



Milwaukee's Community Health Improvement Plan *Overview of Maternal & Child Health Goals*

Presentation to Board of Health
March 5th, 2025



Thanks for joining us today to learn about the Maternal and Child Health section of MHD's community health improvement process, MKE Elevate. Today we will provide an overview of the MCH strategies, with some background information and possible ways that Board of Health members can get involved or contribute to the process.

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MKE Elevate Overview

THE CITY OF MKE HEALTH DEPARTMENT'S COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



- Milwaukee's community health improvement planning process, updated every 5 years to respond to priority issues selected by our community
- Seeks to align and advance shared strategies through coordinated collective action
- Convened by the City of Milwaukee Health Department, supported by Mayor and Board of Health
- **MKE Elevate Vision:** A Milwaukee where all people are thriving in safe, healthy, and equitable neighborhoods.



MKE Elevate is Milwaukee's community health improvement process, or CHIP.

The plan is updated every 5 years to respond to priority issues identified by the community by aligning and advancing shared strategies. Last year we launched the 2023-2028 plan.

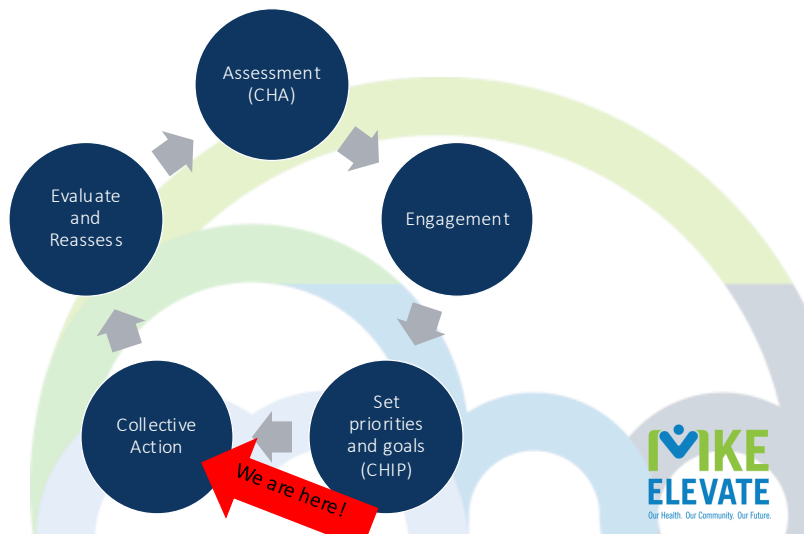
MHD serves as the convener, and the plan is supported by both the Mayor and Board of Health.

The vision of MKE Elevate is: A Milwaukee where all people are thriving in safe, healthy, and equitable neighborhoods.

MKE Elevate Overview

THE CITY OF MKE HEALTH DEPARTMENT'S COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Cyclical
process
repeated
every 5 years







Health departments across the country conduct a CHIP typically in 5 year cycles, while nonprofit health systems conduct a CHIP every 3 years. It's a cyclical process that usually starts with looking at the most recent data and releasing a CHA, or community health assessment. Community members are engaged to help review data and set priorities. A plan is then drafted, with concrete goals and strategies related to the priorities identified in the data and by community. Community partners and health department staff work together for collective action, and after 4-5 years, we evaluate, reassess, and start the process all over again.

We are currently in the collective action phase, with monthly work group meetings, quarterly action team meetings, and biannual general member meetings. Last year, our team convened 50 work groups meetings to advance 8 priority strategies, and the maternal & child health team held 15 work group meetings in 2024 and 5 so far in 2025, with two priority strategies currently underway.

MKE Elevate Overview

ROLE OF THE HEALTH DEPARTMENT

	Convene	Community partners to share data, identify priorities, and implement strategies
	Align	Existing plans and strategies
	Facilitate	Steering Committee, Action Teams, and Work Groups
	Track	Progress, metrics, outcomes and publish Community Health Assessment (CHA)



The **role of the health department in this process is to** share local public health data and convene community partners to identify top health priorities with actionable strategies for community-level change. We serve as a facilitator, convener, and coordinator, bringing diverse individuals and groups together, aligning existing plans and strategies, and helping to fill in gaps by developing new plans and strategies as needed.

