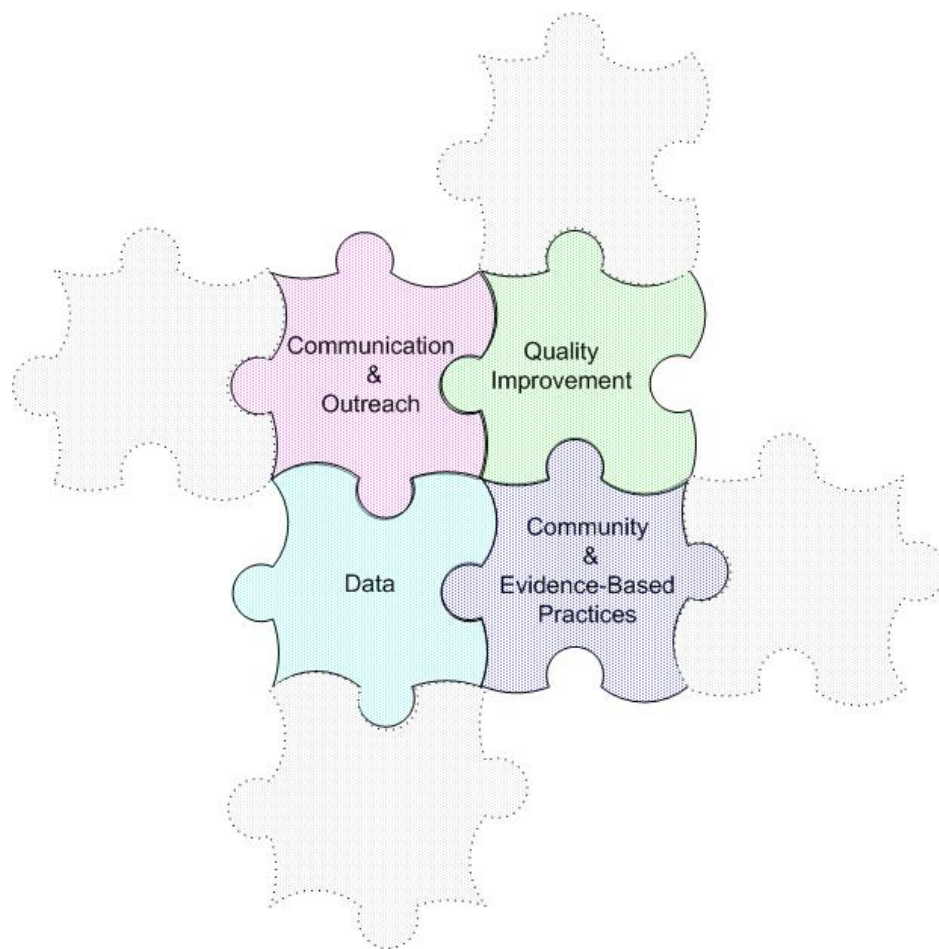


Wisconsin's Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes

2006 Progress Report



May 2007

Table of Contents

Table of Contents

Introduction	1
Communication and Outreach	2
Quality Improvement	5
Community and Evidence-Based Practices	11
Data	14
Conclusion	17

Introduction

We are pleased to provide you with this initial progress report, highlighting 2006 state-level activities aimed at eliminating racial and ethnic disparities in birth outcomes. Reducing disparities in birth outcomes has been a priority for the Department of Health and Family Services since 2003, when a statewide Perinatal Summit was held, calling attention to the disparities in birth outcomes among Wisconsin families and promoting best practices for prevention.

The data are stark: In 2004, Wisconsin met the national *Healthy People 2010* target for infant mortality--for white infants. That same year, the African American infant mortality rate in Wisconsin was more than *4 times higher* than the rate for white infants.

Strategies identified at the Perinatal Summit are reflected in Wisconsin's *Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes*, developed in partnership with community leaders from across the state.

Highlights of this first Progress Report include accomplishments in each of the Framework's 4 strategic areas:

- Communication and outreach;
- Quality improvement;
- Use of community and evidence-based practices; and
- Data collection, monitoring and dissemination.

The Governor's priority health care initiative for 2007-2009, BadgerCare Plus, was developed subsequent to the Framework and thus is not addressed in this report. If supported by the State Legislature and approved by the federal Centers for Medicare and Medicaid Services, this initiative will have a positive impact on pregnant women and infants. Specific policy provisions that will benefit pregnant women and infants include:

- Expanding coverage to pregnant women with incomes between 185 and 300 percent of the federal poverty level (FPL);
- Covering parents of children in foster care who have incomes at or less than 200 percent of FPL, which will allow these parents to obtain treatment services needed for their children to be returned to their custody;
- Including 2 new prevention benefits for high-risk pregnant women: smoking cessation (expanding coverage to include nicotine gum, group counseling, and telephone counseling) and mental health and substance abuse counseling (to be provided by a trained clinician as part of the Prenatal Care Coordination benefit); and
- Targeting reductions in infant mortality as one of 5 priority outcome areas for individual and health care provider incentives.

