



John O. Norquist  
Mayor

Seth L. Foldy, MD  
Commissioner of Health

Bevan K. Baker, CHE  
Health Operations Director

Administration



Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990  
web site: [www.milwaukee.gov](http://www.milwaukee.gov)

November 25, 2002

Re: Proposed community linkage with Planned Parenthood of Wisconsin, Inc.

Dear City of Milwaukee Common Council Member:

The purpose of this letter is to inform you of the preliminary discussions between the Milwaukee Health Department (MHD) and Planned Parenthood of Wisconsin, Inc. (PPWI) to develop a community linkage to serve clients at Northwest Health Center one day per week. Enclosed you will find a communication that was sent to all MHD employees advising of our proposal. Also enclosed is an overview, which outlines the proposed linkage in greater detail.

This proposed linkage will not result in reduction of services at the Northwest Health Center or any other MHD clinic. It is anticipated that this linkage will in fact improve access to services needed by our existing WIC, Family Health and other clients and that we will gain new clients from those served by PPWI. This linkage will not replace our need for public health professionals. It will increase our capacity to reach more people in need.

We are committed to provide you with the most accurate and current information about this proposal, Health Operations Director, Bevan K. Baker, CHE will be meeting with you in the very near future to further discussions regarding this initiative. Should you have any questions or concerns that you wish to discuss at this point, please contact Bevan Baker at X2910.

Sincerely,

Seth L. Foldy, M.D.  
Commissioner of Health

SLF/rmb

Enclosures



**Health Department**

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## ***City of Milwaukee Health Department and Planned Parenthood of Wisconsin Linkage***

### **Summary**

The development of a community linkage is underway between the City of Milwaukee Health Department (MHD) and Planned Parenthood of Wisconsin, Inc. (PPWI). Starting November 20, 2002, MHD will permit PPWI to occupy space at the Northwest Health Center to deliver family planning services to underserved residents living in the northwest side of the Milwaukee one day per week.

PPWI recently received a \$200,000 federal Title 10 family planning grant. The grant is aimed at providing family planning services to economically disadvantaged women and men in the City of Milwaukee. Grant-funded services are based on ability to pay and provided at no cost for those under 100% of poverty. The goals of this Title 10 program include:

- Increasing reproductive health services by partnering with public health providers and other community based organizations that have related interests and work with similar populations.
- Emphasis on clinical services to hard-to-reach populations such as uninsured and underinsured women, males who need clinical services and adolescents.
- Assuring access to comprehensive family planning and reproductive health services, STD and cancer screening and prevention and HIV prevention, counseling and testing.

## Organization Background

Established in 1935, the mission of PPWI is to ensure the right of all individuals to manage their sexual and reproductive health through direct service, education and advocacy.

According to 2001 figures, PPWI has thirty-one health centers, which provide care to over 66,000 patients and see 182,918 patient visits. Advocacy programs engage over 35,000 persons, and the education staff provide educational programming to over 14,000 patrons.

## Statistical Data

The 2000 census has shown that economically disadvantaged residents are migrating from the central city in favor of the northwest side of Milwaukee. While the population in this area is rapidly increasing, services have not kept pace with demand. By establishing a community linkage at the Northwest Health Center which is located at 76<sup>th</sup> and Mill Road, PPWI will bring important services to the populations most in need.

## Benefits to MHD Clients

The following services would not be available to MHD clients (or would be available at significantly reduced levels) without this linkage with PPWI.

<b>Services to be offered by PPWI at the Northwest Health Center</b>	<b>Availability of service to MHD clients without PPWI linkage</b>
Pregnancy testing and referral for prenatal care	Moderate (MHD "walk-in" and "family health" clinics, and STD clinic).
Sexually transmitted disease testing and treatment	Limited; only at MHD's STD clinic, which a) is not accessible to many on the northwest side, and b) is currently forced to turn away over 115 clients per month on average due to budgetary constraints and staffing limitations.
Family planning and contraceptive services	None (except condom distribution)
Non-contraceptive family planning (e.g., "Natural Family Planning")	None
Pap smears (cervical cancer screening), and referral to colposcopy if pap smear abnormal	None

## **Population Served**

There are few providers of reproductive health care in this area of Milwaukee, but the need for reproductive health services in all areas of the city is very high. For example:

- In 1996, 62% of live births in the City of Milwaukee were a result of unplanned pregnancies, compared to only 39% statewide.\*
- In 1999, Milwaukee had the highest teen pregnancy rate of the twenty largest U.S. cities.†
- Nearly 2400 gonorrhea and chlamydia infections were reported in Milwaukee 14 to 17 year olds in 2001.‡
- Milwaukee has very high rates of sexually transmitted disease (STD) compared to other cities. In 2000, of the 64 US cities larger than 200,000 people, Milwaukee had the 2<sup>nd</sup> highest rate of chlamydia infection and the 10<sup>th</sup> highest rate of gonorrhea.§

Reproductive health care is more than just planning for pregnancy and preventing STDs. Access to care is very important, and cervical cancer screening and prevention are also important. As an indication of the need for those health services, consider the statistics from PPWI's current center at Capitol Drive and Fond Du Lac Avenue, where:

- 21.8% of pap smears are abnormal, and
- 71% of patients are at or below the Federal poverty line.

## **Benefits to MHD**

Not only will this linkage attract new clients, but it will increase access to these services for existing MHD clients, and it will support cross referrals between MHD and PPWI clients in need of family planning services. Further, this linkage will provide an expansion of services currently offered and create a "one stop-shopping environment." Additionally, PPWI will assist in operational costs related to the maintenance of the Northwest Health Center, such as:

- Capital Improvements to improve clinic flow
- Monthly rent
- Additional on-site security

## Benefits to City of Milwaukee

Health Benefits	How
<ul style="list-style-type: none"><li>• Significant decrease in rates of sexually transmitted diseases</li></ul>	Increased treatment of infectious individuals
<ul style="list-style-type: none"><li>• Significant decrease in unplanned, unwanted, and teen pregnancies</li></ul>	Increased availability of family planning education and a variety of <i>non-abortion-related</i> contraceptive services (e.g., oral contraceptive pills, progesterone shots, diaphragms, etc.)

Financial Benefits	How
<ul style="list-style-type: none"><li>• Support for operating costs and capital improvements</li></ul>	Direct support from PPWI through Title 10 funds
<ul style="list-style-type: none"><li>• Increased revenues</li></ul>	In-kind donation of use of PPWI's billing software

## Conclusion

This program will help MHD meet its mission, *to ensure that services are available to enhance the health of individuals and families, promote healthy neighborhoods, and safeguard the health of the Milwaukee community.*

This linkage between MHD and PPWI focuses on uninsured and underinsured women and men in an area of Milwaukee where the need is great and the currently available services are insufficient. By substantially improving access to family planning and reproductive health services, and to STD / HIV and cancer screening and prevention, this program is an important step toward a Healthier Milwaukee.

\* 1996 Prenatal Care Survey Report. Bureau of Health Information, Wisconsin Department of Health and Family Services.

† Annie E. Casey Foundation and 2000 census data

‡ City of Milwaukee Data

§ U.S. Centers for Disease Control and Prevention website 2002



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## MEMORANDUM

DATE: December 20, 2002

TO: Willie L. Hines, Jr.,  
City of Milwaukee 17<sup>th</sup> District Alderman

FROM: Bevan K. Baker, CHE  
Health Operations Director

RE: Planned Parenthood of WI, Inc

Alderman Hines,

Attached please find the information regarding the proposed linkage between Planned Parenthood of WI, Inc and the City of Milwaukee Health Department.

Should you require any further assistance, please feel free to contact me directly at 414-286-2910.

cc: Seth L. Foldy, M.D.

## 2001 STD Morbidity by Zip Code and Race

Sexually Transmitted Diseases (STDs) are an issue that affects health, fertility and overall quality of life. Milwaukee has a significant problem with STD morbidity, which disproportionately impacts certain geographic areas of the City as well as racial and ethnic groups.