We are not necessarily the lead for implementing strategies, but in some cases our staff may implement certain components as it relates to their topic area.

2023-2028 MATERNAL CHILD HEALTH PRIORITIES

Overarching Priority: Racism and Health Equity

- 1: Increase household income of Black, Hispanic / Latinx, and American Indian/Alaska Native Milwaukee residents
- 2: Raise the life expectancy and quality of life for Black and American Indian/Alaska Native Milwaukee residents
- 3: Increase Civic Engagement and knowledge for Milwaukeeans to participate in local and state level voting

1. Increase healthy birth outcomes, especially for BIPOC parents and infants
2. Improve access to high-quality sexual & reproductive healthcare
3. Improve maternal behavioral/mental health services






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Based on our prioritization process, which included community input, Board of Health input, and MHD leadership input, we have racial and health equity as our overarching priority and 3 priority action areas, including Maternal and Child Health.

MATERNAL CHILD HEALTH DATA & DISPARITIES

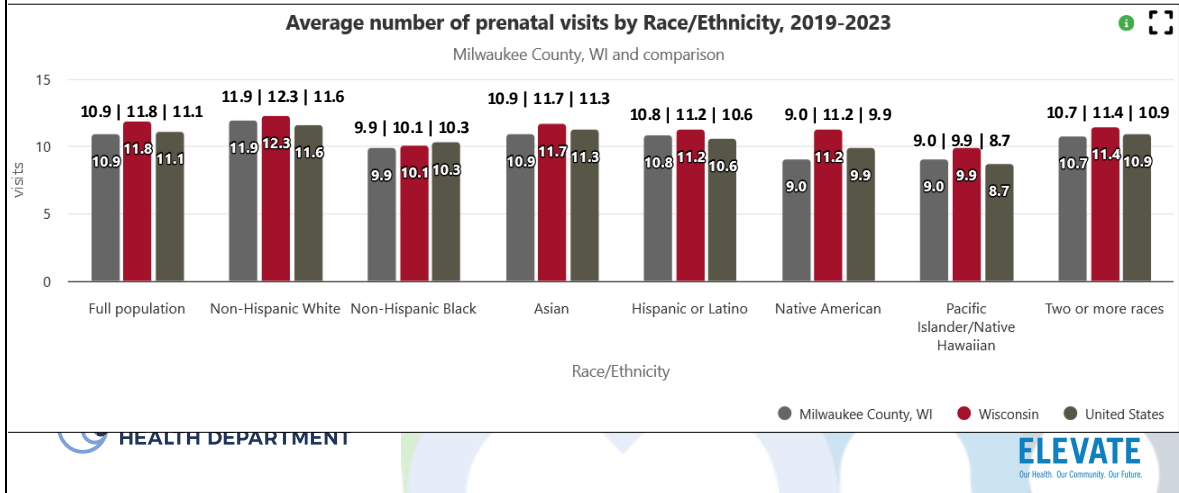
CHIP Report Snapshot: MCH Data

	Healthy Birth Outcomes	<ul style="list-style-type: none">• The infant mortality rate is 3 times higher among Black infants at nearly 15 per 1,000 births compared to other races.⁷• The number of preterm births in Milwaukee have increased by 18% since 2015, accounting for 12.3% of all births.⁸• The number of infants in Milwaukee with low birthweight has increased by 17% since 2015, impacting 11.6% of all births.⁹
	Reproductive Healthcare Access	<ul style="list-style-type: none">• There is currently only one Title X family planning clinic within ten miles of the city of Milwaukee.¹⁰• According to available data on provider diversity from one health system in Milwaukee, 18.6% of the healthcare workforce is Black / African American or Latinx.¹¹
	Maternal Mental Health	<ul style="list-style-type: none">• Depression during pregnancy is highest among Black women in Wisconsin, at 27% compared to 17% of white women and 15% of Hispanic women.¹²

This table comes from the [MKE Elevate official report](#), and are a very high-level summary of a few notable issues in these areas of maternal and child health. The next few slides will get into more detailed MCH data.

