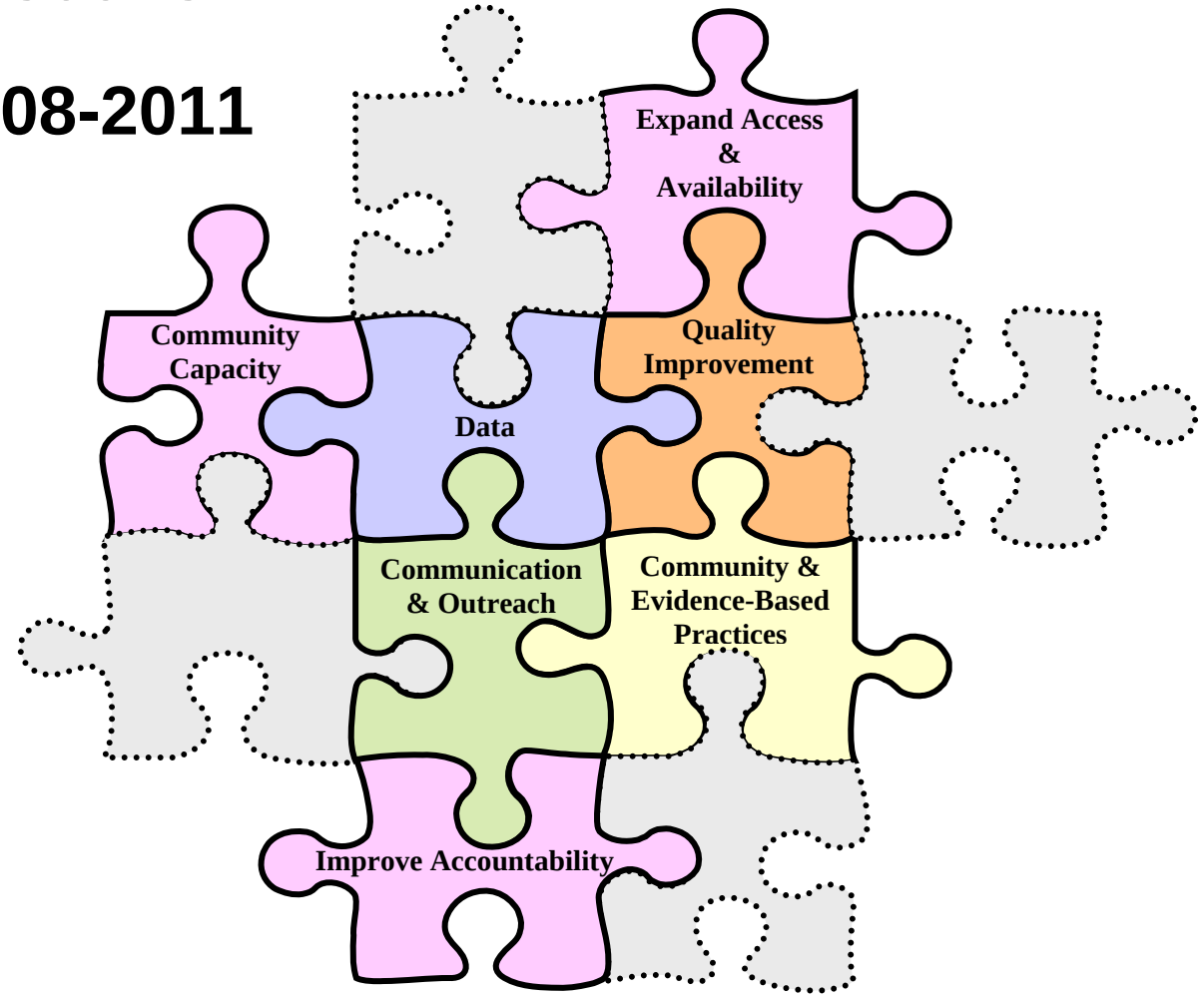
A Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes

Wisconsin

2008-2011



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Introduction

About this Framework for Action

The elimination of health disparities is an overarching goal of Healthiest Wisconsin 2010, yet Wisconsin ranks highest in the African American infant death rate among 34 reporting states and the District of Columbia (CDC, August 2007). Preterm birth, low birthweight, and Sudden Infant Death Syndrome (SIDS) constitute the leading causes of death for infants born to African American women. Compared to white infant mortality, the infant death rate is also higher among American Indian, Laotian/Hmong and Hispanic populations. Many of these deaths are preventable and there are effective actions that can be taken.

This 2008-2011 revised Framework for Action includes three major goals and several critical related strategies that will be accomplished by the Wisconsin Department of Health Services (DHS) and other key partners in the next few years (see Appendix for the DHS-Sponsored Activities). It also provides updated data and information documenting Wisconsin's racial and ethnic disparities in infant mortality. Wisconsin can only solve this problem if many people take action; thus this report includes ideas for individuals, groups, and organizations to make a positive difference.

Partnership

"Some of the most critically important tasks require lateral leadership – boundary crossing leadership – involving groups over whom one has little control. We must exercise leader-like influence beyond the systems over which we preside. We must do what we can to lead without authority" (John Gardner, *On Leadership*, 1993; pronoun respectfully modified).

This Framework for Action is intended both to persuade people that the rate of infant mortality is shocking and unacceptable and to induce many people around our state to decide to take the right actions to eliminate health disparities that exist between different Wisconsin populations.

The magnitude of the social, economic, and biological determinants affecting maternal and infant health is great. Every person who cares about healthy infants, every organization that works in health care, social services, public health, and community development, and every community--all bear a responsibility to assist in creating the environment and systems that foster the health and well-being of the citizens of the state, and in eliminating the great disparity in infant death rates among various ethnic populations in our state.