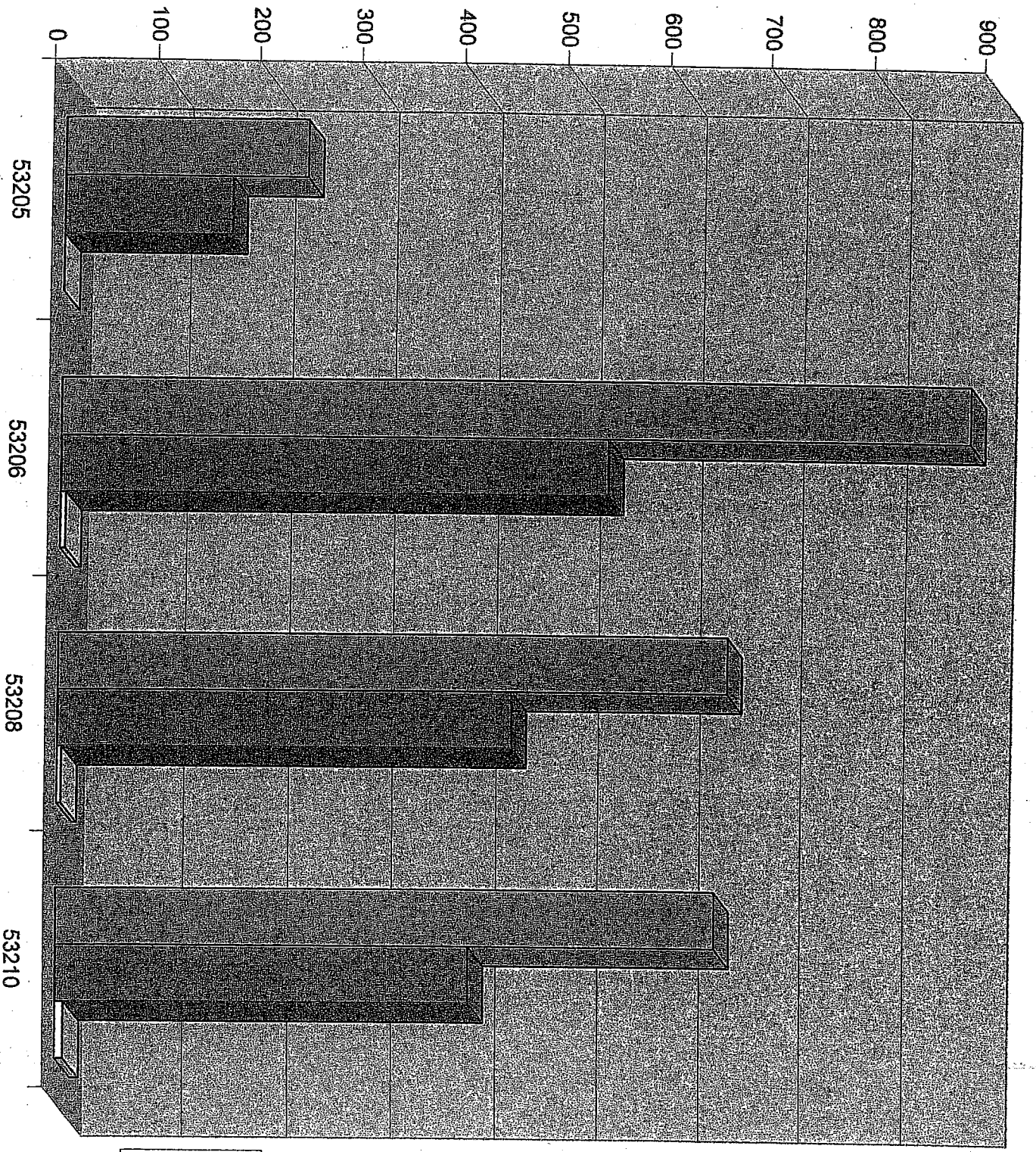
1. **Reference “2001 STD Cases in Specific Zip Codes” chart:** This chart represents the raw numbers of chlamydia, gonorrhea and early latent syphilis (syphilis of less than one year’s duration) cases reported in each zip code of Alderman Hines’ district (53205, 53206, 53208 and 53210) for year 2001.
2. **Reference “2001 STDs by Zip Code in Comparison to Total Reportable STDs” chart:** This chart represents the total number of reportable STDs in each zip code of Alderman Hines’ district, as compared with the total reported for the entire City of Milwaukee. The final column represents the combined total of zip codes 53205, 53206, 53208 and 53210.

*When combined, the total number of STDs in the 4 zip codes of Alderman Hines’ district represent 1/3 of total STD morbidity for the City of Milwaukee.*

3. **Reference “2001 City of Milwaukee Reportable STDs by Race” chart:** This chart demonstrates that in the City of Milwaukee, STDs disproportionately impact African American residents. This is a trend that holds true nationally as well. In the City of Milwaukee in 2001, reported STDs among African Americans were greater than all other racial and ethnic groups combined.

Limitations of STD morbidity reporting include the fact that race and ethnicity data are often not included on case reports. However, even if current rates of infection among racial and ethnic groups were assumed, African Americans would still be impacted much more heavily than other racial and ethnic groups.