While progress has been made, much remains to be accomplished. The magnitude of the social, economic, and biological determinants affecting maternal and infant health is great; the future success of our most vulnerable families depends on the involvement of all those who care. We are committed to building strong partnerships throughout the state in order to eliminate disparities and improve birth outcomes.

Communication and Outreach

Promote statewide awareness of racial and ethnic disparities in birth outcomes, including the social and economic determinants of health, such as poverty, racism, and unequal access to quality education and health care. Develop communication and outreach strategies that utilize social marketing.

Framework: Develop a 5-year framework for action for eliminating racial and ethnic disparities in birth outcomes.

To focus efforts and to provide a means for monitoring progress, the Framework for Action was developed in partnership with key stakeholders across the state. Implementation of the Framework is also a partnership effort. In this portion of the report, we report on key state efforts to educate and mobilize stakeholders.

- 1) *Engage key stakeholders and community members in the development and ratification of the framework.*

The first annual town hall meeting on the *Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes*, was held on June 12, 2006 in Milwaukee, drawing more than one hundred participants. Department of Health and Family Services Secretary Helene Nelson, Division of Public Health Administrator/State Health Officer Sheri Johnson, Division of Health Care Financing Deputy Administrator Cheryl McIlquham, and Milwaukee Health Commissioner Bevan Baker provided an overview of the State's and Milwaukee City's efforts on eliminating racial and ethnic disparities in birth outcomes.

- 2) *Develop a brand identity to assure sustained visibility and partnership.*

This will be a component of a proposed social marketing campaign to be developed in 2007.

- 3) *Provide opportunities for periodic evaluation and revisions of the framework.*

Town hall meetings will be held on an annual basis. A Statewide Advisory Committee was formed and held its initial meeting in March, 2007.

Community Mobilization: Promote community mobilization that includes youth and builds on the strengths of the community.

- 1) *Develop and implement, with consumer participation, a culturally-appropriate awareness and community education campaign that incorporates social marketing strategies.*

An initial plan for a targeted social marketing campaign on racial and ethnic disparities in birth outcomes was developed by an outside consulting firm in 2006. A Request for Proposals (RFP) will be issued in 2007, based on initial planning efforts. Campaign components will include (1) strategies to engage the affected communities

Communication and Outreach

in identifying appropriate and effective messages that incorporate facts related to racial and ethnic birth-outcome disparities; and (2) communication of proven effective strategies for improving birth outcomes, such as discontinuing alcohol and tobacco use during and after pregnancy, receiving early and continuous high-quality prenatal care, providing a safe sleep environment for infants, and providing information on available community resources.

The Department's Minority Health Program provided financial support for the continuation of the Milwaukee Health Department's public awareness campaign on infant mortality.

- 2) *Involve key stakeholders and community members in creating consistent and shared messages that lead to desired and endorsed behavioral change.*

See above.

- 3) *Develop an effective coalition with community representatives to reduce exposure to sexually transmitted diseases (STDs) and unintended pregnancies among disparately affected teens.*

Research indicates that STDs and teen pregnancy are contributors to preterm birth, one of the causes of infant mortality; efforts in this area are focused on raising awareness about and preventing the occurrence of STDs and unintended pregnancies in high-risk populations. These efforts include promoting coordination among the various community partnership initiatives funded by state agencies (including the Departments of Public Instruction and Workforce Development) to address teen pregnancy prevention. These include the Milwaukee Adolescent Pregnancy Prevention Workgroup, the Milwaukee Teen Pregnancy Prevention Network, and the Milwaukee Child Abuse Prevention Network's Subcommittee on Teen Pregnancy and Parenting Services.

In 2006, the Milwaukee Adolescent Pregnancy Prevention Partnership Collaborative was established to improve agency level service coordination related to teen pregnancy and teen parenting. Members of the collaborative include the City of Milwaukee Health Department, the Medical College of Wisconsin's Milwaukee Adolescent Health Clinic, Milwaukee Health Services, Inc., and New Concept Self Development Center. This collaborative has assumed a key leadership role in promoting the services of the Family Planning Waiver among high-risk, uninsured young women ages 15 to 24 years.

In 2006, the Milwaukee Adolescent Sexual Health Project (MASH), a community coalition that includes the Division of Public Health, the City of Milwaukee Health Department, Health Care Education and Training, Inc, and the Medical College of Wisconsin, was funded by the Healthier Wisconsin Partnership Fund. MASH completed a community needs assessment and a draft strategic plan to promote effective STD and pregnancy prevention policies and interventions for high risk adolescents in Milwaukee. The final plan will be implemented in 2007.

