

Communication from Milwaukee Health Department on Infant Mortality

Public Safety Committee Meeting, 06/20/13

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Division

Hello Chairman and Common Council members. I want to thank you for this opportunity to share our most recent infant mortality data, highlight our successes as a department and as a community, and describe how as a health department we are going to move forward towards reaching the goals we have set for our ourselves.

I would also like to thank you for the continued attention and concern you have given this key indicator of public health. It is important that we work together for the health and safety of our community and receive the support of our elected officials.

Much of what I'm about to say can be found in the documents provided for the file.

Infant mortality is a significant public health issue for our community. We have some of the highest infant mortality rates for African-American babies in the nation. Preliminary MHD figures (not yet verified by State) indicate that in 2012, **96** infants died in Milwaukee prior to their first birthday. That is the lowest number of infant deaths in Milwaukee history.

In 2012, the overall infant mortality rate was **9.6**. This compares to an overall IMR of **10.1** in 2011. These are three-year rolling averages, using data from 2010-2012. Public health experts use three-year rolling averages to determine trends because single-year numbers can fluctuate greatly from year to year.

By race and ethnicity this breaks down as:

**14.6** for African-American babies (compared to 2011: 14.5)

**5.2** for Caucasian babies (2010: 5.1)

**6.1** for Hispanic babies (2011: 7.7)

For the 2012 data, we do not yet have an analysis of these deaths by cause-of-death, but we expect to see similar trends as previous years (roughly 50-60 percent due to complications of prematurity, about 20 percent due to congenital anomalies, and about 15-20 percent to unsafe sleep).

Our stated goal, set in October 2011, is to: reduce the overall IMR by 10 percent to 9.4, reduce the African American IMR by 15 percent to 12.0, both by the end of 2017.

The good news is that Milwaukee's three-year average overall IMR has been steadily decreasing every year since 2004-2006, when it was 11.9. It is now 9.6, and that is a 19 percent drop since Mayor Barrett and Commissioner Baker took office. This evidence leads me to confidently say that we are on-track to meet our 2017 overall IMR goal of 9.4. And the three-year average IMR

for African-Americans has decreased from 18.1 in 2004-2006, to 14.6. This is a 19 percent decrease since Mayor Barrett and Commissioner Baker took office.

Milwaukee's overall infant mortality rates are steadily improving, and we think that is in large part due to the hard work and good work being done by MHD and our community partners. Why are we seeing this decrease? As city, as a community – we are now focused on this issue.

The City of Milwaukee Health Department has made this a top priority. We have used, and will continue to use, a four-pronged approach to reducing infant mortality rates:

- Direct Service
- Research and Evaluation
- Public Education
- Community Partnerships

With regard to Direct Service, our MHD Public Health Nurses continue to provide home visits to at-risk infant and their families in Milwaukee. Enrolling over **1,300** families and providing over **30,000** home visits since their inception. And are we are seeing rates of prematurity and low birth weight babies lower amongst our clients than those in the general population. This is important, as prematurity is the leading cause of infant death.

We provide additional services as well. For example, our Cribs for Kids Program has distributed over **3,300** cribs distributed since 2009.

The MHD Women, Infants and Children (WIC) Nutrition Program serves an average of **8,000** moms and children each month at all MHD health centers encouraging healthy pregnancies, infants and children, through nutrition and general health education, including breastfeeding education and support.

Our Community Healthcare Access Program (CHAP) ensures that pregnant women and newborns have immediate access to insurance and health care.

We have seen great success through our teen pregnancy prevention programs reducing the teen birth rate amongst 15-17 year olds by 36 percent since 2006, well on our way to our goal of a 42 percent decrease by 2015.

Even our STD program has a positive and important effect on infant mortality, as STDs are associated with preterm birth.

Newly added to this list of services is our Direct Assistance for Dads program, a partnership with My Father's House. This program will imbed fatherhood specialists within two of our home visiting programs to provide parenting education and connect fathers to other resources in the community. There is strong evidence that when a father is actively engaged in a positive

manner we see not only improved birth outcomes but better outcomes for that child through his/her lifespan.

With regard to Research and Evaluation, our latest Fetal Infant Mortality Review (FIMR) Report was released in January 2011 by Mayor Tom Barrett. This report provided a comprehensive forensic review of factors that contributed to Milwaukee's high number of stillbirths and infant deaths from 2005-2008. The FIMR report also provides recommendations on what interventions are needed to impact our IMR. We hope to release an updated report this fall.

We continue to collect detailed information on every fetal and infant death, in order to maintain a detailed picture of what is happening in our community.

With regard to Community Partnerships, simply put, they are vital. Our community partnerships are too numerous to name, but happen at all levels including on the ground and at the executive level.