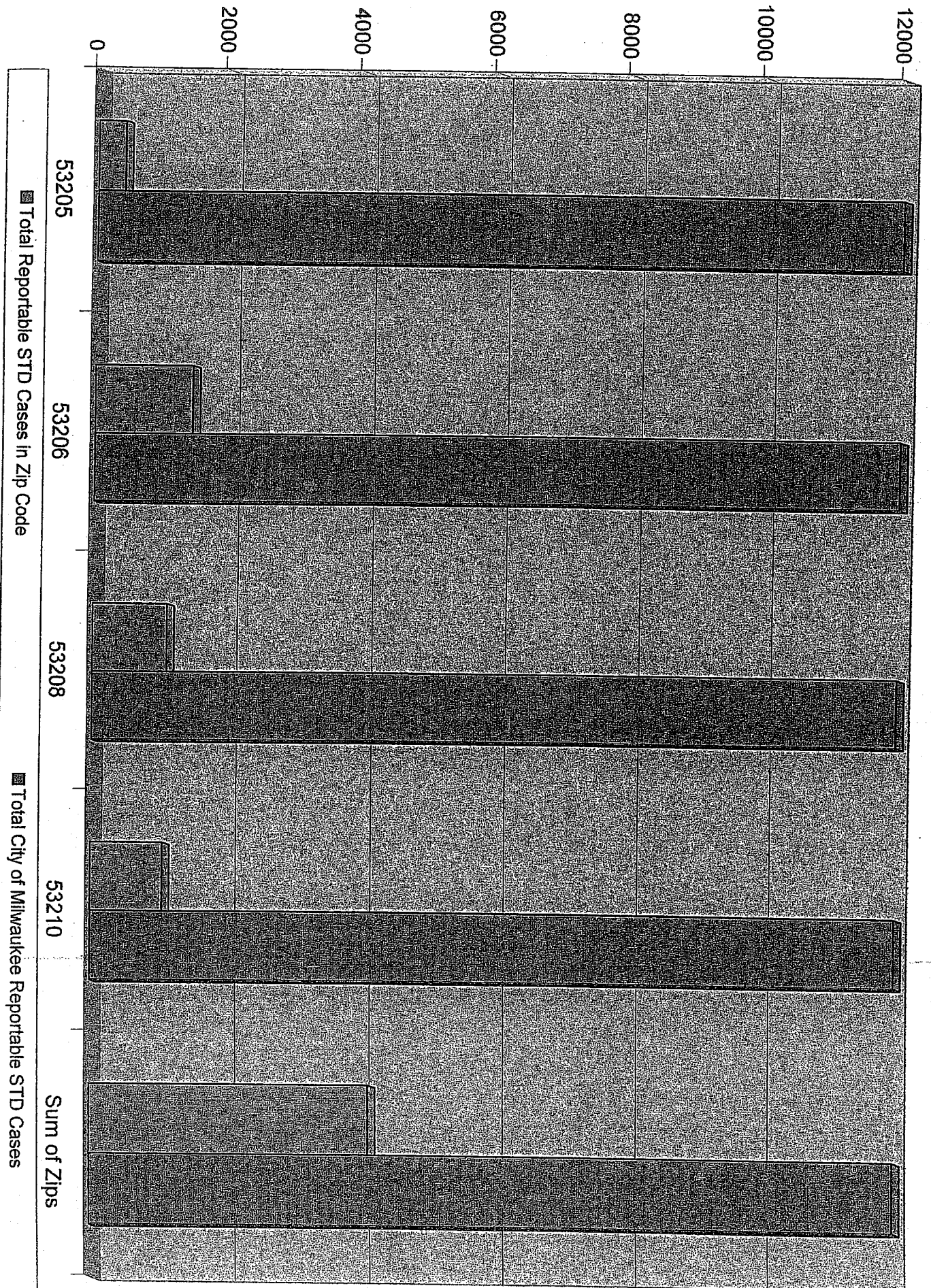
# 2001 STD Cases in Specific Zip Codes



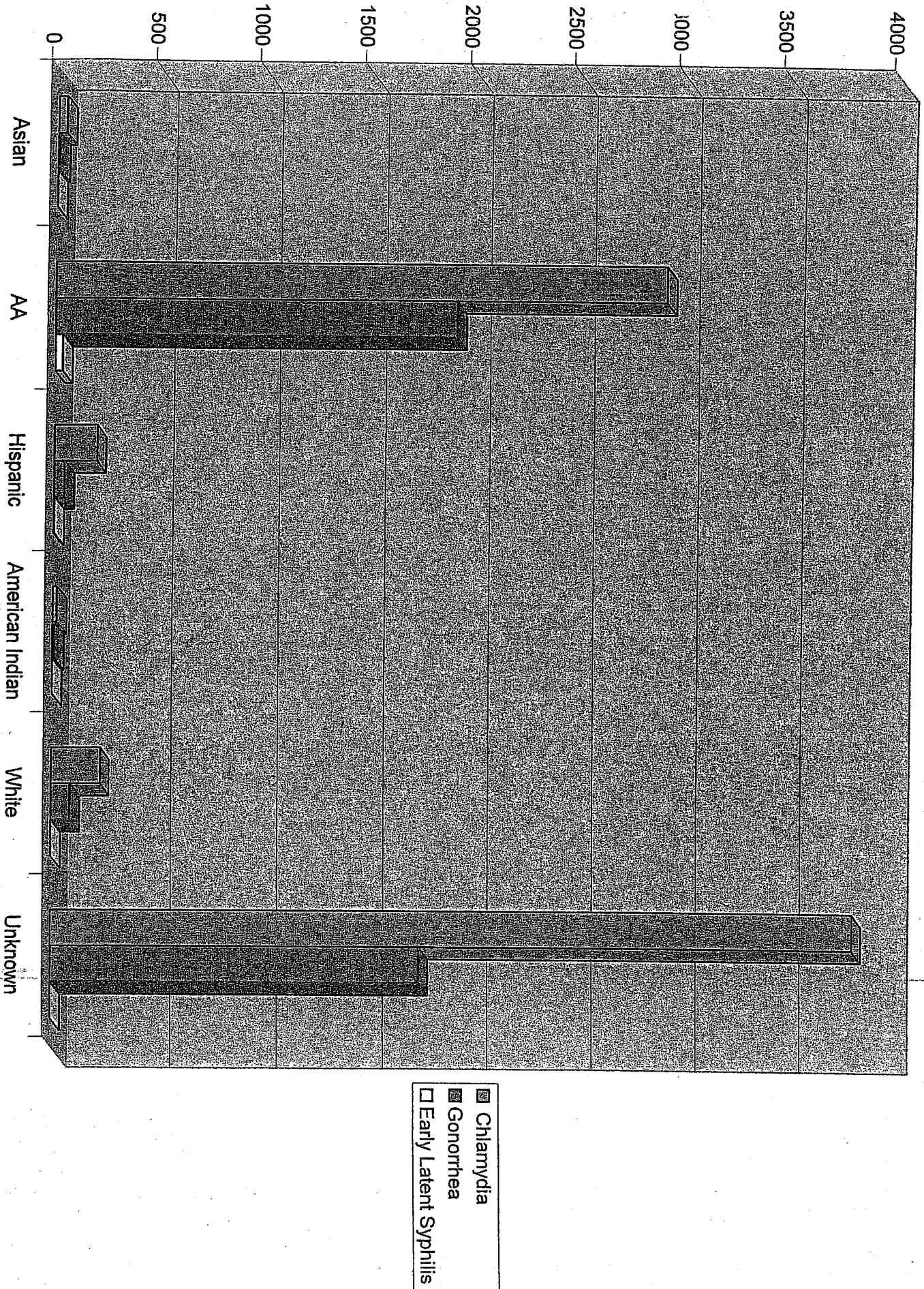
- Chlamydia Cases
- Gonorrhea Cases
- Early Latent Syphilis Cases



# 2001 STDs by Zip Code in Comparison to Total Reportable STDs



# 2001 City of Milwaukee Reportable STDs by Race





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We are committed to provide you with the most accurate and current information about this proposal, Health Operations Director, Bevan K. Baker, CHE will be meeting with you in the very near future to further discussions regarding this initiative. Should you have any questions or concerns that you wish to discuss at this point, please contact Bevan Baker at X2910.

Sincerely,

A handwritten signature in black ink, appearing to read "Seth L. Foldy, M.D.", written over a horizontal line.

Seth L. Foldy, M.D.  
Commissioner of Health

SLF/rmb

Enclosures





**Health Department Administration**

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November 25, 2002 web site: www.milwaukee.gov

Dear City of Milwaukee Health Department Employee,

I wanted you to be among the first to know that the City of Milwaukee Health Department (MHD) is in discussions to develop a community linkage with Planned Parenthood of Wisconsin, Inc. (PPWI). I want to let you know why this will help our mission and our department, and to be sure you know what the linkage involves, and what it does not.

The linkage would permit PPWI to serve clients (theirs and anyone we refer) at Northwest Health Center one day per week. They will use Title X and Medicaid to offer family planning, cancer screening, and other reproductive health services, regardless of patients' ability to pay. Over time, PPWI may expand service hours. Abortion services will NOT be offered; Title X programs are prohibited from promoting or performing abortions. Non-contraceptive family planning counseling and services are offered as well as contraceptives. We will not reduce MHD services at Northwest Health Center or our other locations due to this arrangement. We can probably all agree there is more than enough work to go around!

The goals of this linkage are to:

- Help reduce infant mortality, sexually transmitted diseases (STDs), high-risk sexual behavior, unintended pregnancy and cancer on the northwest side.
- Improve the range of services available to clients of both organizations in a "one-stop-shop" location (especially important for working parents).
- Reduce tax levy costs for health center operations (the City will benefit from rent and in-kind services)

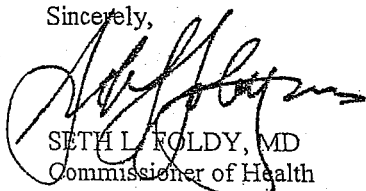
The co-location of these services will greatly improve access to services needed by our existing WIC, Family Health and other clients. We will also gain new clients from those served by PPWI. PPWI will not replace public health nursing and other MHD services—only supplement them. Working together we can reach more people with more services than working separately.

I have discussed the benefits of this linkage with Mayor Norquist and have received his full support for this proposal.

I know that some individuals in our community may not support the idea of working with PPWI, and I respect their opinions. However, PPWI is federally funded to assure access to reproductive health services across our state. It would be wasteful to duplicate these services with city tax dollars. Clearly, the linkage may be subject to public debate, and you may face questions from clients and community members. It is crucial that you have accurate, current information regarding this relationship, and the benefits it offers our city's residents.

We have a long way to go to eliminate disparities in reproductive health in our city. This linkage will provide you with important new resources and allies in the fight. I hope you will join me in enthusiastically supporting this linkage, and I thank you for your ongoing determination to serve the residents of Milwaukee.

Sincerely,



SETH L. FOLDY, MD  
Commissioner of Health

Cc: Mayor Norquist  
Members of Common Council

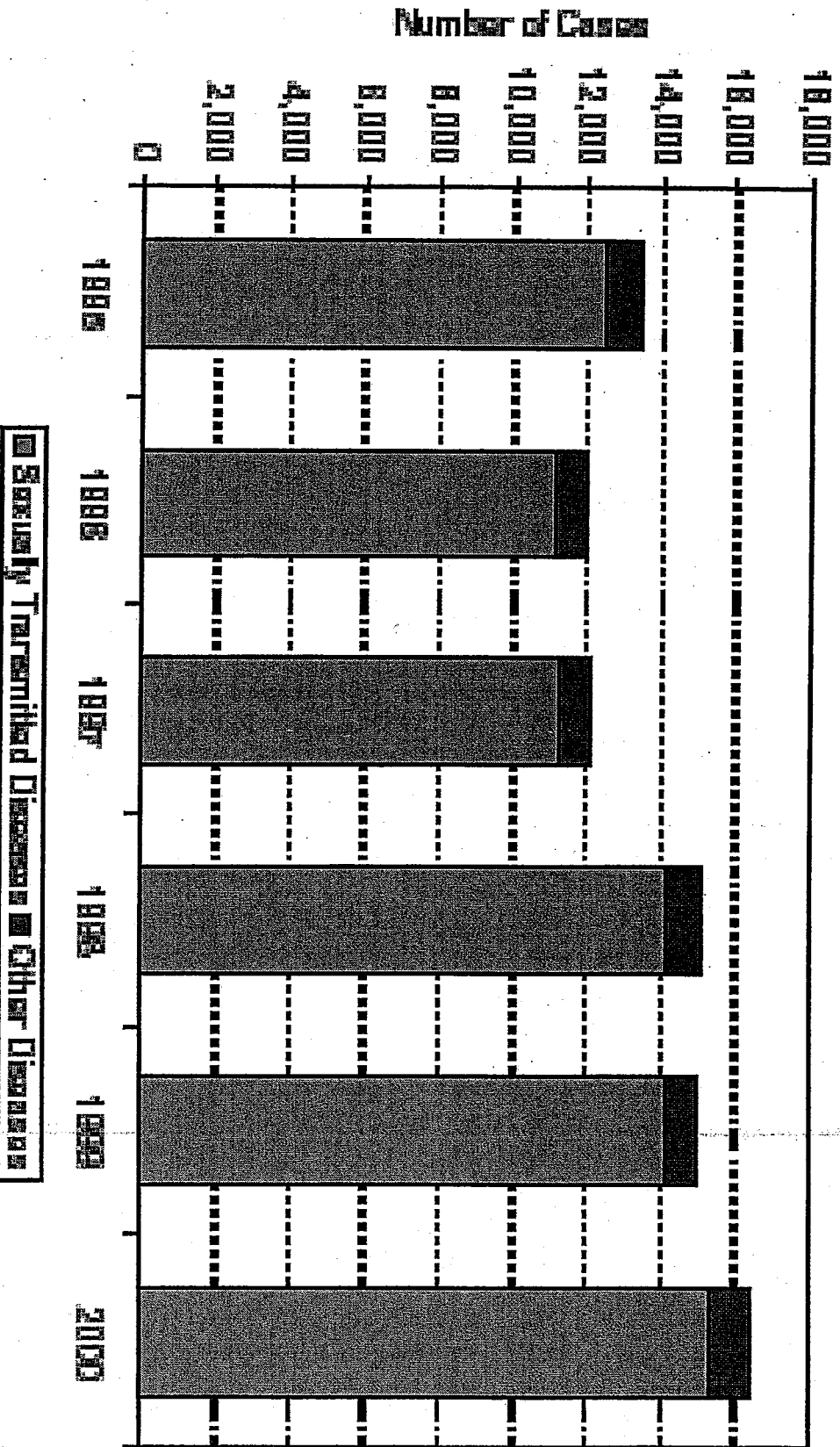
55,000 (9%) city residents were uninsured at least part of 2000, and 37,000 (6%) were uninsured all year. These statistics improved greatly after the 1999 BadgerCare and Medicaid expansions. Many others are underinsured, for example, covered in 6 month increments by the county General Assistance Medical Program.