Communication and Outreach

- 4) *Conduct consumer focus groups to inform and improve the components of this Framework.*

To be incorporated into proposed social marketing campaign strategies and included in development of success indicators (see Data).

Key Partner Relationships: Build and improve relationships with key partners.

Research and best practice indicate that sustained and productive partnerships, at the federal, state, and local level, are essential for making long-term progress in population health improvements that are too complex for one sector to accomplish alone, such as the elimination of health disparities. The Wisconsin State Health Plan (*Healthiest Wisconsin 2010*) is engaged in an effort to quantify, measure, and track these partnerships. The Framework for Action will link with these efforts in 2007, as a means of measuring progress in eliminating disparities in birth outcomes through policy changes, improving program delivery and services, and in empowering communities to achieve health equity. Efforts to build these partnerships in 2006 are included in this section.

- 1) *Foster and facilitate effective collaboration among a broad array of partners through the establishment of a Statewide Advisory Committee.*

Forty representatives of diverse organizations across the state agreed to participate on the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes. The committee will advise the Department on the implementation of strategies identified in the *Framework for Action*, on the use of measurable indicators of success, on recommended revisions, and on engagement of additional partners. The Advisory Committee will also help raise awareness, identify resources, and facilitate implementation of action steps. An initial meeting was held in March 2007.

- 2) *Participate with partners in seeking additional public and private funding.*

Several funding proposals were developed by the Department during 2006 to implement selected action items. Examples include:

- A federal earmark proposal for supplemental home visiting services, mental health screening and treatment services, interpreter services for Spanish-speaking families, and emergency housing and child safety services for community-based programs in Milwaukee.
- A collaborative effort, "Multicultural Women's Education Program to Eliminate the Stigma of Depression," developed with the Department's Division of Disability and Elder Services using a Wisconsin Partnership Fund planning grant, will identify and examine stigma-related life stressors and negative coping mechanisms in child bearing-age women who are at risk for depression.

Quality Improvement

Develop and coordinate quality improvement processes for the Department of Health and Family Services (DHFS) programs and services that focus on eliminating racial and ethnic disparities in birth outcomes.

Enhanced Coordination: Enhance the coordination among DHFS programs and services at both the state and local level.

Several programs administered by the Department of Health and Family Services have a direct impact on access to and the quality of health services provided to assure healthy birth outcomes. In this section, we report on 2006 efforts to enhance these programs.

- 1) *Establish a Department-wide workgroup; dedicate time for high level staff to lead an outcomes-oriented process in coordination with community partners.*

During 2005 and early 2006, the Department formed a cross-divisional workgroup on Healthy Birth Outcomes, charged with assuring that key programs are coordinating their efforts to eliminate racial and ethnic disparities.

- 2) *Leverage resources from the Wiser Choice initiative to secure substance abuse treatment for all pregnant women in need within Milwaukee and identify resources for expansion.*

Efforts are in progress to prioritize treatment services to pregnant women, and Governor Doyle proposed funding to secure services when federal funding ends in 2007.

- 3) *Utilize resources from the Fetal Alcohol Spectrum Disorder program to develop messages on reducing alcohol use during pregnancy and infancy as part of the statewide marketing campaign.*

The social marketing plan was partially funded with FASD resources and included assessment of messaging needs related to the negative impact of alcohol use during pregnancy. A funding proposal to expand alcohol screening and treatment for pregnant women was developed but not selected. Other funding sources will be explored in 2007.

- 4) *Leverage oral health resources to improve periodontal disease prevention, detection, and treatment.*

Periodontal disease has been linked to preterm birth and other poor birth outcomes. In 2007, the Department will be allocating \$4.2 million to increase access to oral health care for underserved populations, specifically Medicaid recipients. BadgerCare Plus will also provide additional capacity and increase their access to needed oral health services.

Quality Improvement

- 5) *Integrate My Baby and Me alcohol screening and treatment services with First Breath tobacco-cessation services for pregnant and post-partum women.*

My Baby & Me is an alcohol-cessation program for pregnant women, modeled after the *First Breath* tobacco-cessation program, which is delivered through the Medicaid prenatal care coordination (PNCC) benefit. As high numbers of women participating in PNCC report using alcohol and tobacco, expansion efforts are targeted to this population to reduce use of these substances. In 2006, *My Baby & Me* was piloted in Chippewa, Douglas, and Oneida counties. In October 2006, it was expanded to Meta House, a substance abuse treatment facility in Milwaukee for women and their children. In 2007, the program will be expanded to Managed Health Services in Milwaukee.

