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2007-2009 Charter	
Title	Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities
Charge	To eliminate racial and ethnic disparities in infant mortality in Wisconsin
Justification	<p>Infant mortality is a tragedy for the families involved and a critical indicator of a community's overall health status. While Wisconsin is a leader among states for its low white infant mortality rate – meeting the national 2010 Healthy People goal of 4.5 deaths per 1,000 live births in 2004 – infant mortality rates for racial and ethnic minority communities are among the worst in the nation.</p> <p>Wisconsin's African American infant mortality rank dropped from 3rd best in the late 1970's, to 3rd worst during 2003-2005 among 39 states and the District of Columbia reporting to the Centers for Disease Control and Prevention (CDC, July 2008.) This is because other states have improved their outcomes, while Wisconsin has not.</p> <ul style="list-style-type: none"> • For the past twenty years, African American infant mortality in Wisconsin has been much higher than that of whites and other minority populations, at 15.6 deaths per 1,000 live births in 2005-2007, compared to 17.6 deaths per 1,000 live births in 1985-87. • The American Indian infant mortality rate, at 9.5 per 1,000 live births in 2005-2007, has dropped markedly since 1985-87, when it was 15.4 per 1,000 live births. • The Laotian/Hmong infant death rate was 7.6 per 1,000 during 2005-2007, compared to 7.1 during 1992-1994 (rates were not reported before 1992, due to the very small number of infant births and deaths.) • The Hispanic infant mortality rate was unchanged at 6.4 per 1,000 live births in 2005-2007, compared to 6.4 in 1985-1987. <p>As of 2005, more than 60% of the \$113 million charged to Medicaid for infant hospitalizations during the first year of life, in Dane, Kenosha, Milwaukee, Racine, and Rock counties were for low birth weight births, which make up only 8.2% of the births in those counties.</p> <p>The primary causes of African American infant mortality are low birth weight, prematurity, and Sudden and Unexpected Infant Death, attributed in large part to unsafe sleep environments.</p> <p>Community feedback at town hall meetings and individual case reviews of infant deaths through the Fetal and Infant Mortality Review (FIMR) team of Milwaukee have confirmed the need to address the causes and determinants of infant death.</p>
Timeframe	2007-2009
Scope	This initiative aims to identify and coordinate resources that the Department of Health Services (DHS) controls and to influence statewide and community partners to direct resources to close the gap in birth outcomes. Decisions made by partners are outside the scope, but not outside the

	influence, of this initiative. Efforts in this biennium will focus on eliminating racial/ethnic disparities in birth outcomes in key southeastern and southern Wisconsin communities with the highest rates of poor birth outcomes for African American infants.
Description	The strategies identified in this initiative will support and promote activities at the state, local, and community levels to eliminate racial and ethnic disparities in birth outcomes. They are based on research on cost effectiveness, promising practices, best practices, and evidence-based practices, and were confirmed by community leaders, key informants, and key stakeholders. Many were implemented in 2005-2007. In 2009, DHS will assess the effectiveness of the 2007–2009 strategies in reducing racial and ethnic disparities in birth outcomes and improving birth outcomes for African American infants.
Goals	<p>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.</p> <p>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.</p> <p>Improve Accountability: Identify and monitor relevant information regarding progress toward closing the gap in birth outcomes.</p>
Deliverables	<p>Build and Strengthen Community Capacity – Public will is created to implement policy changes, enact service delivery and system changes, and to commit needed resources.</p> <p>Expand Access to and Availability of High-Quality Services – Promising, best, and evidence-based health care practices and community-based social and economic supports that address the primary determinants and causes of poor birth outcomes for African American infants in the communities of Beloit, Kenosha, Madison, Milwaukee, and Racine are identified, available, and accessible.</p> <p>Improve Accountability – Key process and outcome indicators are identified and monitored for progress.</p>
Organization	<p>Executive Sponsor: State Health Officer and DPH Administrator Initiative Director: Patrice M. Onheiber, DPH</p> <p>HBO Initiative Steering Committee: Pat Guhleman, Millie Jones, Murray Katcher, and Patrice Onheiber, DPH; Claire Smith and Eileen McRae, Division of Health Care Access and Accountability (DHCAA); Sue Gadacz, Division of Mental Health and Substance Abuse Services; Wendy McCarty, Department of Children and Families (DCF); Thomas Brophy, Medical College of Wisconsin (MCW); Patricia McManus, Black Health Coalition of Wisconsin; Tina Mason, Aurora; and Emmanuel Ngui (MCW)</p> <p>State Advisory Committee (SAC): 50+members (100+ on email list) Workgroups and Co-chairs: Communication and Outreach (Patricia McManus and Claire Smith) Data (Emmanuel Ngui and Pat Guhleman)</p>

	Evidence-Base Practices (Tina Mason and Murray Katcher) Policy and Funding (Tom Brophy and Millie Jones)
Communi- cation	<p>Executive Staff and Secretary’s Office: The Executive sponsor will regularly (at least quarterly) brief the Secretary’s Office and Division Administrators on progress and challenges; meet monthly with the Division Administrator of DHCAA.</p> <p>HBO Initiative Steering Committee: The steering committee meets six times per year and is responsible for implementing strategies and activities in support of the high level deliverables for DHS and the State Advisory Committee.</p> <p>State Advisory Committee: The SAC will meet three times per year, with workgroups meeting more often. The charge of the SAC is to make recommendations for Departmental action (including the selection of outcome indicators and evidence-based practices); to educate and/or provide opportunities for DHS staff to educate local communities in order to build public will to act; and, where possible, to identify and advocate for additional resources.</p> <p>Internet site: This virtual information and technical assistance center, which provides timely data and research for interested individuals and communities on racial and ethnic disparities in infant mortality and practices aimed at eliminating disparities, will be updated monthly or as needed.</p>
Resources (financial resources identified here include primarily the DHS - administered funds allocated for the 2007- 2009 biennium)	<ul style="list-style-type: none"> ▪ DHS staff time and expertise (staff from each division and the Secretary’s office are involved) ▪ MA funds dedicated to Pay for Performance and other quality improvement/assurance efforts that address the elimination of disparities in birth outcomes ▪ TANF funds (a total of \$4.5 million over five years for a targeted home visiting program in specific Milwaukee communities-by DCF as of 7/08) ▪ MCH funds (approx. \$200,000/year for infant mortality coalition building, education, and services aimed at developing local responses in Racine, Kenosha, and Beloit) ▪ Tobacco Control Program (\$300,000 to a smoking cessation initiative and social marketing campaign research) ▪ GPR funds (\$500,000) to reduce fetal and infant mortality in Racine ▪ Federal funds (HRSA/MCHB) (\$497,777) for social marketing campaign (9/08-8/2010) in Milwaukee and Racine <p>Other resources include ongoing DHS or DCF programs that have prioritized the HBO initiative in serving at-risk and affected populations (including the My Baby & Me, teen pregnancy prevention, and Brighter Futures programs)</p>
Issues And Constraints	<p>*DHS resources are limited and committed to specific initiatives</p> <p>*Scope of Influence on activities and resource deployment outside DHS control is limited</p> <p>*The impact of multiple determinants of health - such as racism, poverty, lack of education, unemployment, and incarceration –cannot be successfully addressed solely with a public health response</p>