Milwaukee suffers among the highest rates of gonorrhea and chlamydia (sexually transmitted illnesses) in the nation, and over 66% of births result from unintended pregnancy. This reflects high rates of unprotected sexual activity, particularly among the city's youth.

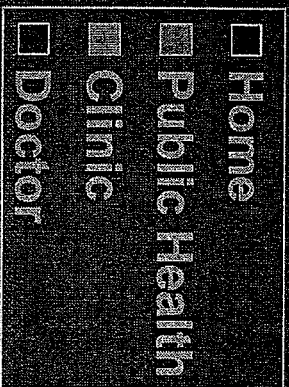
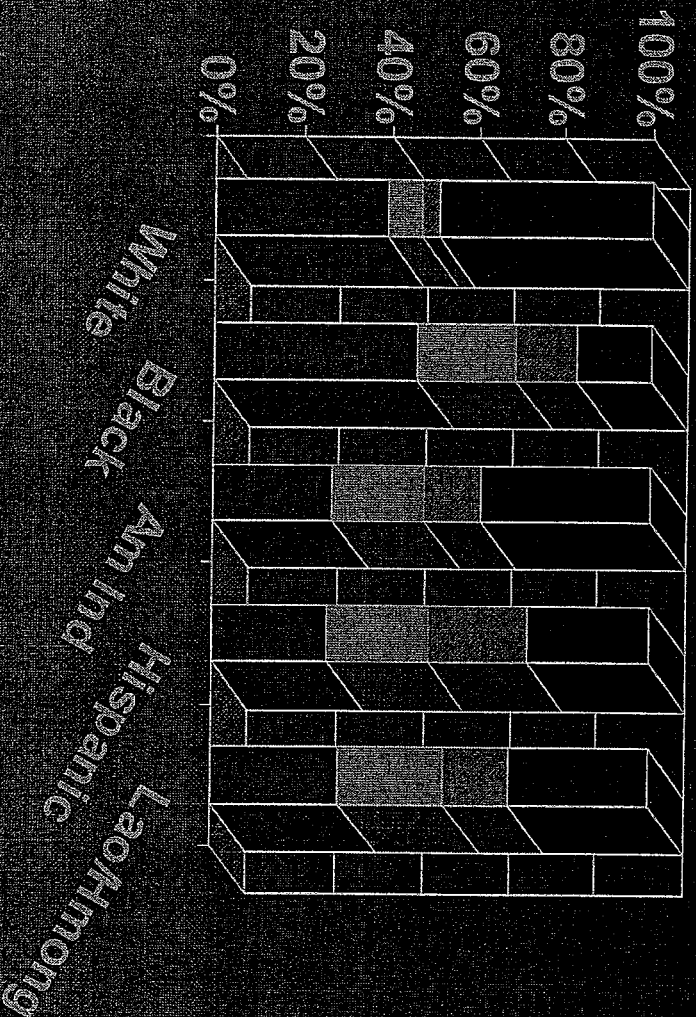
In 1999, Milwaukee had the fifth highest infant mortality rate among the nation's 25 largest cities. African American infant mortality is about three times higher than white non-Hispanic infant death rates. Prematurity and Sudden Infant Death Syndrome (SIDS) are the largest causes of infant death. While the causes of these problems are not fully understood, effective prevention goals include early prenatal care, family planning to space pregnancy and reduce unintended pregnancy, maternal nutrition, control of infections leading to premature delivery, reduced use of tobacco, alcohol and drugs, and safe infant sleep conditions.

65 of every 1000 Milwaukee teens (age 15-17) delivered babies in 2000, but in some neighborhoods this rises to more than one in ten teens. Teens (under age 20) give birth to more than one in five Milwaukee births, and almost a third of these are to teens who delivered a previous child.