- 6) *Develop and implement a coordinated funding strategy between the Division of Children and Family Services and the Division of Public Health focusing on teen pregnancy prevention and child abuse prevention, building on the Brighter Futures Initiative.*

The Brighter Futures Initiative supports positive youth development services to targeted at-risk youth throughout the state. In 2007, the Department awarded a contract to Community Advocates, a Milwaukee organization, to support implementation of community and evidence-based practices in the areas of teen pregnancy prevention; child abuse and neglect prevention; prevention of youth violence and delinquent behavior; alcohol and other drug abuse prevention; and increased adolescent self-sufficiency. A joint training session on teen pregnancy prevention services and adolescent reproductive health for Brighter Futures subcontractors is planned to assure coordination of interventions across agencies.

- 7) *Seek additional opportunities for collaboration with other Department programs and regional offices.*

No information to report at this time.

Improved Assessment, Assurance, and Policy Development: Improve the assessment, assurance, and policy development role in funding selected programs to address the elimination of racial and ethnic disparities in birth outcomes.

The use of evidence-based practices is key to providing quality services. Efforts in this section are targeted at the promotion of these practices.

- 1) *Promote evidence-based practices by coordinating current public health funding for teen pregnancy prevention efforts (Abstinence, Maternal and Child Health, and Family Planning) with private sector initiatives.*

As noted previously, the Milwaukee Adolescent Pregnancy Prevention Partnership Collaborative was established in 2006, with the goal of improving agency coordination on teen pregnancy prevention services.

Quality Improvement

A new competitive grant application was announced for 2007, highlighting promotion of the Family Planning Waiver and Emergency Contraception as key deliverables. (See <http://dhfs.wisconsin.gov/rfp/>)

- 2) *Require targeted deliverables for programs serving mothers, children, and families to assure the elimination of racial and ethnic disparities in birth outcomes. Increase accountability through outcome-based performance measures.*

Related initiatives supported by Title V Maternal and Child Health funds in 2006 are targeted at education and interventions that address risk factors for poor birth outcomes, including tobacco use during pregnancy, depression and related mental health problems, and urinary tract infections. Described below, required deliverables relate to extent of reach and impact:

Fax to Quit: This program of the Center for Tobacco Research and Intervention (CTRI), at the University of Wisconsin–Madison, supports medical providers to connect smokers with cessation services provided through the statewide Quit Line. The Infant Death Center of Wisconsin promoted the program in Beloit, resulting in increased participation rates for clinic and community physicians.

Health Fair: The Beloit African American Infant Mortality Coalition, with support from the Department's Minority Health Program, held a health fair for African American pregnant women and parents of infants to provide education and increase community awareness of disparities in birth outcomes. The Coalition is also providing ongoing support and informal mentoring for families.

Perinatal Risk Assessment: This pilot project of the Wisconsin Association for Perinatal Care (WAPC) will increase capacity for perinatal risk assessment and follow-up services for depression and urinary tract infections at Wheaton Franciscan Healthcare in Racine. Project activities include data collection, provider education, provision of resources, and dissemination of information on successful strategies. Selected accomplishments include:

Increased screening and early identification for at risk women: In 2006, the number of women identified as at-risk for sexually-transmitted diseases and urinary tract infections increased by 26 percent over 2005. Future plans include grand rounds for clinicians on best practices for laboratory testing to identify infections during pregnancy.

Increased postpartum depression screening: As a result of grand rounds and other education efforts, obstetrical staff at Wheaton Franciscan Healthcare now routinely screen for perinatal mood disorders at postpartum check-ups. In addition, pediatricians are now screening mothers for post-partum depression at well child visits. Projected 2007 activity includes dissemination of a screening toolkit to healthcare systems in Racine, Kenosha, Milwaukee, Beloit, and Madison.

Quality Improvement

Family Planning Integration: In partnership with the Wisconsin Family Planning Program, the Department will identify and promote culturally appropriate service delivery strategies aimed at increasing use of the Medicaid Family Planning Waiver, including expanding eligibility to men.

- 3) *Review procedures in the Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Nutrition Education Program, including identifying barriers and implementing strategies, to promote early enrollment, expansion of breastfeeding education, and early referral to FoodShare when appropriate.*

In progress for 2007.

- 4) *Increase HIV testing of all pregnant women through collaboration with relevant professional associations.*

HIV is a critical risk factor for poor birth outcomes. Efforts in this area are targeted to early screening, diagnosis, and treatment.

In partnership with practitioners involved in HIV and/or perinatal service delivery, the Department developed recommendations for implementation in 2007 that will increase perinatal HIV testing. These recommendations are based on guidance issued by the Centers for Disease Control and Prevention that will promote routine HIV screening through “opt-out” testing, which eliminates written informed consent.

- 5) *Review the Wisconsin Childhood Lead Poisoning Elimination Plan strategies to increase performance of health care providers for lead screening and adapt these for healthy birth outcomes.*

Learning from and adapting best practices is a key strategy to improving birth outcomes. The Wisconsin Lead Program has demonstrated success in improving the performance of health care providers in screening for lead poisoning through provider report cards and other strategies. Efforts in 2007 will focus on adapting these practices to improve health care providers’ practices regarding perinatal screening for risk factors associated with poor birth outcomes.