MCH Data Points

DISPARITIES IN PRENATAL VISITS



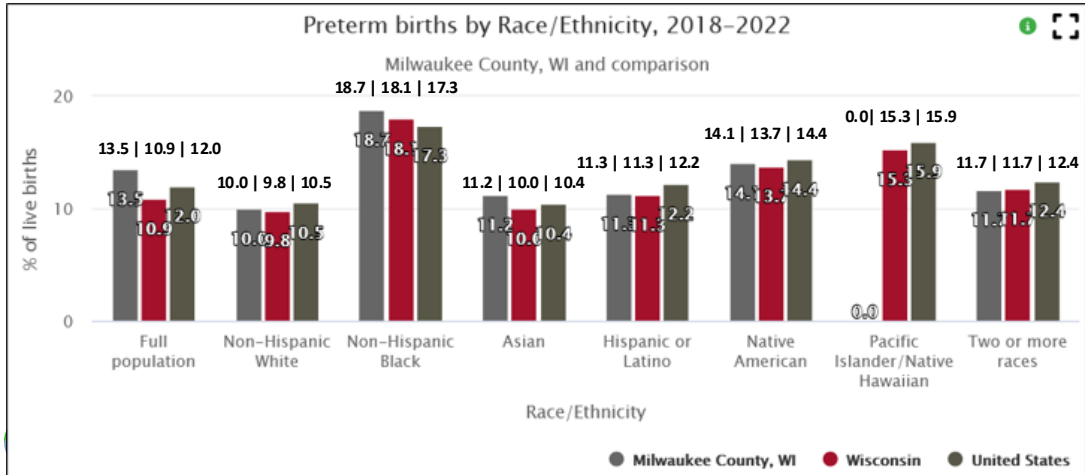
Source: [Health Compass Milwaukee](#)

For Wisconsin, most populations have more prenatal visits on average as compared to the United States.

But when looking at Milwaukee County, non-white populations have on average 1-3 fewer prenatal visits: Hispanic, Asian, and multi-racial pregnant people have about 1 fewer visits; non-Hispanic Black pregnant people average 2 fewer visits than non-Hispanic white people; and Native American and Pacific Islander pregnant people have about 3 fewer prenatal visits (2.9).

MCH Data Points

DISPARITIES IN PRETERM BIRTHS



Source: [Health Compass Milwaukee](#)

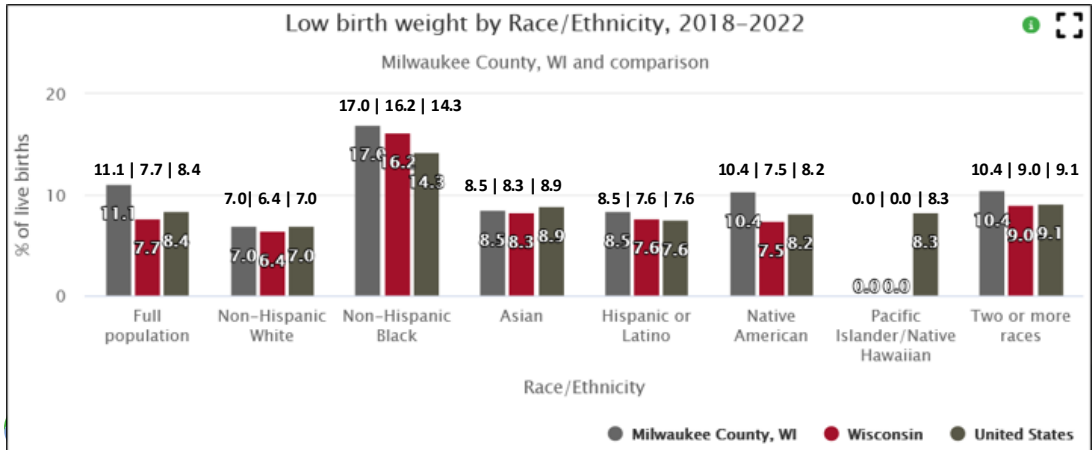
Non-Hispanic Black birthing people have preterm deliveries almost twice as often as non-Hispanic white birthing people. Other racial/ethnic groups are also more likely to have preterm births compared to their white counterparts, but not to the same extent as the non-Hispanic Black population.