We ask that those of you in community-based organizations, academia, the business community, the faith community, and public and private health sectors take the following actions:

- Implement strategies in this plan;
- Include the elimination of birth disparities in your own strategic plans;
- Convene discussions; and
- Encourage broad partnerships in your communities to collaboratively work to assure healthy infants and prosperous futures.

The Wisconsin Department of Health Services (DHS) has convened a Statewide Advisory Committee on the elimination of racial and ethnic disparities in birth outcomes (see Appendix for current membership). The mission of this advisory committee is to advise DHS in the implementation of this Framework for Action to foster effective collaboration among a broad array of partners; develop indicators of success; and serve as ambassadors helping to raise awareness, identify resources, and facilitate action at all levels of the community (see Appendix for list of selected factors and indicators).

By working together, we can set in motion those actions needed to eliminate racial and ethnic disparities in birth outcomes in Wisconsin. What can you do to help?

DHS has established a Web site that contains this Framework for Action; the initiative's charter; the status of projects in support of this initiative; and related links: http://dhs.wisconsin.gov/healthybirths/. At the site, click on "Contact Us" to send us your comments.

Assumptions

"Improvement in the health of the total population without any reduction in relative disparities among racial and ethnic groups was the most frequent outcome at mid-decade for population-based Healthy People objectives. Strategies to maximize improvement in overall population health may have little or no impact on disparities, or indeed may cause them to increase" (Keppel, Bilheimer, and Gurley, Health Affairs, 2007).

Based on research to date, this framework is:

Focused on "closing the gap," not "raising all boats."

- What has worked to improve infant mortality for the majority population has not had the same (equal) effect on minority populations.

Not intending to achieve a reduction in the disparity by increasing the infant mortality rate in the majority population.

- All strategies in the framework will be focused on improving infant mortality rates, not creating a false statistical improvement.

Informed by data, by race and ethnicity, describing the major causes of infant mortality in Wisconsin.

Transparent in that the most effective strategies for "closing the gap" are not known.

- DHS and all partners will need to strive collaboratively and creatively to research, implement, and investigate the efficacy of strategies to eliminate disparities.

Informed by available evidence of what can be done to improve birth outcomes for specific racial and ethnic groups.

- The framework strategies consider and build on the evidence known to date to be effective.

Charged by the belief that it is possible to accelerate improvements for specific populations by targeting resources.

- This effort, while not resource-rich at this point, acknowledges that resources among partners will need to be overtly targeted to address the issue.

Strengthened by acknowledging that resources from public health and health care alone are not likely to be sufficient to eliminate disparities, but they are likely to make an impact.

- This framework has a strong emphasis on partnership and actions that multiple organizations, groups and individuals can undertake to help Wisconsin address the problem of racial and ethnic disparities in birth outcomes.

The Impact of Infant Mortality in Wisconsin

In 2006, 462 Wisconsin infants died during the first year of life. Of these, 268 were white and 121 were African American (Table 1). Wisconsin's white infant mortality rate of 4.9 deaths per 1,000 live births nearly met the national Healthy People 2010 objective of 4.5 deaths per 1,000 live births. In contrast, infant mortality rates for Wisconsin racial/ethnic minority populations have not met this objective; the African American infant mortality rate in 2006 was 17.2.

In 2006, the disparity ratio of African American to white infant mortality rates was 3.5, meaning an infant born to an African American woman was 3.5 times more likely to die before reaching his or her first birthday than an infant born to a white woman. If African American infant mortality were reduced to the white infant mortality level, 87 of the 121 infant deaths would have been prevented.

Table 1. Number of Infant Deaths and Births by Race/Ethnicity, Wisconsin, 2006[1]

	African American	American Indian	Hispanic	Laotian and Hmong	White	Other / Missing / Unknown	All Races / Ethnicities
Infant Deaths	121	12	43	6	268	12	462
Births	7,020	1,146	6,861	1,239	54,525	1,511	72,302

Note: Rates are infant deaths per 1,000 births.

Table 2 presents three-year infant mortality rates for the 2004-2006 period. Combining years provides more stability in rates when there are relatively few events in a single year, such as Laotian and Hmong and American Indian infant deaths.

For each racial/ethnic minority group in Wisconsin, the 2004-2006 infant death rate exceeded that of whites. The infant mortality rate of American Indians was 1.6 times greater than the white rate; the rate for Laotian and Hmong was 1.3 times the white rate. In comparison to all other groups, the risk of death during the first year of life was greatest for African Americans.

Table 2. Infant Mortality Rates and Disparity Ratios by Race/Ethnicity, Wisconsin, 2004-2006[2]