Improved Access: Develop and implement continuous quality improvement measures to ensure appropriate and timely access to health care.

- 1) *Review policies and procedures for Medicaid eligibility and coverage for pregnant women and infants by engaging key stakeholders and soliciting suggestions for improvements. Implement cost-effective improvements on a statewide basis that enhance the presumptive eligibility and newborn eligibility processes to expedite eligibility determination and Medicaid enrollment.*

As the State Medicaid Agency, the Department of Health and Family Services is uniquely positioned to impact access to and the quality of services delivered. Efforts in this area are targeted to increasing access and quality of services funded through the State’s Medicaid program.

Quality Improvement

The 2005-2007 state budget expanded Medicaid and BadgerCare eligibility for pregnant women and newborns; added benefits to the Medicaid Family Planning Waiver; and expanded the BadgerCare prenatal care benefit for non-qualifying immigrant women. Outreach enrollment efforts targeted to key at-risk populations will continue in 2007. See below.

- 2) *Develop a strategy for incorporating eligibility for Medicaid Presumptive Eligibility (PE) for pregnant women, newborns and the Family Planning Waiver program into ACCESS, the Department's web-based eligibility support services tool, to streamline and simplify application processes and increase access through the use of technology.*

In February 2006, the Department's Division of Health Care Financing began working on strategies to expedite the issuance of PE and full Medicaid benefits for eligible individuals. Currently, because the application process for full benefits is separate from the PE application, many eligible individuals do not get enrolled, whether the PE program is the Family Planning Waiver, prenatal care, or newborn care. Through a "provider portal" in ACCESS, eligible individuals will be able to apply online for PE benefits through a health care provider, and the application will trigger a full Medicaid application, which can also be completed online. This will accomplish several goals: for individuals enrolling in the Family Planning Waiver, the application for PE benefits will automatically generate an application for full services, resulting in no missed prescriptions; for pregnant women, an application for PE benefits will trigger an application for full Medicaid benefits, ensuring full access to other health care benefits; and for newborns, the application will reduce the time between application and issuance of the newborn's Medicaid card prior to the date of the first well-child visit, while also expediting the child's addition to the family unit for Food Share benefits. We expect the new provider web tool will be available for presumptive eligibility determinations for pregnant women in January 1, 2008. At the same time, as part of the BadgerCare Plus program implementation, we will also begin allowing presumptive eligibility for children (under age 19) with family incomes no greater than 150% FPL. We expect implementation of PE for the Family Planning Waiver and the newborn reporting components will be available some time later in 2008.

- 3) *Develop a campaign to promote acceptance of the Medicaid temporary card by providers and front line workers and educate consumers of its value.*

Temporary cards issued to eligible pregnant women, families and children provide them with access to needed services in a timely fashion. Feedback from participants and advocates has indicated that providers weren't consistently honoring the temporary card. In 2006, strategies to address this issue were developed, including faster processing to shorten the time period for issuing a permanent card, as well as changes to the temporary card to address provider concerns. All changes should be implemented by early 2008.

- 4) *Engage stakeholders in developing a strategy for ensuring that immigrant and incarcerated pregnant women can access the new BadgerCare prenatal care benefit.*

The new prenatal care benefit, authorized in the 2005-2007 budget, responds to the need for access to prenatal care for incarcerated women and women who do not

Quality Improvement

qualify for Medicaid because of their immigration status. Outreach efforts have been targeted to corrections personnel across the state to assure that incarcerated women who are pregnant receive prenatal care. Covered services include prenatal care, doctor and clinic visits, prescription drugs, including prenatal drugs, and labor and delivery.

5) *Develop a pay-for-performance program for healthy birth outcomes.*

In 2006, several Milwaukee area managed care organizations organized a collaborative performance improvement project in partnership with the Wisconsin Association of Perinatal Care to collect and share data on birth outcomes and conditions associated with poor birth outcomes; staff from the Health Care Financing Division and the Minority Health Program have provided consultation. An initial focus on efforts to screen for and treat urinary tract infections (UTIs) with performance measures has been selected. Next steps for 2007 include developing additional performance measures that focus on prenatal, perinatal and postnatal care interventions, in order to more clearly identify controllable factors that result in poor birth outcomes. Accurate performance measures will help to assess the effectiveness of various interventions on patterns of practice, participant behaviors and service utilization. A *Pay for Performance* initiative is being developed that will build on these efforts and is scheduled for implementation in late 2008.

Community and Evidence-Based Practices

Deploy community and evidence-based practices that eliminate racial and ethnic disparities in birth outcomes, in more places and at greater scale.

Research indicates that institutional racism accounts for at least some of the racial and ethnic disparities in health outcomes. Efforts in this area focus on addressing institutional and service delivery barriers to quality practice and building capacity to deliver services using culturally appropriate methods and approaches.