For all births, Milwaukee County fares a little worse than Wisconsin and the US.

(Note: spaces with 0.0 suggest the sample size is too small to be able to report in a separate category)

MCH Data Points

DISPARITIES IN LOW BIRTH WEIGHT

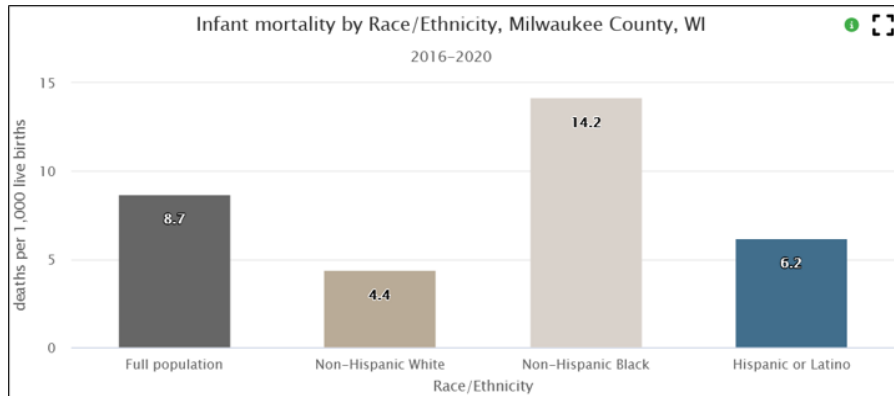


Source: [Health Compass Milwaukee](#)

Again, non-Hispanic Black birthing people in Milwaukee County are about twice as likely to have low birthweight babies as their white counterparts, with other racial/ethnic populations faring only slightly worse than the white population. (Note: spaces with 0.0 suggest the sample size is too small to be able to report in a separate category)

MCH Data Points

DISPARITIES IN INFANT MORTALITY



Source: [Health Compass Milwaukee](#)

A well-known statistic by now, non-Hispanic Black infants in Milwaukee county are 3-5 times more likely to die in their first year compared to their white counterparts.

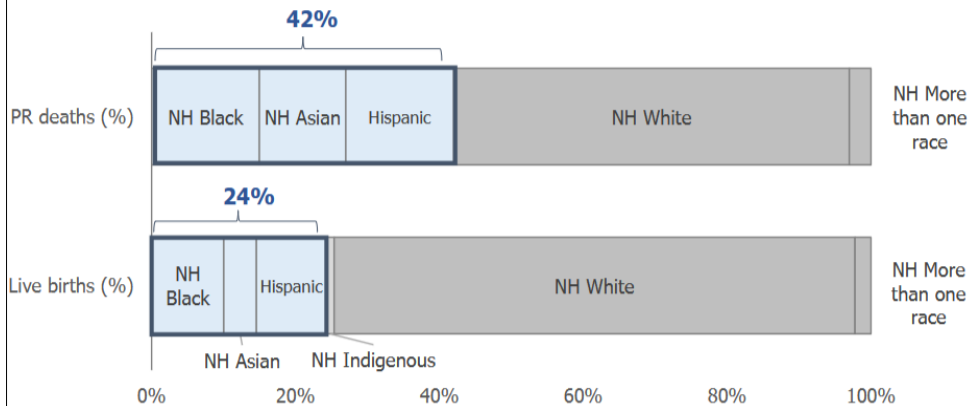
Hispanic/Latino infants are roughly 50% more likely to die than their white counterparts, and Asian infants are often on par with non-Hispanic white infants

(Source: [2021 FIMR report](#))

MCH Data Points

DISPARITIES IN MATERNAL MORTALITY

While **Non-Hispanic Black, Non-Hispanic Asian, and Hispanic mothers** made up only one fourth (24%) of Wisconsin births in 2016-17, they represented nearly one half (42%) of all pregnancy-related (PR) deaths in the same time period.