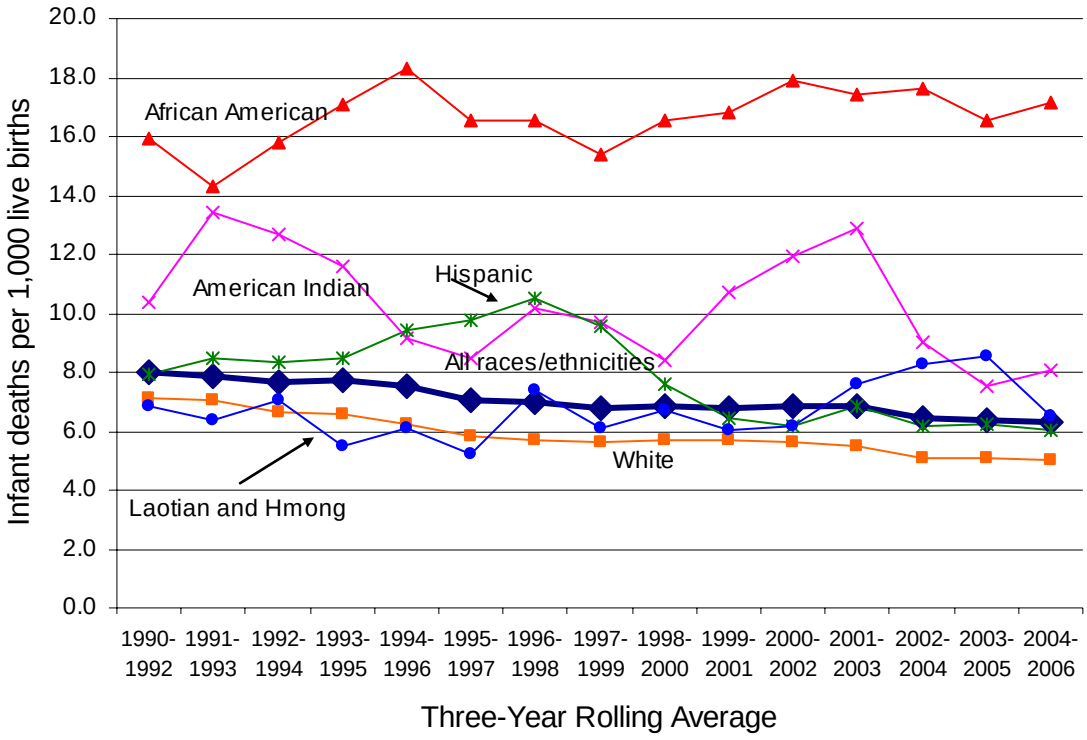
	African American	American Indian	Hispanic	Laotian and Hmong	White	Other / Missing / Unknown	All Races / Ethnicities
Infant Mortality Rate	17.2	8.1	6.0	6.5	5.0	5.3	6.3
95% Confidence Interval	15.4 - 18.9	5.0 - 11.2	4.9 - 7.1	3.8 - 9.2	4.7 - 5.3	3.1 - 7.4	6.0 - 6.7
Disparity Ratio*	3.4	1.6	1.2	1.3	1.0	1.1	1.3

* The disparity ratio is the infant mortality rate for a specified group divided by the white rate.
Note: Rates are infant deaths per 1,000 births.

Historical Trends Identify Persistent Gaps

Wisconsin's infant mortality rates demonstrate enduring racial and ethnic disparities from 1990-1992 to 2004-2006 (Figure A). Although the overall infant mortality rate declined, these gains did not extend to all minority groups. Based on three-year rolling averages, the overall infant mortality rate declined from 8.0 to 6.3 deaths per 1,000 live births. Declines in infant mortality rates also occurred among Hispanics, whites, and American Indians, but not among African American and Laotian and Hmong populations.

Figure A. Infant Mortality Rates by Race/Ethnicity, Wisconsin, 1990-1992 to 2004-2006[3]



Infant Mortality Rank Relative to Other States

Relative to other reporting states and the District of Columbia, Wisconsin's infant mortality ranking has fallen since 1979-1981 (Table 3). In 1979-1981, relative to other ranked states, Wisconsin had the third lowest African American infant mortality rate. For the 2002-2004 period, Wisconsin ranked 35th out of 34 reporting states and the District of Columbia, indicating it had the highest African American infant mortality rate.

Wisconsin's rank based on white infant mortality rates has also declined relative to other states, moving from a rank of 5 in 1979-1981 to 17 in 2002-2004. Thus, while Wisconsin's white infant mortality rate declined during the past two decades, improvement did not keep pace with many other states.

Table 3. Wisconsin's Rank Relative to Reporting States Based on Infant Mortality Rates, 1979-81 and 2002-2004

	1979-1981 [4]	2002-2004[5]
African American*	3 (34)	35 (35)
White	5 (51)	17 (50)

* In 1979-1981, 33 states and the District of Columbia reported African American rates. The number of reporting states and the District of Columbia is indicated in parentheses.

Causes of Death

Table 4 shows the proportion of infant deaths due to leading causes for the period 2004-2006. Among African Americans, leading causes included preterm birth and low birthweight (30.0%); SIDS (12.1%); and maternal complications of pregnancy (8.4%). Among whites, the leading causes were congenital malformations/birth defects (22.0%); preterm birth and low birthweight (18.2%); and SIDS (8.3%).

For several of the leading causes of infant mortality, it is possible to modify the underlying risk factors, such as preterm births, low birthweight, and unsafe sleep practices. Reductions in infant mortality can be achieved through improved access to high-quality health care, educational programs, and outreach interventions.

Table 4. Percent of Infant Deaths Due to Selected Leading Causes, Wisconsin, 2004-2006[6]

Cause of Death	All Races / Ethnicities	African American	White
Perinatal: Disorders related to Preterm Birth and Low Birthweight	21.3%	30.0%	18.2%
Congenital Malformations/Birth Defects	19.5%	7.5%	22.0%
Sudden Infant Death Syndrome (SIDS)	9.2%	12.1%	8.3%
Perinatal: Maternal Complications of Pregnancy	5.8%	8.4%	5.2%
Accidents (unintentional injuries)	5.2%	4.9%	4.9%
Perinatal: Newborn Complications of Placenta/ Cord/ Membranes	3.5%	3.5%	3.2%
Respiratory Distress of the Newborn	3.2%	2.9%	3.4%

Note: Each column shows the percent distribution of causes within the race/ethnicity group. Column does not add to 100 because only leading causes are shown.

Selected Maternal Characteristics

Examples of maternal characteristics that affect infant mortality, such as age, education, the trimester that prenatal care is initiated, and smoking status, are presented in Table 5. In every category, the African American infant mortality rate exceeded the white infant mortality rate. Corresponding black/white disparity ratios ranged from 1.8 to 4.1.