Several that do warrant mentioning are the generous and invaluable grant support from United Way of Greater Milwaukee (for home visitation) and from the Wisconsin Partnership Program's Lifecourse Initiative for Healthy Families (DADS program) that has been instrumental in allowing us to serve more Milwaukee families.

In 2012, we partnered again with Columbia St. Mary's to implement our 2<sup>nd</sup> Safe Sleep Sabbath where we provide education and resources to church leaders about safe sleep, which they in turn share with their congregations. We had over 50 churches in attendance in 2012 and are already planning for 2013.

We are also very proud of our Safe Sleep Community Partnership where 50 daycares, churches, hospitals, and other community based organizations receive training on safe sleep and then sign a pledge to provide consistent and continuous safe sleep education and resources to families they serve.

I also want to mention our partnership with the new UWM Zilber School of Public Health. This partnership will strengthen our ability to do cutting edge research and programming. Zilber's founding Dean, Magda Peck, is a nationally-known expert in maternal and child health and infant mortality issues. Our synergies will lead to some very exciting new initiatives in years to come.

We are also partnering with the Lifecourse Initiative for Healthy Families, integral in the development of our DADs program, along with many other partners. And we also have inter-departmental partnerships with MPD, MFD, and the Housing Authority.

It is through these partnerships that the highest potential to impact infant mortality rates lies. Infant mortality is a public health problem, but the solutions need to go beyond public health.

When, as a community we pool our collective resources and skill sets, we can serve more families, more effectively.

We are also working hard to educate the community. In 2012 we launched another of our popular Strong Babies with a focus on encouraging a full-term pregnancy.

We continue our partnership with United Way and the Zilber School of Public Health to release weekly “Women 2 Women 4 Healthy babies” educational, videos through email, on Facebook and Twitter, aimed at reinforcing behaviors that lead to healthier births. And we have more social marketing campaigns planned for 2013, including more safe sleep campaigns.

In 2012 we had our 3<sup>rd</sup> annual Infant Mortality Summit with a focus on the social determinants of health. We looked at how policies in the area of early childhood education, employment, housing, and income can affect birth outcomes over the long term. We had over 300 guests in attendance.

And though discussed as direct service or a community partnership, many of those programs or initiatives contain an integral component of community education.

In summary, we have made much progress over the years, and we should be proud of that. Still, when we look at how far we have to go, it is clear that we have and will continue to face challenges. This is a long road that we have just begun to travel. Infant mortality is a multifaceted problem that will require long-term attention and innovation.

When we look at the infants that are dying today, we know that the drivers of those deaths began when their mothers were in the womb and the stressors they faced throughout their lives. The work we are doing today is not only to prevent infant deaths now, but is an investment in future generations. And that is truly when we will see the fruits of our labors.

We commit to continuing our successful programs, and continuing to work with our many community partners and the hospital systems.

In a perfect world we would like to eliminate ALL preventable infant deaths, but the reality of our position forces us to prioritize interventions. And the reality is that African-American infants in Milwaukee still die at a rate nearly three times higher than Caucasian infants. Furthermore, while Milwaukee’s three-year average Black IMRs decreased steadily and remarkably from ’04-’06 to ’07-’09, it has not continued that drop over the past three years. This is in spite of the fact we set a particularly aggressive goal for reduction of African-American infant mortality by 2017. That is why so many of our interventions are specifically aimed at Milwaukee’s Black community.

Infant mortality rates in Milwaukee still represent a true public health crisis for our city. But we are hopeful these recent numbers represent a trend towards reduced infant mortality and

reduced racial and ethnic disparities and alleviating this crisis. And we will continue our all-hands-on-deck efforts to achieve our 2017 goals.

**CITY COMPARISONS \***

	<b>Overall Rates</b>	<b>Black Rates</b>	<b>White Rates</b>	<b>Hispanic Rates</b>
<b>Milwaukee</b>	9.5	14.8	4.7	5.7
<b>Baltimore</b>	11.0	14.8	4.0	**
<b>New York City</b>	4.9	8.6	2.8	4.3
<b>Louisville</b>	7.5	12.9	6.7	**
<b>Memphis</b>	11.2	13.3	5.9	7.6
<b>Detroit</b>	13.5	14.4	8.5	9.0
<b>Philadelphia</b>	10.7	14.8	5.5	8.9

**\*This is 2010 data from cities where they have CITY-ONLY data. Most cities are part of county-based health departments and therefore collect county data. These cities were selected because they collect city-based data and are similar to Milwaukee's population, racial/ethnic make-up, and other socio-economic factors such as poverty and unemployment.**

**\*\* Birth rates are too low to calculate infant mortality rate**