good people on the committee and I'm hopeful we can improve the situation."

Grant helps county study black infant mortality

BY JOE POTENTE
jpotent@kenosha.com

Kenosha County will use a \$250,000 state grant to develop an action plan to reduce the state's rate of black infant mortality.

County Executive Jim Krieser and other officials announced the recent award at a news conference Wednesday. The funds are part of the state's Lifecourse Initiative for Healthy Families, a \$10 million initiative to address black infant mortality statewide.

"Kenosha has seen a disproportionate number of infant deaths in the African-American community," said Gwendolyn Perry-Brye, chairwoman of the Black Health Coalition of Greater Kenosha and a nurse practitioner with the county Division of Health. Kenosha County's rate of 18 deaths per 1,000 births in 2007 is more than four times the rate for whites, Perry-Brye said.

After an action plan is developed, Perry-Brye said,

Please Join Us!

For a FREE luncheon program
Infant Mortality: Community Problem

Friday, November 6, 2009
11:30 AM - 1:30 PM

Speaker:
Gwen Perry-Brye, NP
Kenosha Co. Health Dept.
presents on:

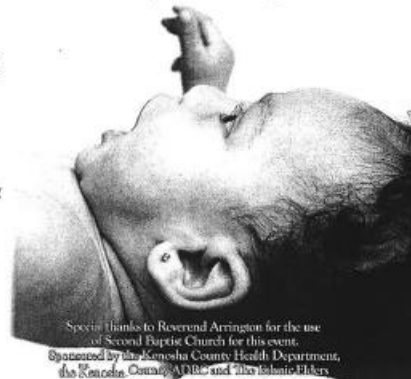
Infant Mortality, how it affects the African American community locally, statewide and nationally. View a short segment of the PBS series "Unnatural Causes: When the Bough Breaks." Learn how you can help and take part in a discussion following the presentation.

Second Baptist Church
3925 32nd Avenue
Kenosha, WI

Please call the Aging and Disability Resource Center for reservations.
(262) 695-6646.

Public invited!*

*Reservations required, limited seating available.



Special thanks to Reverend Arrington for the use of Second Baptist Church for this event.
Sponsored by the Kenosha County Health Department, the Kenosha County ADRC and the Infant Mortality Task Force.

County's high black infant death rate focus of talk

BY TERRY FLORES
tflores@kenosha.com

The representative of a Kenosha County health care initiative seeking answers to the disproportionate rate of infant deaths among African-American mothers will become a dialogue for the entire community.

"We still haven't had that conversation," said Gwendolyn Perry-Brye, a nurse practitioner who addressed the Kenosha NAACP Thursday night.

Perry-Brye is also a member of the Black Health Coalition of Greater Kenosha County, which has facilitated that is studying what factors — biological, behavioral, social, economic and environmental — contribute to racial or protection to Black infants are more than four times as high as for whites in the county.

Kenosha County's infant mortality rate is one of the highest in the state, and the county's overall health status is just below the state average. "When the bough breaks," which is the research of two women who are well educated and are in higher income brackets face difficult challenges when it comes to the infant mortality rate.

According to research, the infant mortality rate of black Kenosha County is relatively high compared to other African-Americans.

Moms-to-be who are on Medicaid get helping hand

"Pre-natal care navigator" hired for Kenosha County

BY DENISE SMITH
dsmithe@kenosha.com

Medicaid patients seeking prenatal care in Kenosha will now have an advocate helping them find physicians willing to provide care.

Karen Timberlake, the secretary of the Wisconsin Department of Health Services, announced Wednesday that the state has hired a "pre-natal care navigator" who will help link patients with doctors willing to provide prenatal care and obstetric care for women on Medicaid.

Timberlake said the state has also reached an agreement with United Hospital System, Aurora Healthcare and independent physicians ensuring that there will be more than a dozen doctors in Kenosha County willing to take patients with Medicaid insurance.

Late last year, representatives of Aurora and United met with the state to work on balancing the caseload among doctors

See **HELP**, Back page

Local

EVENTS

Infant mortality focus of event

KENOSHA — The Kenosha Lifecourse Initiative for Healthy Families will hold an informational observation of National Infant Mortality Awareness Month on Friday.

Refreshments, exhibits and a reading of proclamations will be included at the event, 10:30 a.m. to noon in conference rooms N1 and N2 at the Kenosha County Job Center, 8800 Sheridan Road.



KEND

Opinion and Commentary Editor: Steve Lund | (262) 656-6283 | slund@kenoshanews.com

County health officials and local medical providers should be celebrating the news that the infant mortality rate in Kenosha County's black population has fallen significantly.