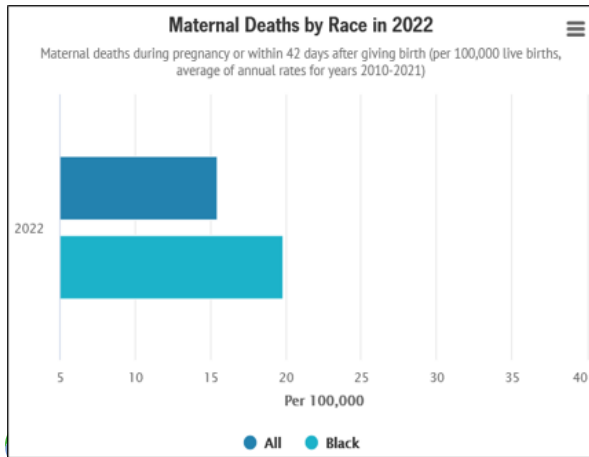


Source: [DHS 2016-2017 Wisconsin Maternal Mortality Report](#)

At the state level, as a share of births, women and birthing people of color are an overrepresented share of pregnancy-related deaths, having almost twice as many maternal deaths as compared to live births. Non-Hispanic Black, Asian, and Hispanic birth people represent roughly equal shares of the 42% of losses that occur among people of color.

MCH Data Points

DISPARITIES IN MATERNAL MORTALITY



DHS Data Points:

- US pregnancy-related mortality ratio: 17.2 deaths per 100,000
- WI PRMR: 7.2 per 100,000
- Non-Hispanic Black WI PRMR: 15.7 per 100,000
- Non-Hispanic white WI PRMR: 6.5 per 100,000

*2011-2015 data

2020 pregnancy-related deaths:

- 38% were due to mental health conditions, including overdose
- 29% were due to cardiovascular or hypertensive disorders



Sources: [Big Cities Health Data](#) (left) and [Wisconsin MMRT 2020 Recommendations](#) (right)

Maternal mortality data is often on a time delay and/or is limited in the race/ethnicity analysis that's able to be done. While the rates (frequency) of maternal death is worryingly high, the raw numbers are fairly small. That makes it difficult to separate multiple demographic groups, as a single case could be potentially identifying.

This graph shows the most recent maternal mortality data that's available for Milwaukee specifically. The non-Hispanic Black population is a significant enough share of these losses that it can be separated out from the overall maternal mortality rate, and we can see that it is notably higher compared to the overall rate.

From the DHS information on the right, statewide, the non-Hispanic Black maternal mortality rate is about double that of non-Hispanic white birthing people.

MCH Issues in the Media

**Black Women Are Dying During
Childbirth And No One Seems
To Care**

**Opinion: When addressing maternal
mortality, 'we must leave no Black
woman behind'**

**Why is the Black infant mortality
rate in Wisconsin still three times
higher than the white rate?**

**Her Child Was Stillborn at 39
Weeks. She Blames a System
That Doesn't Always Listen to
Mothers.**

Black women three times more likely to die from
pregnancy-related issues

Doctor blames racial bias, inadequate access to health care, someone not being heard



**The 1 Thing Black Doctors Want You
To Know About Being Pregnant
While Black**

These are all headlines of news stories from the last year and a half or two years. Some are national stories, some are local. All include personal stories alongside the statistics, describing how especially women of color are afraid to be pregnant in the US, and what the driving forces and root causes really are.

Links to news stories from headline slide:

[Black Women Are Dying During Childbirth and No One Seems to Care \(Forbes\)](#)

[Opinion: When Addressing Maternal Mortality, "we must leave no Black woman behind" \(CNN\)](#)

[Why is the Black Infant Mortality Rate in Wisconsin Still Three Times Higher than the White Rate? \(Milwaukee Journal Sentinel\)](#)

[Her Child was Stillborn at 39 Weeks. She Blames a System that Doesn't Always Listen to Mothers \(ProPublica\)](#)

[Black Women Three Times More Likely to Die from Pregnancy-Related Issues \(WISN\)](#)

[The 1 Thing Black Doctors Want You to Know About Being Pregnant While Black \(HuffPost\)](#)