# Reported Cases of Disease in Milwaukee County: Relative Burden of Sexually Transmitted Diseases



# Source of Pregnancy Test

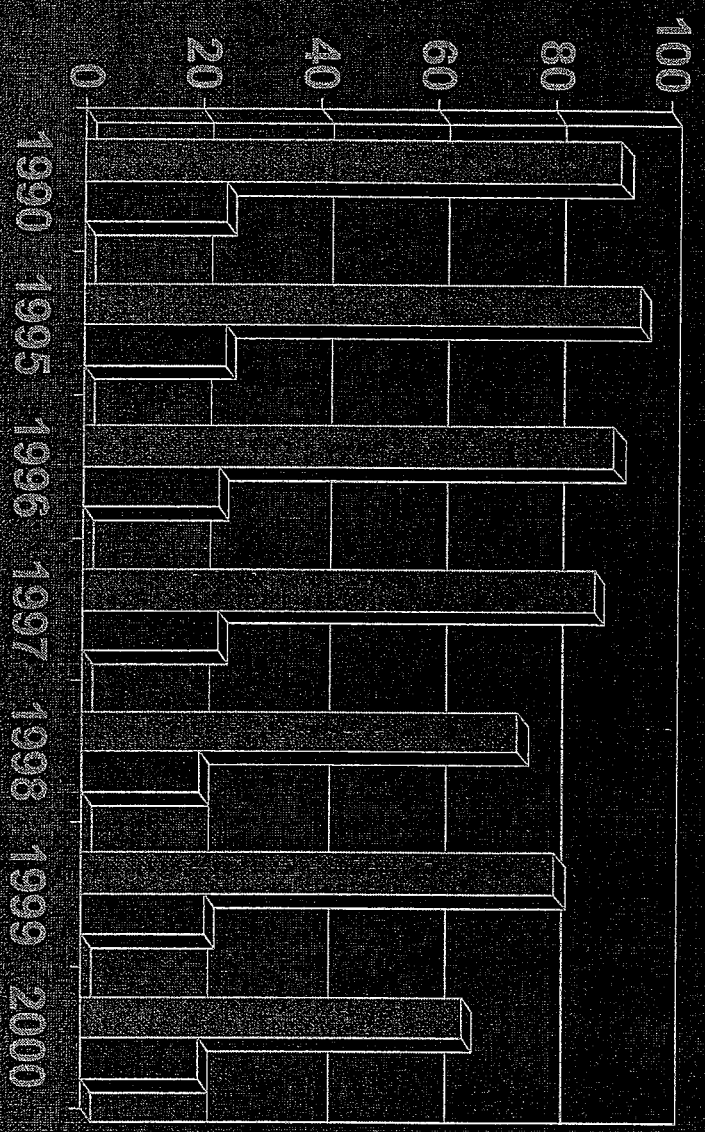


City of Milwaukee Health Department

1996 Prenatal Care Survey (WIDHHS)



# Birth Rate Teens <18



Births per 1000 Women 15-17

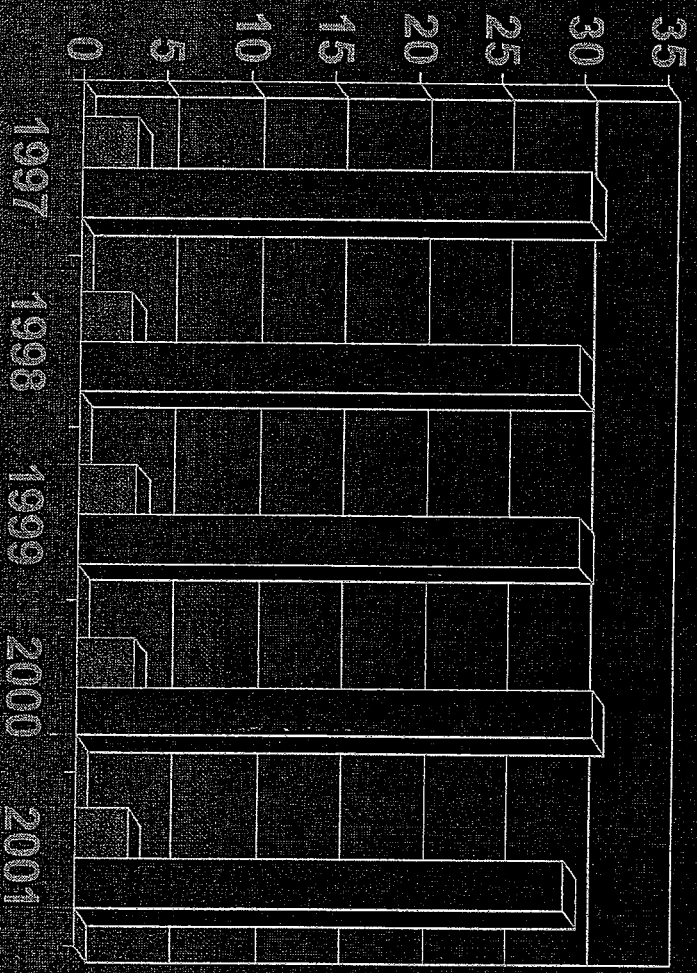
Milwaukee  
Wisconsin

City of Milwaukee Health Department





# Closely Spaced Pregnancy -- City of Milwaukee



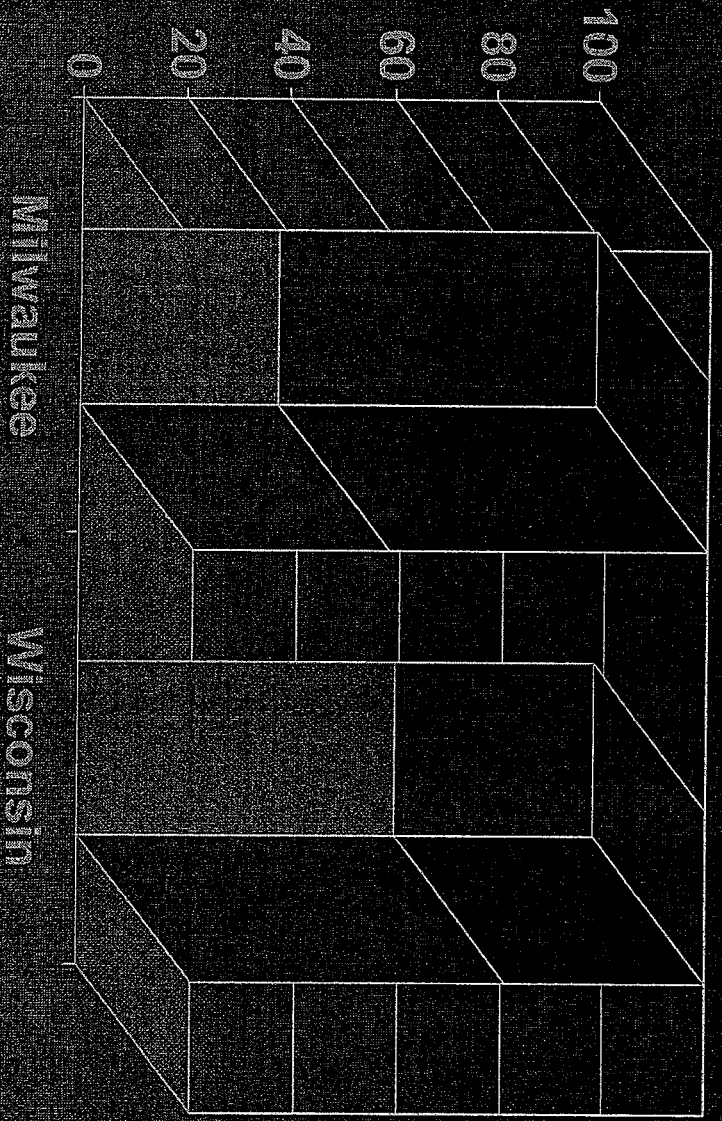
Percent of Births to Mothers with Prior Pregnancy

- Within 12 months
- Within 24 months

City of Milwaukee Health Department



# Unintended Pregnancy



Unintended  
 Intended

City of Milwaukee Health Department

1996 Prenatal Care Survey (WI DHHS)



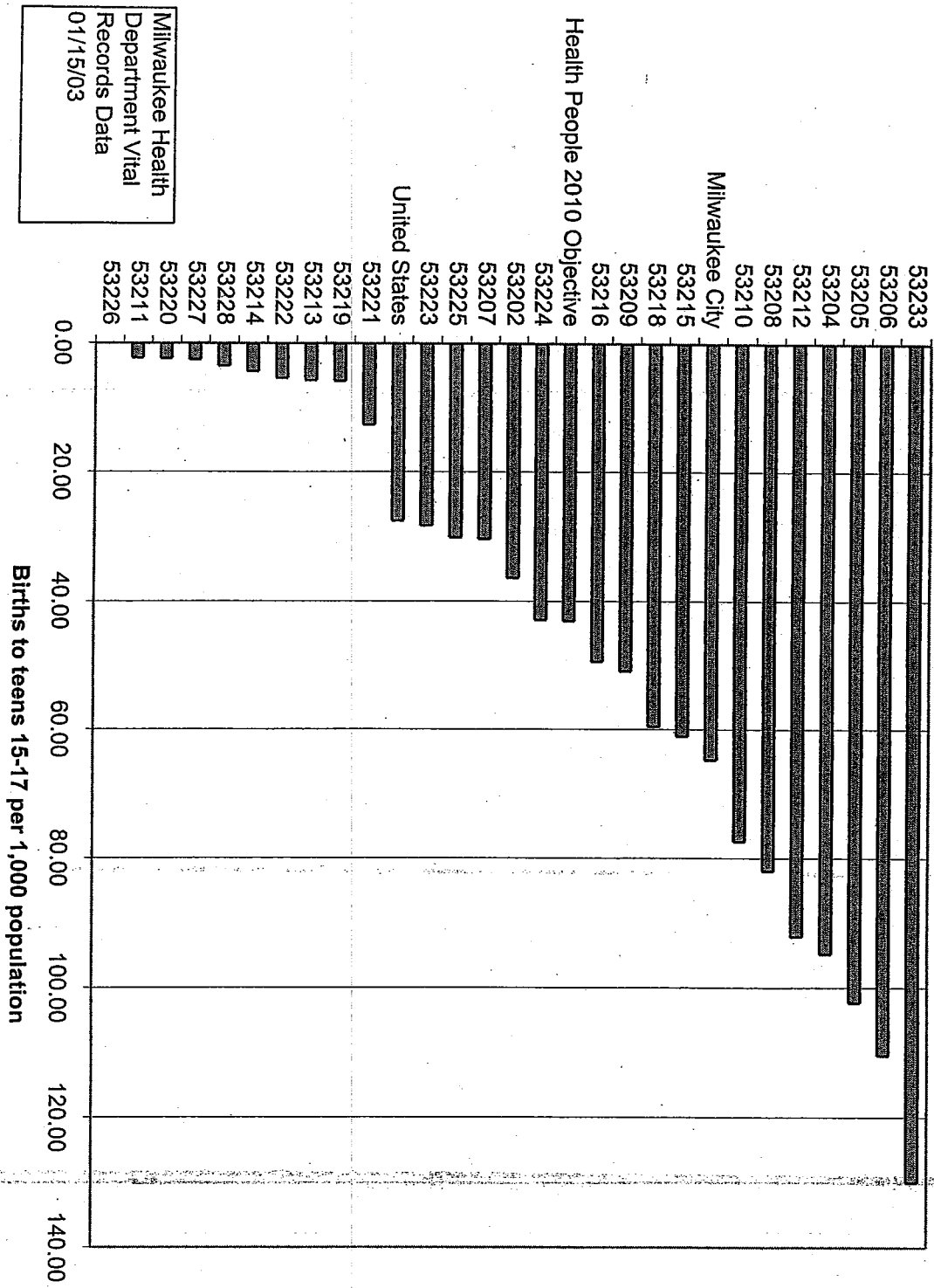
Teen Birth Rates in 2000

	Births to Females 15-19	Births to Females 15-17	15-19 Year Female Population, 2000 Census	15-17 Year Female Population, 2000 Census	Rate (births per 1,000 females 15-19)	Rate (Births per 1,000 females 15-17)
City of Milwaukee	2118	837	23,652	12,933	89.55	64.72
Non-Hispanic White	322	93	8081	3374	39.85	27.56
African American	1329	562	10526	6588	126.26	85.31
Hispanic	359	141	3343	1986	107.39	71.00
Wisconsin					35.7	19.63
United States					48.7	27.5
United States White Non-Hispanic					32.8	15.9
United States African American					79.2	50.2

Rates shown are births to females 15-19 years and include births to mothers less than 15 years old.

Source: City of Milwaukee Health Department  
 kab 05/06/02

# 2000 Teen Birth Rate



■ 2002 Teen Birth Rate

Milwaukee Health  
Department Vital  
Records Data  
01/15/03

# Milwaukee, WI

The yearly number of births in Milwaukee decreased from 12,818 in 1990 to 11,002 in 1998. While this decline was evident among both blacks and whites, the share of births to Hispanics doubled during this period, from 7 percent in 1990 to 15 percent in 1998.

Milwaukee saw a number of improvements in measures of a healthy start to life during the 1990s, including a substantial reduction in the share of births to women who smoked during pregnancy. However, when compared with the 50-city average, Milwaukee's children got off to a significantly less healthy start to life on seven of eight indicators in 1998. There was also an increase during the nine-year period in the already large share of births to unmarried women (see figure).