Table 5. Infant Mortality Rates for Selected Maternal Characteristics by Race/Ethnicity, 2004-2006[7]

Maternal Characteristic	Infant Mortality Rate			Black/White Disparity Ratio
	All Races / Ethnicities	African American	White	
Age				
Less than 20 years	10.8	17.8	8.3	2.1
20-29 years	6.3	16.4	5.1	3.2
30-39 years	5.3	18.0	4.4	4.1
40 + years	4.9	*	*	*
Education				
Less than high school	9.3	16. 9	8.5	2.0
High school graduate	7.2	15.4	5.8	2.7
More than high school	4.6	15.8	3.9	4.0
Trimester Prenatal Care Began				
First	5.5	15.7	4.4	3.6
Second	6.6	11.9	6.5	1.8
Third or None	19.8	41.1	12.7	3.2
Smoking Status				
Smoked	9.3	22.1	7.4	3.0
Did not smoke	5.8	16.1	4.6	3.5

* Inadequate sample for rate calculation
Note: Rates are infant deaths per 1,000 births.

Selected Infant Characteristics

Critical risk factors for an infant death presented in Table 6 include low birthweight (less than 2,500 grams, or about 5.5 pounds) and preterm birth (birth before 37 weeks of gestation). Although the race disparity in infant mortality is less for infants born with very low birthweight (less than 1,500 grams), all very low birthweight infants are at substantial risk. However, a greater proportion of infants born to African American women than those born to white women are low birthweight or preterm. Thus, both the higher rates of infant mortality at low birthweight and the greater proportion of low birthweight infants born to African American women contribute to the disparity in infant mortality.

In the period 2004-2006, about 75 percent of African American infant deaths occurred among low birthweight infants compared with two-thirds of white infant deaths.

Table 6. Infant Mortality Rates and Number of Infant Deaths for Selected Infant Characteristics by Race/Ethnicity, 2004-2006[8]

Infant Characteristic	Infant Mortality Rate (Number of Deaths)			Black/White Disparity Ratio
	All Races / Ethnicities	African American	White	
Birthweight				
Very low (less than 1,500 grams)	275.6 (746)	350.4 (233)	253.5 (418)	1.4
Low (1,500 - 2,499 grams)	14.1 (172)	15.8 (33)	12.5 (106)	1.3
Normal (2,500 - 3,999 grams)	2.2 (394)	4.7 (78)	1.9 (260)	2.5
High (4,000 grams and above)	1.3 (28)	X	1.3 (25)	X
Gestational Age				
Preterm (< 37 weeks)	39.0 (929)	74.6 (266)	32.0 (540)	2.3
Full term (≥ 37 weeks)	2.2 (386)	4.7 (71)	1.9 (252)	2.5
Infant Age at Death				
Less than 28 days (Neonatal)	4.3 (910)	11.3 (229)	3.4 (553)	3.3
28-365 days (Postneonatal)	2.1 (441)	5.8 (118)	1.6 (262)	3.6

Notes: Rates are infant deaths per 1,000 births. The number in parentheses is the number of deaths in the category. Total number of deaths varies by category because deaths with unknown or missing information are excluded. "X" indicates there were fewer than 5 events for that category.

Infant Mortality: Summary

Despite declines in Wisconsin's overall infant mortality rate during the past decade, declines did not occur for many racial/ethnic groups and disparities have persisted. Using the white population as the comparison group, of all minority populations the disparity is greatest among African Americans. Due to declines in the white infant mortality rate and an unchanging African American infant mortality rate, this disparity has increased.

Relative to other states, Wisconsin's rank based on African American infant mortality has fallen from among the best rates in the country to the worst. Factors associated with preterm birth and low birthweight constitute the leading cause of death for infants born to African American women. However, regardless of the infant or maternal risk factor, the probability of an infant death is greater for African Americans than for whites.

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[1] Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/. Infant Mortality Module, accessed 6/18/07. Race/ethnicity is based on self-reported race of the mother. Race groups exclude persons of Hispanic origin; an individual identified as Hispanic may be of any race.

[2] Ibid

[3] Ibid

[4] Kvale, et al. *Wis. Med J.* 2004;103(5):42-47.

[5] National Center for Health Statistics. *Health, United States, 2007, with Chartbook on Trends in the Health of Americans*. Hyattsville, MD, 2007. Available at http://www.cdc.gov/nchs/hus.htm.

[6] Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/. Infant Mortality Module, accessed 6/18/07. Race/ethnicity is based on self-reported race of the mother. Race groups exclude persons of Hispanic origin; an individual identified as Hispanic may be of any race.

[7] Ibid

[8] Ibid

Framework for Action Goals

GOAL # 1: Build and Strengthen Community Capacity

Ensure that consumers, communities, providers of health care and other services, and policymakers understand the causes and determinants of poor birth outcomes, mutually define what is needed for healthy births, and are prepared to act on this knowledge.

GOAL # 2: Expand Access to and Availability of High-Quality Services

Expand access to and the availability of effective and appropriate health care interventions and psychosocial and socioeconomic supports for those at risk of poor birth outcomes.

GOAL # 3: Improve Accountability

Identify and monitor relevant information regarding progress toward closing the gap in birth outcomes.

GOAL # 1: Build and Strengthen Community Capacity

Ensure that consumers, communities, providers of health care and other services, and policymakers understand the causes and determinants of poor birth outcomes, mutually define what is needed for healthy births, and are prepared to act on this knowledge.

a) Build public will to change policy and allocate resources.

b) Create and support collaborative, community-based initiatives.