In 2011, the black infant death rate was 4 per 1,000 live births, significantly below the level it has been in recent years. Over the last 10 years, the mortality rate for black infants was 11.2 per thousand. It fell to 8.3 in 2009 and 6.5 in 2010.

The mortality rate for white infants was 4.6 per 1,000 live births in 2011, which is close to the 10-year rate of 4.8 per thousand.

The large gap in mortality rates for black and white infants stirred a significant response in Kenosha in 2000. That summer, the United Way of Kenosha County organized a community meeting to discuss the state Department of Health's statistics that showed the

mortality rate of black infants was 18 per thousand, while the rate for white infants was 4.1.

The chief medical officer for the Wisconsin Division of Public Health was at that meeting, and he said the community should be "un in arms."

And the community did figuratively take up arms in a battle to provide better communication and better services to black mothers.

The United Way, the Kenosha County Health Department, the County Board's Human Services Committee, the Kenosha Community Health Center, hospitals, doctors, the state Department of Health and the Black Health Coalition all got involved in the effort to reduce infant mortality.

In 2009, a "pre-natal care navigator"

position was established to help link patients with doctors, and various organizations also worked to get more doctors to accept pre-natal patients on Medicaid, the government insurance plan that pays doctors less than private insurance.

On Monday, Dr. A.J. Capelli of Aurora Health Care credited the community-based approach with making the difference, and both he and County Health Director Cynthia Johnson said the effort now needs to be directed as sustaining the effort.

We hope they are successful in sustaining these results, but what they've done already is important. The statewide infant mortality rate is 6.15 per thousand live births. In Kenosha County, it's lower than that for black and white babies.

Other counties with significant black populations should be looking at Kenosha to see if they can duplicate the successes that have been achieved here.

Partly sunny and warmer. High 74 • Low 59 — Details, A14

VINCENT-MCCALL CO. THRIVED IN KENOSHA FOR 60 YEARS

KENOSHA

TUESDAY

Partly sunny and warmer. High 74 • Low 59 — Details, A14

Partly sunny and warmer. High 74 • Low 59 — Details

KENOSHA NEWS

MCCALL CO. THRIVED IN KENOSHA FOR 60 YEARS

infant mortality

Search for jobs, upload and store your résumé at JOBS.KENOSHA.COM

TUESDAY, MAY 14, 2013

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infant:

Joe Cozart
144

Search for jobs, upload and store your
TUESDAY, MAY 14, 2013

History Mystery
Page 42

***\$1.00

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NO TONY BLADE
Dover/Barnes
Kensington Co.
New York

Wisconsin County's black infant mortality rate continues to decline and was lowest among counties in southeastern Wisconsin, according to the last three years of data published in 2011.

The rate was 4 per 1,000 live births, according to an analysis from the Wisconsin Department of Health Services, Bureau of Health Statistics, on Monday.

Rates in neighboring counties were higher. In Milwaukee,

...the court ...
...in ...

...County, the rate was 14.6 per 1,000 births, while in Racine it was 12.1 per 1,000 births. The statewide rate was 13.8, according to the data.

...to last decade, the
...Country rate is
...per 1,000 live births. By
...for the white infant
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...and Gary Brown, mem-
...ctor, Pennsylvania Ar-
...ctor Aging Services.
...the death rate over

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time continues to be high among African Americans, health and medical officials cautiously point to progress as the latest data showed that the black rate is lower than that of the white rate, and that the gap is closing.

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country's rate was the highest in the region. Over the last three years, the rate has steadily declined from 0.5 per 1,000 in 2008 and 0.5 per 1,000 in 2010.

by the decrease in

Another is Kottick's pre-emptive "prevention" campaign that includes Kottick, Kottick, Milwaukee and Polak aimed at lowering the rate.

... a pre-natal environment and

...that your firm...