MCH Issues in the Media

- Maternal mortality disparities impact Black people no matter their education, socioeconomic status, or level of care
- In the past 10+ years, advocates worked to shift the narrative towards systemic causes of MCH disparities: racism baked into medical systems, historical disparities in access to insurance and healthcare
 - Past beliefs about MCH disparities included assumptions of Black women's behaviors, or debunked notions about the inherent health of different races
- The stress of living with racism itself can impact birth outcomes
- Stillbirth is studied less than other birth outcomes, and the risk is not always explained to pregnant people; they end up feeling blindsided



These statements are a few highlights from some of the news stories shown on the previous slide.

Bullet points 1 & 2: HuffPost article

Bullet point 3: Milwaukee Journal Sentinel article

Bullet point 4: ProPublica article

Links to news stories from headline slide:

[Black Women Are Dying During Childbirth and No One Seems to Care \(Forbes\)](#)

[Opinion: When Addressing Maternal Mortality, "we must leave no Black woman behind" \(CNN\)](#)

[Why is the Black Infant Mortality Rate in Wisconsin Still Three Times Higher than the White Rate? \(Milwaukee Journal Sentinel\)](#)

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[Black Women Three Times More Likely to Die from Pregnancy-Related Issues \(WISN\)](#)

[The 1 Thing Black Doctors Want You to Know About Being Pregnant While Black \(HuffPost\)](#)

Attempts to Address This

National Actions

- White House Blueprint for Addressing the Maternal Health Crisis
- National Strategy to Improve Maternal Mental Health Care
- Black Maternal Health Momnibus Act of 2023
- Additional pools of federal funding being made available to people researching maternal and infant health outcomes

State and Local Actions

- WI Maternal Mortality Review Team Recommendations report
- Wisconsin Perinatal Quality Collaborative (through WAPC)
- Froedtert Mobile Maternity Clinic



Links to national-level plans to address the problem:

White House Blueprint for Address the Maternal Health Crisis:

<https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>

National Strategy to Improve Maternal Mental Health Care:

<https://www.samhsa.gov/sites/default/files/mmh-strategy.pdf>

Black Maternal Health Momnibus Act of 2023: <https://www.congress.gov/bill/118th-congress/senate-bill/1606>

State and local attempts to address the problem:

WI Maternal Mortality Review Team Recommendations 2020 report:

<https://www.dhs.wisconsin.gov/publications/p02108-2020.pdf>

Wi Maternal Mortality Review website: <https://www.dhs.wisconsin.gov/mch/maternal-mortality-and-morbidity.htm>

WI Perinatal Quality Collaborative: <https://wiperinatal.org/wisppqc/>

Froedtert Maternal Mobile Clinic: <https://www.froedtert.com/birth/maternal-mobile-clinic>

MCH ACTION TEAM & WORK GROUPS

MCH Goals & Objectives

Healthy Birth Outcomes

- Improve racial/ethnic disparities in pregnancy outcomes and infant mortality
- Increase access to comprehensive healthcare throughout pregnancy and postpartum period
- Improve SUD rates among pregnant and postpartum people



Sexual and Reproductive Health

- Improve access to high-quality reproductive healthcare that is culturally appropriate and offered by diverse providers
- Improve coordination between different agencies

Mental and Behavioral Health

- Improve availability & uptake of behavioral health and support services for pregnant people and caregivers
- Increase awareness around the intersection between mental health needs and pregnancy/postpartum period



These are some of the overall areas of interest within the three MCH topics. There is occasional overlap, with topics like improved care coordination or substance use appearing in multiple categories.