GOAL # 2: Expand Access to and Availability of High-Quality Services

Expand access to and the availability of effective and appropriate health care interventions and psychosocial and socioeconomic supports for those at risk of poor birth outcomes.

a) Identify and expand the use of evidence-based, best, and promising social and economic practices and interventions.

b) Influence health care practice to reflect cultural humility and competency as part of high-quality health care service delivery to reduce racial and ethnic disparities in birth outcomes.

c) Prioritize childbearing-age women for access to services that will affect the health of mothers and families.

d) Identify, promote, and expand broad-scale use of health care practices and psychosocial behaviors that are evidence-based, best practice, and promising.

e) Remove financial and other access barriers to health care services (e.g., BadgerCare Plus, child care, transportation, and health literacy) for pregnant women and women with infants and young children.

f) Expand public resources and influence the expansion of private resources to improve birth outcomes for populations of concern.

GOAL # 3: Improve Accountability

Identify and monitor relevant information regarding progress toward closing the gap in birth outcomes.

a) Improve data capacity and the ability to use data on birth outcomes.

b) Monitor program performance of interventions.

c) Increase accountability for health care organizations to eliminate racial and ethnic disparities in birth outcomes.

WHAT YOU CAN DO

If Wisconsin is going to be successful in eliminating the problem of poor birth outcomes based on race/ethnicity, many will need to prioritize this problem and work to create positive change. There are proven, effective strategies that concerned citizens, communities, organizations, government agencies, and systems can use.

This framework sets out a course of action that will be used by the Wisconsin Department of Health Services and we hope will be incorporated into the planning of many communities to address this issue. People need to do the right things if this problem is to be effectively addressed. Below are some examples of actions that you and others can take for healthy babies. What will your community do?

GOAL # 1: Build and Strengthen Community Capacity

- Create forums for dialogue between your local human service agencies and public health agencies on this issue.
- Conduct community forums to educate and advance public will to reduce birth outcome disparities. This means getting the right people at the table with the right information to develop and plan the right actions to promote best practices in your community.
- Provide education and training for providers in effective and culturally competent health care and social service delivery practices in areas of highest risk.
- Help all citizens to understand the problem and the best and promising practice solutions by implementing a sustained social marketing campaign related to pre-term births, as the leading cause of infant deaths in the African American community.
- Support culturally appropriate campaigns using evidence-based methods to promote safe sleep practices for infants.
- Produce and widely share the "Wisconsin Story" with a video of families and communities to garner community understanding, support and interest to act.
- Link your organization's website to the DHS Healthy Birth Outcomes Web site at: www.dhs.wisconsin.gov/healthybirths.

GOAL # 2: Expand Access to and Availability of High-Quality Services

- Contribute to a collaborative community pilot in a community (e.g., Racine) to improve birth outcomes.
- Expand and integrate home visiting programs in more communities (e.g., Beloit and Kenosha.)

- Implement, expand, and integrate the use of community health workers (e.g., a pilot Community Health Worker/Doula Program).
- Develop psychosocial support systems and care coordination for at-risk women, including strategies to meet housing needs.
- Make long-term investments in early childhood education and economic development.
- Develop a Center for Excellence in Women's Health with a Federally Qualified Health Center in an affected community, focused on women's health over the lifespan rather than only on the perinatal period.
- Advocate for policies that address social and economic causative factors for birth outcome disparities.
- Link with or develop local Infant Mortality Coalitions.

GOAL # 3: Improve Accountability

- Develop partnerships with a broad base of organizations, including health care, faith-based, housing, employment, education, and justice – get whole communities to own joint responsibility for implementing solutions to this inequity.
- Assume responsibility to incorporate the elimination of disparities in your organization's strategic plan and operations to implement what your role can be in addressing this issue (e.g., educating the public, implementing best practices, creating social reforms for healthy families).
- Be responsible - take individual action - hold others accountable. Volunteer; advocate for use of best practices and social reforms; ask public leaders, local organizations, and others what they are doing to address this issue.

Appendices

1. Geographic Distribution of Department of Health Services (DHS) Activities
2. Statewide Advisory Committee (SAC) Membership
3. Statewide Advisory Committee (SAC) Workgroup Members
4. Selected Factors and Indicators Related to Infant Mortality and/or Low Birthweight

HEALTHY BIRTH OUTCOMES ELIMINATING RACIAL AND ETHNIC DISPARITIES 2008 DHS-SPONSORED PROGRAM ACTIVITIES	LEAD DIVISION AND FUNDING
Statewide and Multi-County	
BadgerCare Plus: Implement new online Medicaid eligibility services at www.access.wi.gov and enable providers to offer express enrollment for pregnant women in BadgerCare Plus into managed care services and for newborn eligibility by 2009.	DHCAA: Medicaid (federal and state GPR) funds
Brighter Futures: Facilitate awareness of the social and economic determinants of poor birth outcomes at the local level and of effective collaborative interventions between public health and Brighter Futures funded agencies in Kenosha, Milwaukee, Racine, and Rock counties.	DPH and DCS: In-Kind
Coalition Building: Fund the Infant Death Center of Wisconsin to assist community infant mortality coalitions in Beloit, Kenosha, and Racine.	DPH: $25K MCH federal funds
Community Health Worker/Doula: Seek public/private partnership funding for a CHW and Doula training/certification program.	OBIP and DPH: In-kind
First Breath: Provide First Breath tobacco cessation services for pregnant women throughout Wisconsin, including expansion of services, public awareness, and media materials in southern and southeastern Wisconsin to reach more women of color, especially within the African American and Hispanic communities.	DPH: $300K Tobacco Prevention and Control-state GPR funds
HIV Testing for Pregnant Women: Support legislation to allow "opt-out" HIV testing in Wisconsin and fund a position to promote routine HIV testing in health care settings using CDC guidelines.	DPH: In-kind
Mental Health and Oral Health: Promote access to oral health and mental health treatment for pregnant women.	DPH, DHCA, and DCS: In-kind
Partnerships: Expand and sustain community partnerships by convening three meetings per year of the 40-member Statewide Advisory Committee, to solicit recommendations on communication and outreach strategies; population, program, and community indicators; evidence-based practices; and policy changes and funding priorities. Host annual town hall meetings to solicit public review and comment on the department's Framework for Action goals and strategies.	DPH: In-kind
Pay for Performance: Develop a pay-for-performance program to improve birth outcomes for Wisconsin's Medicaid managed care population. Components to be considered include a high-risk pregnancy registry; the definition of a comprehensive, evidenced-based prenatal, maternal, and infant health care program, especially for Wisconsin's minority populations; measurable outcomes; and an effective incentive system.	DHCAAA: $1.3 million Medicaid (federal and state GPR) funds