More specifically:

- **Teen births.** Teenagers accounted for a relatively high percentage of Milwaukee births during the 1990s. In 1998, 20 percent of births were to teen mothers, compared with 15 percent in the 50 largest cities overall.
- **Repeat teen births.** The proportion of Milwaukee teen births to young mothers who already had a child fluctuated during the 1990s, but underwent an overall decrease from 35 percent in 1990 to 31 percent in 1998. In spite of this change, repeat teen births made up a larger proportion of teen births in Milwaukee than in the 50 largest cities as a group throughout the nine-year period.
- **Births to unmarried women.** Already well above the 50-city average in 1990, the percentage of births to unmarried women continued to increase over the 1990-1998 period. Births to unmarried women accounted for 58 percent of Milwaukee births in 1998, compared with 43 percent in the 50 largest cities overall.
- **Low maternal education.** Births to women with less than 12 years of education made up a larger share of births in Milwaukee than in the 50 largest cities as a whole throughout the 1990s. In 1998, 35 percent of births in Milwaukee were to women with less than 12 years of education, compared with 27 percent in the 50 largest cities overall.
- **Late or no prenatal care.** The proportion of births to Milwaukee mothers who received late or no prenatal care decreased from 8 percent

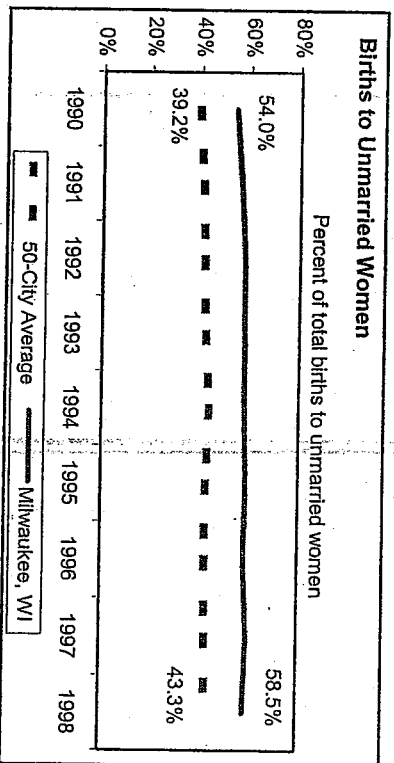
Data for whites and blacks exclude Hispanics. Persons of Hispanic origin may be of any race.

in 1990 to 6 percent in 1997 and 1998. Milwaukee was close to the 50-city average throughout this period.

- **Smoking during pregnancy.** The percentage of Milwaukee births to women who smoked during pregnancy decreased from 28 percent in 1990 to 19 percent in 1998, yet Milwaukee remained well above the 50-city average throughout the nine-year period.
- **Low-birthweight births.** The proportion of Milwaukee babies born at a low birthweight remained relatively stable and just above the 50-city average throughout the 1990-1998 period. In 1998, low-birthweight births accounted for 10 percent of births in Milwaukee, compared with 9 percent in the 50 largest cities overall.

• **Pret erm births.** Pret erm births accounted for between 14 percent and 15 percent of Milwaukee births during the 1990s, compared with a steady 13 percent of births in the 50 largest cities overall.

In summary, when compared with the 50-city average, Milwaukee's children got off to a significantly less healthy start to life on all but one measure in 1998. Furthermore, there was an increase during the 1990s in the already large proportion of births to unmarried women. At the same time, however, the city saw sizable drops in the percentages of teen births that were repeat births, births to mothers receiving late or no prenatal care, and births to women who smoked during pregnancy.



# Milwaukee, WI

## Trends In Key Indicators, 1990-1998

Indicator*	1990	1991	1992	1993	1994	1995	1996	1997	1998		
Percent of total births to teens	Milwaukee, WI	20.7	20.8	21.0	20.5	20.5	21.4	21.1	20.8	20.1	
	50-City Average	15.4	15.5	15.4	15.4	15.6	15.3	15.1	14.9	14.7	
Percent of teen births to women who were already mothers	Milwaukee, WI	35.3	35.7	35.4	36.2	31.5	27.4	29.8	28.4	30.6	
	50-City Average	27.0	27.8	27.7	26.5	24.5	23.4	23.7	23.6	23.7	
Percent of total births to unmarried women	Milwaukee, WI	54.0	56.1	57.7	57.9	58.0	58.8	58.1	59.5	58.5	
	50-City Average	40.8	42.8	43.5	44.6	43.9	42.8	42.7	43.0	43.3	
Percent of total births to mothers with less than 12 years of education	Milwaukee, WI	36.1	36.4	37.1	37.1	37.1	36.7	36.7	35.6	34.9	
	50-City Average	28.9	29.6	29.2	28.9	28.6	28.1	28.0	27.7	27.4	
Percent of total births to mothers receiving late or no prenatal care	Milwaukee, WI	8.0	7.9	7.3	7.6	7.5	6.4	6.3	5.7	5.7	
	50-City Average	8.6	8.1	7.3	6.9	6.0	5.7	5.3	5.4	5.4	
Percent of total births to mothers who smoked during pregnancy	Milwaukee, WI	28.3	27.2	26.2	24.4	22.9	21.2	20.8	19.6	19.0	
	50-City Average	17.7	17.0	16.0	14.9	13.9	12.7	11.9	11.2	10.8	
Percent low-birthweight births (less than 5.5 lbs)	Milwaukee, WI	9.9	9.8	9.9	10.3	10.4	9.8	9.8	10.1	9.6	
	50-City Average	8.6	8.8	8.7	8.8	8.8	8.8	8.7	8.8	8.8	
Percent preterm births (less than 37 completed weeks of gestation)	Milwaukee, WI	14.2	14.6	13.8	14.6	15.1	13.7	14.2	14.1	14.0	
	50-City Average	12.7	12.8	12.6	12.9	12.8	12.5	12.3	12.6	12.9	
Number of births by Race and Ethnicity of mother	Milwaukee, WI**	White non-Hispanic	5,448	5,163	4,834	4,692	4,452	4,005	4,079	3,690	3,681
		Black non-Hispanic	5,980	5,938	6,009	5,870	5,599	5,244	5,178	5,095	5,170
		Hispanic	931	976	1,040	1,071	1,174	1,373	1,424	1,426	1,617
		Other	459	530	554	554	524	561	556	530	534
		<b>Total</b>	<b>12,818</b>	<b>12,607</b>	<b>12,437</b>	<b>12,187</b>	<b>11,749</b>	<b>11,183</b>	<b>11,237</b>	<b>10,741</b>	<b>11,002</b>

\*For a complete definition and a list of sources for each of the nine indicators, please see Appendix 2.

\*\*The Other category consists of Asian-Pacific Islanders, American Indians, and whites and blacks where Hispanic origin is unknown.

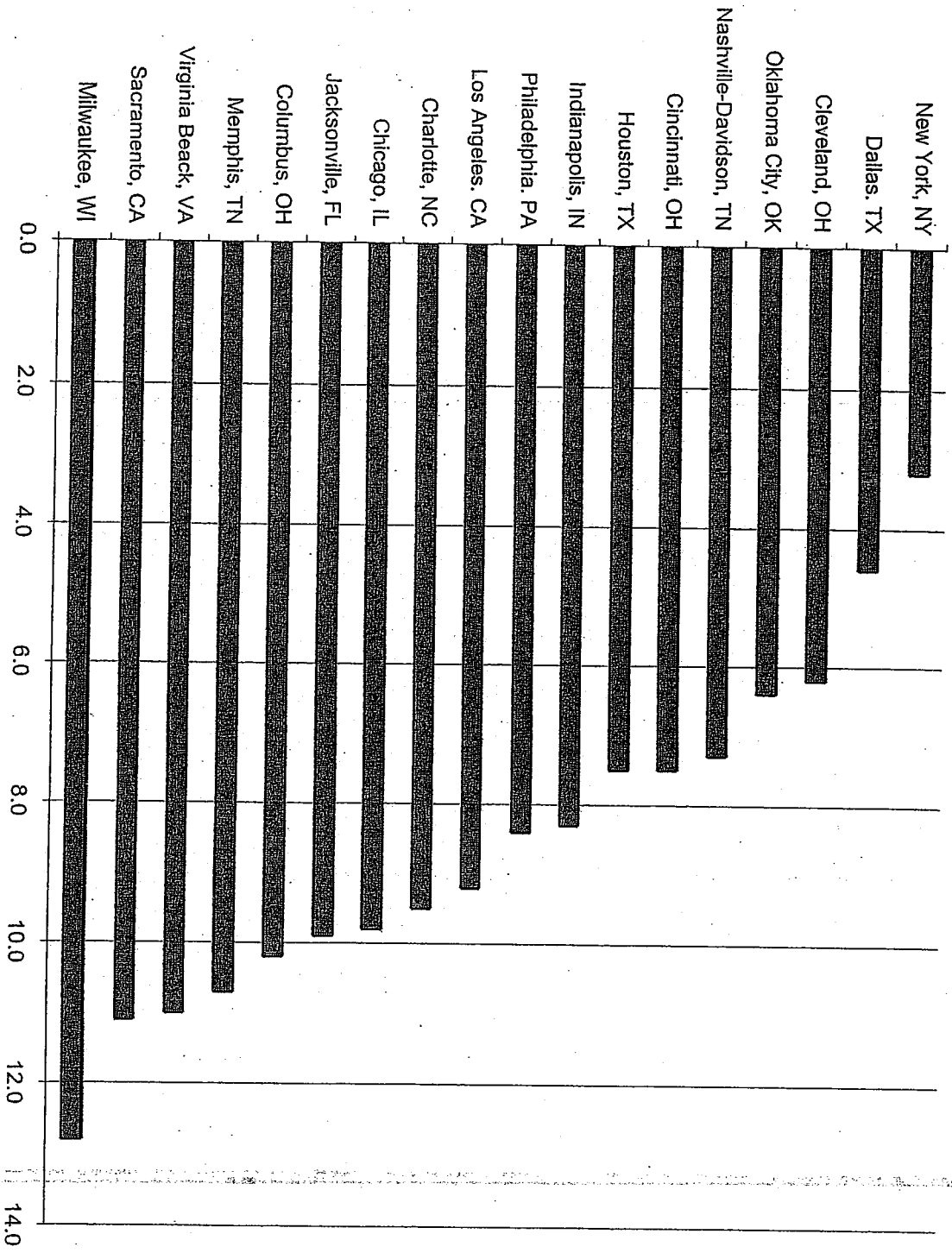
**Table 1.18: Percent of Mothers Younger than Twenty, 1998**