Consumer Involvement: Involve consumers in the development and implementation of evidence-based, culturally-appropriate practices.

- 1) *Work with community members and popular opinion leaders to foster trust and remove barriers to health care access.*

The Minority Health Program in the Division of Public Health awarded 14 mini-grants statewide in 2006 aimed at building local capacity for health promotion targeted at reducing health disparities among racial/ethnic minority populations.

- 2) *Leverage minority health grant dollars to fund innovative, local prevention programming.*

As noted above, 14 grants were awarded in 2006; each leveraged additional, local funding for implementation of prevention efforts.

Trusted Gateways: Partner with trusted community-based organizations that serve disparately affected populations to develop, implement, and/or expand evidence-based and community-endorsed programs.

- 1) *Dedicate personnel from the Wisconsin Minority Health Program and the Maternal and Child Health Program to focus on the elimination of racial and ethnic disparities in birth outcomes.*

The state has reallocated resources to focus the efforts of 1.5 FTE public health staff exclusively on addressing disparities in birth outcomes, specifically to promote knowledge and use of evidence-based practices aimed at reducing disparities.

- 2) *Expand the First Breath tobacco cessation program to reach pregnant women in counties with high racial and ethnic disparity rates; integrate the My Baby and Me alcohol cessation program in targeted areas with high alcohol co-morbidity.*

First Breath is a smoking cessation program for pregnant women administered by the Wisconsin Women's Health Foundation. In 2006, Department funds expanded the program's capacity in the following counties to specifically target high-risk women: Milwaukee, Racine, Kenosha, Rock, and Dane; additional funding will allow for continued expansion in 2007. The program is being modified to assure that its services are culturally-appropriate.

Community and Evidence-Based Practices

- 3) *Support the continuation of the Milwaukee Fetal and Infant Mortality Review Project and expand FIMR activities in other counties with disparate burden.*

The Milwaukee Fetal and Infant Mortality Review Project, funded by the Black Health Coalition's Healthy Start grant, has contributed to our knowledge of factors that contribute to infant mortality in specific incidences. In 2007, we will seek additional support for the expansion of Fetal and Infant Mortality Review activities to additional counties with high rates of infant mortality and disparities.

- 4) *Implement a five-year Milwaukee Comprehensive Home Visiting Program with the City of Milwaukee Health Department.*

The Department awarded a \$4.5 million contract to the City of Milwaukee Health Department to administer a 5-year comprehensive home visiting program, *Empowering Families of Milwaukee*, in a target area of Milwaukee with high rates of poor birth outcomes. Target populations include first-time mothers who are Medicaid eligible; Medicaid-enrolled mothers who have had a previous poor birth outcome (infant death, low birthweight); prematurity; other pregnant teens or high-risk women who qualify for prenatal care coordination (PNCC); and undocumented pregnant women. The pilot program incorporates best practices from the Healthy Families America and Parents as Teachers model programs. The project expects to serve 700 families over five years.

- 5) *Create or improve communication channels among new and existing partners.*

A key outcome of the 2003 Perinatal Summit was the establishment of *Healthy Babies Action Teams* across the state. State level facilitation is provided through the Infant Death Center, in part with support from the Division of Public Health. Highlights of *Action Team* efforts in 2006 include: a grand rounds presentation on Creating Smoke-free Environments facilitated by the Southeast Region Healthy Babies Team; public awareness efforts of the impact of stress on pregnancy by the Western Region Team ("A Pregnant Woman's Wish List"); a facilitated discussion on the impact of racism on perinatal outcomes ("It's Time to Talk") held by the Southern Region; meetings in the Northeast Region promoted collaboration and information sharing; the annual Native American Healthy Babies meeting focused on smoking, breastfeeding and social issues; and the Black Health Coalition in Milwaukee sponsored education and planning sessions based on the Life Course Model, which addresses how disparities occur over the lifespan.

Policy/System Changes: Identify strategies that will address cultural/linguistic barriers and other constraints associated with poor birth outcomes, including racism, poverty, inadequate education attainment, inadequate employment success and high incarceration rates.

As noted earlier, disparities in birth outcomes are not solely due to barriers to health care access, or to the quality of health services. Additional causal factors are social and environmental in nature. This section addresses efforts to mobilize other leaders to address these factors.

Community and Evidence-Based Practices

- 1) *Educate business and community leaders, local and state elected officials, and high level state agency leaders regarding disparities in birth outcomes, to promote a shared agenda for action.*

Outreach and education efforts in 2006 included presentations to various business and community leadership groups across the state. These efforts will continue in 2007.