Peridata Disparities Report: Fund the Wisconsin Association for Perinatal Care to develop a standard report in PeriData.Net® using perinatal risk factors for birth hospitals to use to monitor disparities in birth outcomes. Solicit input from the Milwaukee HMO Collaborative and the WAPC Prenatal Testing and Preconception and Prenatal Care Committees.	DPH: $25K MCH federal funds
PRAMS: Implement the Wisconsin PRAMS (Pregnancy Risk Assessment Monitoring System), a mail and phone survey of mothers who recently gave birth. This information is not available in other data sources and includes attitudes and feelings about pregnancy, prenatal care, pregnancy-related violence, stressful events during pregnancy, oral health, co-sleeping, and postpartum depression. Data will be available in late 2008 or early 2009 and will be used in DPH by WIC, PNCC, Healthy Birth Outcomes, and home-visiting programs.	DPH: CDC
Racine-Kenosha Birthing Project: Build local capacity to improve birth outcomes for women of color by providing a "sister friend" for young, high-risk African American women, based on the Birthing Project USA model.	DPH: $10K Minority Health Program-state GPR funds
Social Marketing: Conduct consumer and community focus groups in Beloit, Kenosha, Madison, Milwaukee, and Racine to develop culturally appropriate messages for public information campaigns on the leading causes of poor birth outcomes for African American women, by June 30, 2008.	DPH: $50K Minority Health Program-state GPR funds
Virtual Technical Assistance: Promote and market the Healthy Birth Outcomes web site for DHS information sharing, including evidence-based and best practices, and links to related sites.	DPH: In-kind BHIP support
WIC Breastfeeding and Early Enrollment: Increase the incidence and duration of breastfeeding, especially for African American women participating in WIC, and develop formal referral procedures to facilitate early enrollment, including conducting focus groups to improve outreach in Milwaukee, Dane, Kenosha, Racine, and Rock counties.	DPH: In-kind WIC federal funds
Women's Health Now… and Beyond Pregnancy: Pilot projects will provide enhanced services during the postpartum period, including enrollment in the Family Planning Medicaid Waiver, contraceptives, folic acid, and women's health education in Juneau, Milwaukee, Oneida, Pierce, and Price counties.	DPH: In-kind Family Planning- state GPR and MCH federal funds
Dane County and Madison	
Public Health, Madison-Dane County: Collaborate with the local health department in the investigation of declining African American infant mortality.	DPH: In-kind
Kenosha	
Kenosha Health Department: Home visiting for at-risk families; and partnering with the Black Health Coalition of Greater Kenosha for education on tobacco and smoking reduction, safe sleep, and distribution of portable cribs.	DPH: $10-$30K MCH federal funds

Milwaukee	
Evaluation of Empowering Families of Milwaukee: Conduct an evaluation of the EFM Home Visiting Program with the City of Milwaukee Health Department.	OBIP and DPH: In-kind
Fatherhood Initiative: Continue to collaborate with community-based agencies on the Milwaukee Fatherhood Initiative, including the annual summit.	DPH: In-kind
Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP): Provide culturally appropriate teen pregnancy prevention efforts in Milwaukee that are coordinated, highlighting evidence-based practices, prioritizing enrollment in the Medicaid Family Planning Waiver program, and using focus groups of teens and adults to fine tune messages for a more diverse population.	DPH: $170K state GPR funds
Milwaukee Health Department • **Childhood Lead Poisoning Prevention:** Train EFM home visitors to provide lead poisoning prevention education and refer to each other's programs, as appropriate. • **Community Coalition for STDs:** Transitioned from DPH to the health department as the Milwaukee Alliance for Sexual Health (MASH) to develop a strategic plan addressing the high rates of STDs and unplanned pregnancy among African American youth in Milwaukee, through interventions in the schools, community, and health care system. • **Empowering Families of Milwaukee:** Fund a comprehensive home visiting services for pregnant women, infants, and families in 6 zip code area of the central city with nurses, social workers, and community health workers providing strength-based services. • **STD and Reproductive Health:** A reproductive health specialist within the health department's STD Clinic will offer enrollment into the Medicaid Family Planning Waiver program to provide reproductive health services.	DPH: In-kind Healthier Wisconsin Partnership Program planning grant DPH: $4.5 million TANF federal funds-5.5 years DPH: MCH federal and Family Planning state GPR funds
Wiser Choice: Maintain priority for pregnant women for referrals to Wiser Choice substance abuse services in Milwaukee.	DMHSAS: In-kind
Racine	
Racine City Health Department: • **New Home Visiting Program:** Provide technical assistance to the health department and community partners to implement new state funding for fetal and infant mortality and morbidity reduction in Racine. • **Racine Infant Mortality Coalition:** Maintain membership on the coalition and work to implement strategies with the African American community for healthy pregnancies, safe sleep, use of cribs, and prevention of shaken baby syndrome.	DPH: $250K state GPR funds DPH: $6K MCH federal funds
Rock County and Beloit	
Rock County Health Department: Maintain membership on the African American Infant Mortality Coalition and educate on safe sleep practices at the annual community-wide event for improving the infant mortality rate among African American infants.	DPH: $3K MCH federal funds