Rank <sup>†</sup>	City	Percent			Rank <sup>†</sup>	
		Male	Female	Total	Male	Female
1	Baltimore, MD	---	---	22.5	---	---
2	New Orleans, LA	---	---	21.2	---	---
3	Memphis, TN	---	---	21.0	---	---
4	St. Louis, MO	---	---	20.9	---	---
5	Cleveland, OH	---	---	20.7	---	---
6	Milwaukee, WI	---	---	20.2	---	---
7	Detroit, MI	---	---	19.4	---	---
8	Cincinnati, OH	---	---	18.5	---	---
9	Philadelphia, PA	---	---	18.3	---	---
10	Chicago, IL	---	---	18.1	---	---
11	Fresno, CA	---	---	18.0	---	---
12	Dallas, TX	---	---	17.5	---	---
13	Fort Worth, TX	---	---	17.5	---	---
14	San Antonio, TX	---	---	17.2	---	---
15	Atlanta, GA	---	---	17.2	---	---
16	Phoenix, AZ	---	---	17.1	---	---
17	Oklahoma City, OK	---	---	16.5	---	---
18	El Paso, TX	---	---	16.4	---	---
19	Albuquerque, NM	---	---	16.0	---	---
20	Kansas City, MO	---	---	16.0	---	---
21	Indianapolis, IN	---	---	15.6	---	---
22	Tulsa, OK	---	---	15.6	---	---
23	Tucson, AZ	---	---	15.5	---	---
24	Denver, CO	---	---	15.4	---	---
25	Washington, DC	---	---	15.4	---	---
26	Houston, TX	---	---	15.3	---	---
27	Jacksonville, FL	---	---	15.0	---	---
28	Nashville-Davidson, TN	---	---	14.9	---	---
29	Columbus, OH	---	---	14.8	---	---
30	Miami, FL	---	---	14.7	---	---
31	Sacramento, CA	---	---	14.2	---	---
32	Minneapolis, MN	---	---	13.9	---	---
33	Austin, TX	---	---	13.8	---	---
34	Pittsburgh, PA	---	---	13.4	---	---
35	Oakland, CA	---	---	13.3	---	---
36	Long Beach, CA	---	---	12.6	---	---
37	Los Angeles, CA	---	---	12.3	---	---
38	Portland, OR	---	---	11.4	---	---
39	Charlotte, NC	---	---	10.9	---	---
40	Boston, MA	---	---	10.6	---	---
41	New York, NY	---	---	9.9	---	---
42	Virginia Beach, VA	---	---	9.7	---	---
43	San Diego, CA	---	---	9.6	---	---
44	San Jose, CA	---	---	9.3	---	---
45	Honolulu, HI	---	---	7.5	---	---
46	San Francisco, CA	---	---	6.2	---	---
47	Seattle, WA	---	---	6.1	---	---
City Median		---	---	15.4	---	---
United States, 1998		---	---	12.5	---	---
Year 2010 Goal		---	---	---	---	---

<sup>†</sup> Rank 1 corresponds to highest percent.

"---" Does not meet reliability standards or data not available. For further detail see Technical notes.

### Gap Between Non-Hispanic White and Non-Hispanic Black Infant Mortality Rates in 1998






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**2002 National STD Prevention Conference**



March 4-7 San Diego, California

Media Release  
March 5, 2002

Contact: CDC's NCHSTP  
Office of Communications  
(404) 639-8895

## Gonorrhea Rates by City 2000 vs. 1999

No.	City	Cases, 2000	Rate per 100,000 Population, 2000	Rate per 100,000 Population, 1999	Percent change
1.	Richmond, Va.	1,752	923.6	963.1	-4.1%
2.	Rochester, N.Y.	2,142	894.8	851.0	5.2%
3.	Baltimore, Md.	5,603	885.6	967.9	-8.5%
4.	St. Louis, Mo.	2,879	862.1	861.2	0.1%
5.	Detroit, Mich.	9,610	766.7	630.3	21.6%
6.	Norfolk, Va.	1,490	659.7	571.6	15.4%
7.	New Orleans, La.	3,015	654.1	583.0	12.2%
8.	Kansas City, Mo.	2,688	595.2	433.1	37.4%
9.	Philadelphia, Penn.	8,198	578.3	548.5	5.4%
10.	Milwaukee, Wis.	5,146	567.8	538.9	5.4%
11.	Memphis, Tenn.	4,941	566.0	577.1	-1.9%
12.	Newark, N.J.	1,558	550.0	614.7	-10.5%
13.	Washington, D.C.	2,706	521.4	681.3	-23.5%

14.	Buffalo, N.Y.	1,572	500.8	392.8	27.5%
15.	Jacksonville, Fla.	3,640	492.9	402.4	22.5%
16.	Atlanta, Ga.	3,456	464.0	756.0	-38.6%
17.	Birmingham, Ala.	3,018	459.1	379.1	21.1%
18.	*Nashville, Tenn.	2,404	453.5	336.8	34.6%
19.	Minneapolis, Minn.	1,577	430.7	425.5	1.2%
20.	Indianapolis, In.	3,206	395.3	375.5	5.3%
<b>Gonorrhea Rate per 100,000 for United States:</b>			<b>131.6</b>		

\*Not among the 20 most affected cities in 1999

One city was among the 20 most affected cities in 1999, but was not in 2000 Chicago (363.7 rate in 2000, 486.1 rate in 1999, -25.2% change)

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# Syphilis Elimination | History in the Making

## U.S. counties accounting for 50% of new infectious syphilis cases in 1998

1998 Rank	State	County	Cases	Rate/100,000
1	MD	Baltimore (city)	456	69.4
2	IL	Cook	364	7.2
3	TN	Shelby	260	30.0
4	TN	Davidson	210	39.3
5	AZ	Maricopa	173	6.4
6	MI	Wayne	169	7.9
7	IN	Marion	161	19.8
8	GA	Fulton	151	20.9
9	TX	Dallas	126	6.2

<b>10</b>	<b>CA</b>	<b>Los Angeles</b>	<b>108</b>	<b>1.2</b>
<b>11</b>	<b>LA</b>	<b>Orleans</b>	<b>105</b>	<b>22.4</b>
<b>12</b>	<b>TX</b>	<b>Harris</b>	<b>99</b>	<b>3.1</b>
<b>13</b>	<b>NC</b>	<b>Guilford</b>	<b>98</b>	<b>25.7</b>
<b>14</b>	<b>KY</b>	<b>Jefferson</b>	<b>91</b>	<b>13.6</b>
<b>15</b>	<b>PA</b>	<b>Philadelphia</b>	<b>89</b>	<b>6.1</b>
<b>16</b>	<b>DC</b>	<b>Washington</b>	<b>81</b>	<b>15.3</b>
<b>17</b>	<b>AL</b>	<b>Tuscaloosa</b>	<b>74</b>	<b>46.0</b>
<b>18</b>	<b>NC</b>	<b>Mecklenburg</b>	<b>73</b>	<b>11.9</b>
<b>19</b>	<b>OK</b>	<b>Oklahoma</b>	<b>71</b>	<b>11.3</b>
<b>20</b>	<b>MO</b>	<b>St. Louis (city)</b>	<b>58</b>	<b>17.0</b>
<b>21</b>	<b>OH</b>	<b>Franklin</b>	<b>56</b>	<b>5.5</b>
<b>22</b>	<b>NC</b>	<b>Forsyth</b>	<b>54</b>	<b>18.9</b>
<b>23</b>	<b>MS</b>	<b>Hinds</b>	<b>51</b>	<b>20.6</b>
<b>24</b>	<b>MD</b>	<b>Prince George's</b>	<b>51</b>	<b>6.6</b>
<b>25</b>	<b>WI</b>	<b>Milwaukee</b>	<b>51</b>	<b>5.6</b>
<b>26</b>	<b>NC</b>	<b>Wake</b>	<b>49</b>	<b>8.9</b>
<b>27</b>	<b>SC</b>	<b>Lancaster</b>	<b>47</b>	<b>81.2</b>
<b>28</b>	<b>NC</b>	<b>Robeson</b>	<b>46</b>	<b>40.3</b>