- 2) *Work with the Department of Workforce Development (DWD) to improve maternal education and employment strategies for families in the Milwaukee Comprehensive Home Visiting Program.*

The Milwaukee Family Service Integration Office, created in 2006 by the Departments of Workforce Development, Health and Family Services, and Corrections, is charged with facilitating local collaboration among programs administered by these state agencies in Milwaukee. The Office has been engaged to facilitate collaboration between *Empowering Families of Milwaukee* (the Milwaukee Home Visiting Program) and W-2 and related employment services.

- 3) *Work with fathers, families, community leaders, and state programs to develop and support fatherhood programs in communities with high rates of disparities in birth outcomes.*

In Milwaukee, the Division of Public Health's Southeastern Regional Office provided planning support for the Milwaukee Fatherhood Summit in October 2006; the Department provided financial support. More than 800 men, primarily from the central city of Milwaukee, attended the Summit, which included breakout sessions on child health issues.

- 4) *Develop and promote quality training programs that establish the link between theory and practice for public health and community health workers, emphasizing assurance of cultural competence and humility, and the skills needed to successfully engage overburdened families.*

In 2006, planning for a pilot community health worker/doula (labor coach) certification project was initiated. This initiative aims to improve the quality of perinatal support services for high risk women in Milwaukee through the use of a training and certification process. It will also provide economic opportunities for low income minority women from targeted neighborhoods who choose to become certified.

- 5) *Develop and promote provider education on evidence-based practices that reduce low birthweight and prematurity.*

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP) held its annual continuing education meeting in May 2006. The entire meeting was focused on disparities in health and healthcare in Wisconsin. One lecture and discussion was devoted to the reduction and elimination of disparities in birth outcomes. The Chapter has also formed a disparities-reduction committee. At each of the three WIAAP Executive Committee meetings annually, a discussion of disparities in birth outcomes now occurs.

Data

Monitor statewide and local trends in low birth weight, prematurity, and sudden infant death syndrome (SIDS); evaluate the effectiveness of interventions to eliminate racial and ethnic disparities in birth outcomes.

Without effective data collection and monitoring, it will be difficult to confirm what works, and ascertain progress made. Efforts in this area are focused on improvements in data collection and monitoring to support the promotion of effective practices.

DHFS Data Workgroup: Establish a data workgroup composed of Department of Health and Family Services (DHFS) staff to provide information and data support to the elimination of racial and ethnic disparities in birth outcomes.

- 1) *Assess data needs, conduct on-going monitoring, and coordinate work with partners.*

In progress for 2007.

- 2) *Produce and disseminate reports and fact sheets on racial and ethnic disparities in infant mortality and birth outcomes, with the assurance of accuracy and timeliness.*

Fact sheets that have been developed and disseminated include: *Racial and Ethnic Disparities in Infant Mortality; Medicaid Costs For Low Birth Weight Infants; and Poverty In Wisconsin*. A fact sheet on evidence based practices will be developed in 2007.

- 3) *Leverage vital records, hospital discharge and Medicaid data, and other key databases to ensure evidence-based/data-driven decisions and initiatives to increase capacity for data collection and analysis.*

In 2006, DPH received a CDC grant to begin PRAMS (Pregnancy Risk Assessment Monitoring System) in 2006. Data will available for analysis in 2008.

Collaborative Partner Data Workgroup: Establish a workgroup of collaborative partners from academia, local public health and community-based organizations to address data collection, access, analysis, and dissemination.

- 1) *Collaborate with partners to identify data and research needs.*

The Department convened a workgroup of interested academic and research partners during 2006, to assist in the identification of data and research needs related to eliminating disparities in birth outcomes. Partners include the Alliance of Children and Families; the Black Health Coalition; the Center for the Study of Cultural Diversity in Healthcare (CDH) - UW-Madison; the Center for Urban Initiatives and Research - UW-Milwaukee; the Center for Urban Population Health (CUPH) - UW-Madison, Milwaukee Campus, and Aurora; the City of Milwaukee Health Department (MHD); Marquette University; the Medical College of Wisconsin; UW-Madison School of

A Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes
Wisconsin Department of Health and Family Services
Progress Report 2006

Data

Medicine and Public Health; UW-Milwaukee, and UWM-College of Nursing. Projected activity for 2007 includes identifying key indicators of success to be monitored over time, and inclusion of community providers on the workgroup.

- 2) *Establish Data Sharing Agreements between DHFS and partners.*

In progress for 2007.

- 3) *Prioritize research and evaluation projects that will further our understanding of how to eliminate racial and ethnic disparities in birth outcomes.*

In progress for 2007.

- 4) *Identify and implement strategies to secure funding to support research and evaluation of interventions that successfully eliminate racial and ethnic disparities in birth outcomes.*

In 2006, DPH applied for and received a grant from the Partnership for a Healthier WI to identify evidence-based interventions to eliminate racial and ethnic disparities in birth outcomes.

Key Program Evaluation: Conduct efficient evaluation of current DHFS programs related to healthy birth outcomes.