Eliminating Racial and Ethnic Disparities in Birth Outcomes
Statewide Advisory Committee Members

Updated May 2008

Baker, Bevan - Commissioner
City of Milwaukee Health Department

Ball, Angela - Consumer
Nominated by Aurora Family Services

Bazan, Bill - VP, Milwaukee Metro
Wisconsin Hospital Association

Bell-White, Brenda - Director
Milwaukee Family Svcs. Integration Office

Benton, Linda - RN, St. Croix Tribal Health

Bowers, Brenda -
Wheaton Franciscan/ St. Joseph's
Alternative = Theresa Jones

Brophy, Tom - Director of Comm. Relations
Medical College of Wisconsin

Brown-Wright, Revenna - Consumer,
Nominated by the Black Health Coalition

Cameron, Georgia - Deputy Director
Southeastern Regional Office, DPH, DHS

Danforth, Debbie - Operations Director
Oneida Community Health Center

Dzick, Ginger K. - Program Manager
United Healthcare/ Americachoice

Frey, Cathy - Assistant Director
Wis. Partnership Prog/ UW School of Med&PH

Garvin, Ona - Legislative Liaison
Ho Chunk Nation

Gonzalez-Schlenkler, Carolina -
Latino Health Coalition, Milwaukee
Latino Health Council, Madison

Greene, Richard - Director of Operations
Greater MKE Committee

Gutzeit, Dr. Michael G. - Chief Medical Officer
Children's Hospital & Health Systems

Harrison, Stephanie - Executive Director
Wisconsin Primary Care Association

Hunt, Terry - MCH Nurse & Site Coordinator
Sokaogaon Chippewa Health Clinic

Johnson, Matthew - Founder and Exec.
Director, Strive Media

Kue, Viluck - Director
Wis. United Coalition of Mutual Assist. Assn.

Maaneb de Macedo, Merta - Marquette University
Graduate Student, Parent Representative

Marks, Jim, VP Dir. of Grant Programs
Greater Milwaukee Foundation

Mason, Tina - MD, OB/GYN Program Director
Aurora/Sinai Samaritan

McManus, Patricia - Ph.D., President and CEO,
Black Health Coalition

Miller, Sue - Quality Supervisor
Abri Health Plan

Murphey, Kathleen - RN, Health Services
Milwaukee Public Schools

Ndiaye, Mamadou - Epidemiologist
Public Health, Madison-Dane County

Ngui, Emmanuel - DrPH-Asst. Prof. Ped.
Medical College of Wisconsin

Pfeffer, Pamela - Director of Program Services
March of Dimes

Rakowski, Mark - HMO Contract Admin.
Children's Health Plan

Reardon, Clare - Director, Strategic Initiatives
Froedtert Hospital

Ringhand, Tim - PHN Consultant
Western Healthy Babies Regional Act. Team

Skenadore, Alice - Director/Owner
Wise Women Gathering

Squire, Kate - Wisconsin Tobacco Quit Line

Tunis, Sandy - HMO Contract Admin.
Managed Health Services

Vacant - Representative from Racine Healthy
Births Healthy Families-TBD

Westrick, Paul - VP External and Government
Relations, Columbia St. Mary's

White, Ann - Milwaukee WIC Coordinator
Division of Public Health

Yaccarino, Karen - MCH Advisory Committee
Liaison

Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes

Workgroup Members

COMMUNICATION AND OUTREACH

Co-Chairs: Patricia McManus, PhD, RN, President, Black Health Coalition and Jeff Burkhart, Health and Nutrition Programs Outreach Coordinator, DHCAA, DHS

- Bill Bazan, Vice President, Milwaukee Metro, Wisconsin Hospital Association
- Georgia Cameron, Deputy Director, Southeastern Regional Office, DPH, DHS
- Jill Denson, MSW, APSW, Prenatal Care Coordinator, Children's Community Health Plan
- Stephanie Harrison, Executive Director, Wisconsin Primary Health Care Association
- Anne Harvieux, Executive Director, Infant Death Center of Wisconsin
- Matt Johnson, Founder and Executive Director, Strive Media
- Tom Petri, Director of Policy and Communications, Wisconsin Primary Health Care Association
- Pamela Pfeffer, State Director of Program Services, March of Dimes
- Ann White, Milwaukee WIC Coordinator, DHS

DATA

Co-Chairs: Emmanuel Ngui, DrPH, MSc, Asst. Professor, Medical College of Wisconsin and Patricia Guhleman, Director, Bureau of Health Information and Policy, DPH, DHS

- Kathy Blair, Epidemiologist, City of Milwaukee Health Department
- Eleanor Cautley, Research Analyst, Bureau of Health Information and Policy, DPH, DHS
- Lisa Ciazza, City of Milwaukee Health Department
- David Frazer, Center for Urban Population Health
- Carolina Gonzalez-Schlenker, PhD
- Kate Kvale, PhD, MCH Epidemiologist, Bureau of Community Health Promotion, DPH, DHS
- Jessica Liegel, University of Wisconsin, City of Milwaukee Health Department
- Karen Michalski, City of Milwaukee Health Department
- Mark Rakowski, HMO Contract Administrator, Children's Health Plan
- Trina Salm Ward, Center for Urban Population Health
- Sandy Tunis, HMO Contract Administrator, Managed Health Services
- Carla Washington, Community Partnerships Manager, Froedtert Hospital
- Marianne Weiss, DNSc, RN, Marquette University School of Nursing, Wheaton Franciscan Healthcare

Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes

Workgroup Members

EVIDENCE-BASED PRACTICES

Co-Chairs: Tina Mason, MD, MPH, Director, Aurora Health Care OB/GYN Residency Program and Murray L. Katcher, MD, PhD, Chief Medical Officer for Community Health Promotion, DPH, DHS

- Anne Bradford-Harris, Ph.D., Asst. Clinical Prof/ UW-Madison, Waisman Center
- Jill Denson, PNCC Coordinator, Children's Community Health Plan
- Katie Gillespie, RN, Maternal/Perinatal Consultant, DPH, DHS
- Teresa S. Johnson, RN, PhD, Clinical Prof. UWM College of Nursing
- Jodi Klement, Milwaukee Co. WIC, Nutrition, Breastfeeding, DPH, DHS
- Terry Kruse, RN, MCH Supervisor, DPH, DHS
- Kristin Lyerly, MD, UW Madison Medical and MPH Student
- Jill Paradowski, RN - Health Care Outreach Coordinator, City of Milwaukee Health Dept
- Jennifer Runquist, PhD, Asst. Prof.- UWM College of Nursing
- Dawn Shelton-Williams, Aurora Family Services
- Jennifer Stenger, RN, Rock Co. Health Dept.
- Chris Van Mullem, RN, Aurora Sinai Samaritan
- Tina Watts, RN, Nurse Case Manager Safe Mom, Safe Baby

POLICY AND FUNDING

Co-Chairs: Tom Brophy, Director, Community Relations, Medical College of Wisconsin and Millie Jones, PA, MPH, Family Health Clinical Consultant, DPH, DHS

- Cathy Frey, Asst. Director, Wisconsin Partnership Fund
- Richard Greene, Director of Operations, Greater Milwaukee Committee
- Dianne Jenkins, Office of Policy Initiatives and Budget, DHS
- Christine Lidbury, Executive Director, Wisconsin Women's Council
- Patricia McManus, PhD, RN, President, Black Health Coalition
- Kathleen Murphey, RN, MS, Health Services Coordinator, MPS
- Pamela Pfeffer, Director of Program Services, March of Dimes
- Geof Swain, MD, Medical Director, Milwaukee Health Department
- Joy Tapper, Consultant
- Sandy Tunis, HMO Contract Administrator, Managed Health Services
- Paul Westrick, VP External and Government Relations, Columbia St. Mary's Hospital

Selected Factors and Indicators Related to Infant Mortality and/or Low Birthweight

The following factors and indicators, selected by the Data Workgroup of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes, are under consideration for measuring progress in achieving equity in healthy birth outcomes.

Community Supports and Risks

Sample measures:

- *Access to best practice interventions*
- *High school graduation rate*
- *Unemployment rate*
- *Segregation index*
- *Voter participation*
- *Poverty rate*

Program and Clinical Interventions

Sample measures:

- *Early entry into WIC*
- *Disease management*

Population Characteristics

Maternal Social and Demographic Characteristics / Resources:

Sample measures:

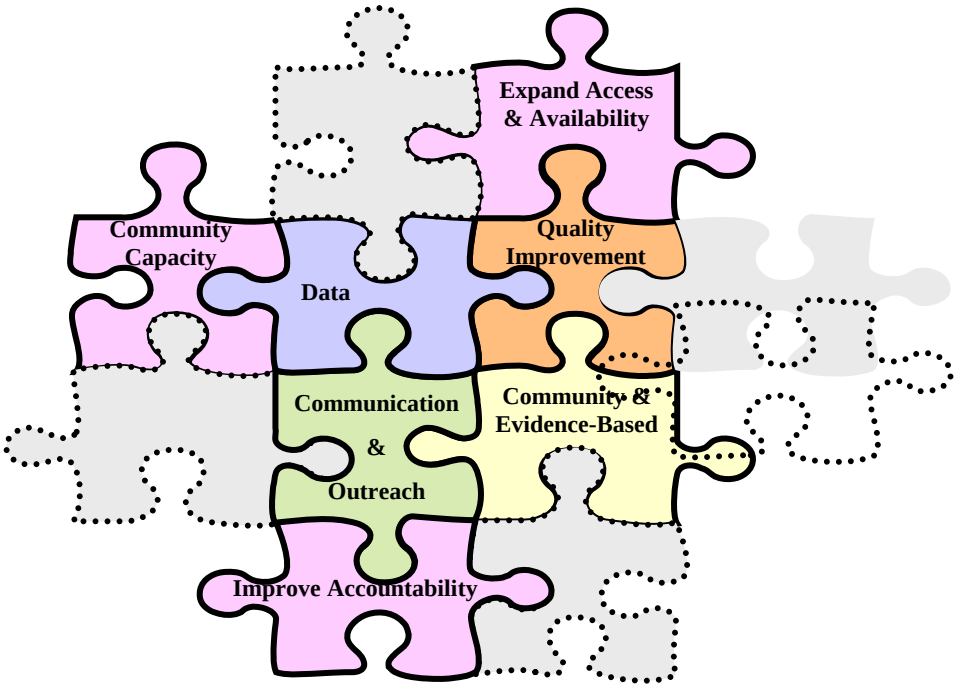
- *Education*
- *Maternal age / teen birth*
- *Income / poverty*

Maternal Health Status / Behavioral Risks:

Sample measures:

- *Previous low birthweight infant*
- *Previous infant death*
- *STD / STI*
- *Chronic disease & disease management*
- *Smoking*
- *Nutrition*
- *Age / teen birth*
- *Preconceptional / Interconceptional health*
- *Maternal history of*
  - *Preterm birth: Gestation <37 weeks*
  - *Low birthweight*
  - *Infant death*

Source: Data Work Group of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes. March 2008.



http://dhs.wisconsin.gov/healthybirths/