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## Press Release

December 6, 2000

Contact: CDC, National Center for HIV,  
STD & TB Prevention  
(404) 639-8895

# **MOST TEENS NOT PROVIDED STD OR PREGNANCY PREVENTION COUNSELING DURING CHECK-UPS**

## ***Opportunity to Educate Teens Often Overlooked, According to CDC Study***

MILWAUKEE – Most high school students undergoing routine physical examinations do not talk to their health care practitioner about preventing sexually transmitted diseases (STDs) or pregnancy, according to a CDC study released today at the National STD Prevention Conference being held Dec. 4 to 7 in Milwaukee. The findings suggest that a greater effort is needed to encourage health care providers to talk with teenage patients about STD and pregnancy prevention.

The study found that among high school students who had received a routine check-up during the previous year, only 42.8 percent of females and 26.4 percent of males had discussed STD or pregnancy prevention with their health care provider. The study, authored by CDC researcher Gale Burstein and colleagues, was based on data from CDC's 1999 Youth Risk Behavior Survey, a nationally representative survey of 15,349 high school students.

"Many health care providers are missing important opportunities to provide STD and pregnancy prevention counseling to youth," said Helene Gayle, M.D., M.P.H., director of CDC's National Center for HIV, STD, and TB Prevention (NCHSTP). "Many teens are sexually active and STDs remain a serious threat to their health. Comprehensive health education in schools, communities and homes needs to be supplemented with communication between doctors and their teen patients about STD and pregnancy prevention."

The CDC study identified demographic and behavioral characteristics that were associated with discussions about STDs and pregnancy prevention during routine check-ups. Not surprisingly, both male and female high school students were more likely to have these discussions if they were sexually experienced, and female students ages 17 or older were more likely to have the discussions than were female students ages 14 or younger.

Teenagers remain at high risk for STD infection. By the twelfth grade, 65 percent of high school students have ever had sexual intercourse, and one in five has had four or more sexual partners. Teens account for a significant proportion of the 15 million STD

infections in the United States each year. Forty percent of chlamydia cases are reported among young people age 15 to 19, females in that age group also have the highest rates of gonorrhea. Many STDs can cause serious health problems – pelvic inflammatory disease, infertility, ectopic pregnancy and increase risk for HIV transmission – if they are not detected and treated.

# # #

*CDC protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.*

*CDC's STD Program provides national leadership through research, policy development, and support of effective services to prevent all sexually transmitted diseases and their complications. To accomplish this goal, CDC provides funding and guidance to state and local public health departments and community based organizations to track the course of STD epidemics, raise awareness of STDs, and to design, implement, and evaluate prevention and treatment programs.*

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55,000 (9%) city residents were uninsured at least part of 2000, and 37,000 (6%) were uninsured all year. These statistics improved greatly after the 1999 BadgerCare and Medicaid expansions. Many others are underinsured, for example, covered in 6 month increments by the county General Assistance Medical Program.

Milwaukee suffers among the highest rates of gonorrhea and chlamydia (sexually transmitted illnesses) in the nation, and over 66% of births result from unintended pregnancy. This reflects high rates of unprotected sexual activity, particularly among the city's youth.

In 1999, Milwaukee had the fifth highest infant mortality rate among the nation's 25 largest cities. African American infant mortality is about three times higher than white non-Hispanic infant death rates. Prematurity and Sudden Infant Death Syndrome (SIDS) are the largest causes of infant death. While the causes of these problems are not fully understood, effective prevention goals include early prenatal care, family planning to space pregnancy and reduce unintended pregnancy, maternal nutrition, control of infections leading to premature delivery, reduced use of tobacco, alcohol and drugs, and safe infant sleep conditions.

65 of every 1000 Milwaukee teens (age 15-17) delivered babies in 2000, but in some neighborhoods this rises to more than one in ten teens. Teens (under age 20) give birth to more than one in five Milwaukee births, and almost a third of these are to teens who delivered a previous child.

# Vaccine Usage Report

Vaccination Period: 01-JAN-02 to 31-DEC-02

Site Name: Northwest Health Center Walk-In 534

Group Name	Trade Name	Running	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	Totals	Wasted	Expired	Error	
DTP/AP	Infanrix	PUBLIC	110	59	24	183	41							417				
HepA	Havrix-Adult	PUBLIC				1								13				
HepA	Havrix-Peds 2 Dose	PUBLIC		2	37	178	49	118	122	254				760				
HepB	Engerix-B Peds	PUBLIC	13	9	10	45	18	60	130	259				545				
HepB	Engerix-B Adult	PUBLIC					1							21				
Hib	Comvax	PUBLIC	60	36	6	9								111				
Hib	PedvaxHIB	PUBLIC	32	19	5	15								71				
Influenza	Fu-Shield > 12 Years	PRIVATE												48				
MMR	MMR II	PUBLIC									7	15	16	48				
Pneumo-Poly	Pneumovax 23	PRIVATE												356				
Pneumo-Poly	PNU-IMUNE 23	PRIVATE												31				
Pneumococcal	Pneumar	PUBLIC	79	32	13	3								11				
Polio	IPOL	PUBLIC	104	35	12	155	33	30	7	12				388				
Td	Td	PUBLIC						21	50	72	4	21	13	185				
Varicella	Varivax	PUBLIC		61	13	75	25	46	45	62		1	4	329				
Totals:			398	518	129	833	205	305	373	678	11	48	46	36	3375			
Client Counts:			91	84	45	226	67	137	155	303	7	39	36	29	1219			



## Susan Sheppard - Re: NWHC WIC Statistics

---

**From:** Bevan Baker  
**To:** Castro, Nancy  
**Date:** 2/11/03 11:08 AM  
**Subject:** Re: NWHC WIC Statistics  
**CC:** Sheppard, Susan

---

Nancy,

Thank you for your prompt response.

Bevan

>>> Nancy Castro 02/11/03 10:54AM >>>  
 NWHC WIC Statistics for 2002:

16,813 = Total # of visits for certifications and secondary education contacts.

38,774 = Total # of Food Packages issued.

On a monthly basis we serve on an average:

3,658 participants  
 - 369 pregnant women  
 - 425 breastfeeding women  
 - 803 non-breastfed infants  
 - 132 breastfed infants  
 - 1,905 children (2 - 5 years of age)

Smoking & Drinking Behavior: This report dated 4/02 is submitted 1 time per year.

	Before PG	During PG	Post-Partum
Smokers	24% (109)	13% (61)	17% (76)
Drinking:	15% (70)	1% (6)	8% (34)

Of the smokers there were 61 live births, 20 of which were Low Birth Weight (33%)  
 All other reports we have do not break it down by individual clinic so I can't give you specific information just for NWHC.

I hope this helps. If you need anything else call or e-mail me. Thanks.

Nancy Castro

# Summary Patient Statistics

(n = 102)

Report Criteria: Exam date range : 01/01/2002 - 12/31/2002  
 Site number(s) : 3 - 5  
 Date Printed : 02/11/2003

*approx. the # who got mammograms @ NWAC in 2002 other*

*To: Ben*

Pap Smear : -1223  
 CBE : 213  
 Mammograms : 1112

## Patient Demographics - Age

< 30	0.00	0
Between 30 and 34:	0.00	0
Between 35 and 39:	2.94	3
Between 40 and 49:	43.13	44
Between 50 and 59:	40.19	41
Between 60 and 64:	13.72	14
Between 65 and 75:	0.00	0
>= 76	0.00	0
Age range minimum:	37	
maximum:	64	

## Ethnic Group

Caucasian	27.45	28
Black	57.84	59
Asian	0.00	0
Native Am	0.00	0
Other	14.70	15
Hispanic	100.00	4
Male	0.00	0
Female	100.0	102

## Patient History and Risk Factors

Average age at first pregnancy	19	Average height:	63.0
Average age at menarche	13	Average weight:	184
Average age at menopause	43	Income average:	4.0
Have had a previous mammogram	80.39	Avg no. children:	2.0

## Family breast cancer history

Mother/sister before age 50	8.82	Aunt/grandmother :	19.60
Mother/sister after age 50	5.88		
Physician recommended mammo.	9.80	of	102 replies
Previous breast surgery/therapy:	18.62		

## Patient Findings Category

5. Highly suggestive of malignancy	0.00
4. Suspicious abnormality	0.00
3. Short interval follow-up required	0.00
2. Benign finding	6.86
1. Negative	90.19
0. Additional imaging evaluation needed	2.94
No change since last examination	90.19