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Local Initiatives

INFANTS, PAGE 2

0-11

Infant Mortality Rates, 2013-2015

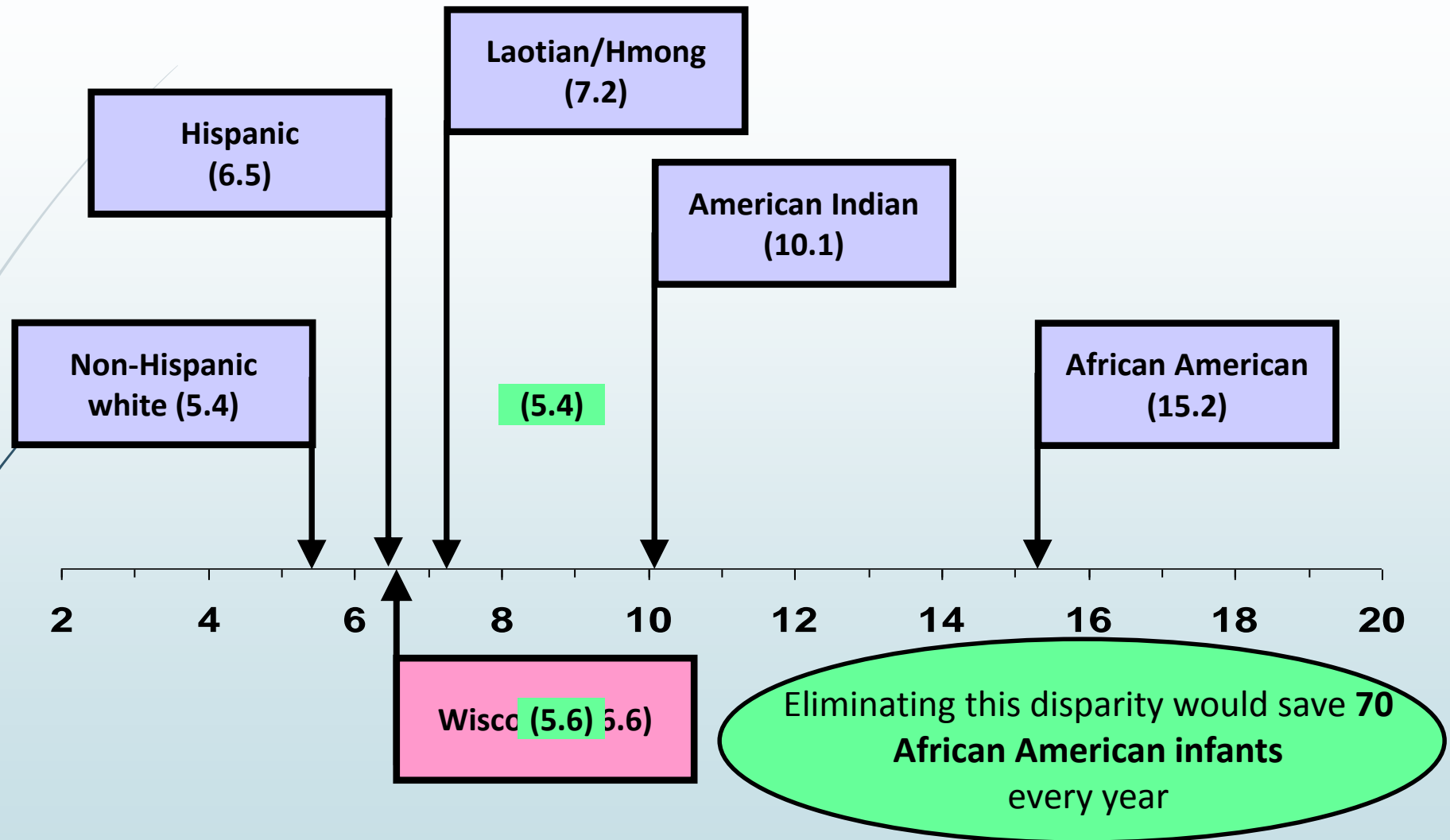
Selected counties/cities

State/County City	White	Black	Hispanic	B/W Ratio
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Beloit	5.4	14.1	3.0	2.6
Wisconsin	4.8	13.9	5.3	2.9

Note: 'X' denotes less than 5 events and is not reported.

Wisconsin Infant Mortality Rates

(Per 1,000 live births, 2006-2008)



MODEL PROGRAMS



Parents as Teachers®



Kenosha County Comprehensive Home Visiting Program

- The KCCHVP – Parents As Teachers (PAT) and Nurse Family Partnership (NFP) program offers case management and health education for pregnant women. These programs are designed to improve healthy birth outcomes for families.
- Since the collaboration with KCDOH and WIC in 2008, potential referrals have steadily increased and more women are receiving the care and services they need.



Kenosha - NFP




- First time moms
- Low Income
- < 28 weeks pregnant
- Voluntary
- Work with the woman until the babies turn two



Parents As Teachers

- Enrolled in BadgerCare+
- ≥ 4 risk factors
- Voluntary
- Work with women until the child is three years of age



The true measure of a nation's standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

UNICEF, Child poverty in perspective: An overview of child well-being in rich countries,
Innocenti Report Card 7, 2007, UNICEF Innocenti Research Centre, Florence.

Umoja
Swahili meaning –
Unity the spirit of togetherness

**The ties that bind us
are stronger than...
Whatever separates
us and the memory of
who we are and
the knowledge of
what we must do
will empower us to
save our own lives.**





THANK YOU!!!!!! QUESTIONS?

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gwen.brye@kenoshacounty.org