- 1) *Evaluate the effectiveness of the Medicaid Prenatal Care Coordination benefit and make recommendations for improvements.*

An evaluation of the Medicaid Prenatal Care Coordination benefit was completed in 2006. Recommendations from the evaluation are under review for 2007 implementation.

- 2) *Evaluate the Milwaukee Comprehensive Home Visiting Program, in conjunction with the City of Milwaukee Health Department and other academic partners.*

A preliminary evaluation design was developed in 2006; further efforts regarding the scope and specific evaluation questions to be pursued are in process for 2007.

- 3) *Identify other key DHFS programs for evaluation.*

In progress for 2007.

Dissemination of Information: Develop strategies for the dissemination of knowledge and ongoing progress.

- 1) *Establish an Internet site to enable DHFS information sharing and best practices to enhance local capacity.*

The Healthy Birth Outcomes-Eliminating Racial and Ethnic Disparities web site was established on the DHFS website, <http://dhfs.wisconsin.gov/healthybirths/>.

A Framework for Action to Eliminate Racial and Ethnic Disparities in Birth Outcomes
Wisconsin Department of Health and Family Services
Progress Report 2006

Data

Supporting data, an overview of project, the *Framework for Action*, and contact information are included. Projected activities in 2007 include developing a web resource library to provide a clearinghouse of information and links to organizations and other programs.

- 2) *Provide presentations at national, state, and local forums to disseminate data to professionals and community members.*

Nearly two dozen presentations on racial and ethnic disparities in birth outcomes in Wisconsin were given during 2006. Audiences include physicians and hospital personnel at grand rounds; university-sponsored lectures, including the UW Department of Pediatrics, the Center for the Study of Diversity in Health Care, and UWM School of Nursing; statewide conferences, including the Governor's Conference on Community and Faith-Based Partnerships, the March of Dimes, and Teen Pregnancy Prevention; HMO medical personnel; a DHFS web cast; and the annual meeting of the national Association of Maternal and Child Health Programs. Presentations included information on state, national, and local data and trends, evidence-based approaches, and program efforts. See the link on supporting data at <http://dhfs.wisconsin.gov/healthybirths/> for examples of these presentations.

- 3) *Assure that knowledge is disseminated for the purposes of community health improvement.*

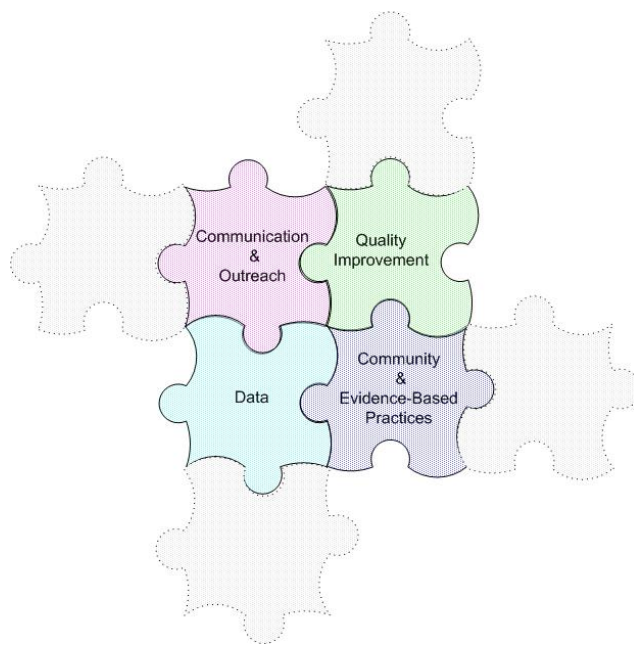
Data on birth outcomes, as well as information related to known causes of racial and ethnic disparities in birth outcomes and best practice for interventions to reduce or eliminate disparities, have been shared at various venues across the state, and are posted on the Department's website as noted. These efforts will continue in 2007.

Conclusion

Much has been accomplished in this first year of implementing the Framework, but much more needs to be done. National research tells us that disparities in health outcomes cannot be completely accounted for by health services access and delivery, whether through public health insurance programs or public health initiatives. Social, economic, and institutional barriers have a significant impact on the health status of African American, Hispanic, Native American, and Asian American children and families.

No one entity can resolve this problem. This report reflects what the Department has been able to accomplish in 2006, and what we intend to accomplish in 2007 as set out in the Framework. It does not reflect the efforts of the many private and community-based organizations in our state that have been working to improve outcomes for our most vulnerable citizens; we appreciate that these efforts are critical to success. We intend to revisit the Framework each year, to do more and to do better.

As we continue our efforts in 2007, our hope is that we have supported, challenged and perhaps inspired leadership to leverage additional resources so that all Wisconsin families can benefit from equitable outcomes.



<http://dhfs.wisconsin.gov/healthybirths/>

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