MCH Implementation Partners

MCH Chairs:

- Melissa Seidl
 - Milwaukee Health Department
- AkkeNeel Talsma
 - UWM School of Nursing
 - Maternity Metrix
- Lakeeta Watts
 - Essentially Empowered



Implementation Partner Organizations:

- ICare/Humana
- Mom's Mental Health Initiative
- Meta House
- Planned Parenthood
- Vision Forward
- Froedtert Mobile Maternity Clinic
- Breathe Easy, DHS Asthma-Safe Homes
- MATC
- Wisconsin Women's Health Foundation
- WI Association for Perinatal Care
- Food for Health
- TLC Community Health
- Empowerment Beyond Loss
- Culture X Design
- Plus 5 internal MHD programs



Birth Outcome Data



Healthy Birth Outcomes

- The infant mortality rate is **3 times higher** among Black infants at nearly **15 per 1,000 births** compared to other races.⁷
- The number of **preterm births in Milwaukee have increased by 18%** since 2015, accounting for 12.3% of all births.⁸
- The number of **infants in Milwaukee with low birthweight has increased by 17%** since 2015, impacting 11.6% of all births.⁹

Short-Term - Monitoring

The Healthy Birth Outcomes work group will monitor the American Heart Association's efforts to advocate for the extension of postpartum Medicaid eligibility to 12 months, participating in advocacy activities as feasible.

Long-Term

Work group is continuing to have discussions.



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Source: [CHIP Report](#)

This group has a lot of ideas, but some of them are really big ideas that are out of scope of the work group, and some of them don't have an identifiable "starting point".

So the group working on this topic is still in the process of assessing the feasibility of some different ideas.

The American Heart Association (an MCH team member) is advocating for postpartum Medicaid extension, so MKE Elevate is monitoring their efforts while having discussions around what we have the capacity to do ourselves.

Healthy Birth Outcomes

How to Get Involved:

- Let us know of any MCH initiatives that have a role for additional people to join in



Sexual & Reproductive Health



Reproductive Healthcare Access

- There is currently **only one Title X family planning clinic** within ten miles of the city of Milwaukee.¹⁰
- According to available data on **provider diversity** from one health system in Milwaukee, **18.6%** of the healthcare workforce is Black / African American or Latinx.¹¹

Short-Term – 2025 activities

By 2025, the MKE Elevate Sexual and Reproductive Health workgroup will conduct a survey of **[15]** perinatal healthcare providers to assess current STI screening practices among the pregnant population and identify opportunities for improvement that will move Milwaukee closer to achieving universal STI screening.

Long-Term – Continuing actions

Next steps to be informed by results of the surveys; could include but are not limited to: clinician education project, destigmatization campaign, policy proposal



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Sexual & Reproductive Health

Context:

- STIs can go unnoticed in people quite easily, and untreated infection during pregnancy can lead to adverse birth outcomes
 - Congenital syphilis is particularly harmful, and it has been increasing in Milwaukee
- There is no state-level screening mandate, but ACOG best practice is to test 1-3 times in the perinatal period

Work Group Initiative:

- Create a survey for prenatal healthcare providers, asking about syphilis testing practices, and what factors support/hinder that testing
- Assess the gaps in syphilis testing and create strategies to address them



There are some SRH champions in this work group, who are very interested in assessing rates of STI, and specifically syphilis, testing for pregnant patients. The goal is to move closer to universal screening that aligns with best practices.

Sexual & Reproductive Health

How to Get Involved:

- Connect us with smaller prenatal healthcare providers
- Depending on our outreach plan, help connect us with prenatal care teams at the major healthcare systems



We do already have several avenues to get connected with these providers, but we may need assistance if we have difficulty, or if we don't get as many responses as we hoped. We're planning to have paper and online survey options, to make it easier for clinicians to complete it.

Maternal Behavioral Health



Maternal Mental Health

- Depression during pregnancy is highest among Black women in Wisconsin, at 27% compared to 17% of white women and 15% of Hispanic women.¹²

Short-Term – 2025 activities

By December 2025, the MBH work group will develop [1] online survey, a focus group guide, and collect [30] survey responses and host two focus groups, to gather the perspective of people with lived experience of perinatal SUD in order to better inform outreach and resource sharing.

Long-Term – Continuing actions

By 2028, provide documentation for one of our focus group and questionnaire process that can be shared with other organizations or jurisdictions who want to do similar outreach. Additional activities to be informed by the survey results.



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Maternal Behavioral Health

Context:

- Overdose is one of the leading causes of maternal mortality, and SUD treatment for perinatal people can be difficult to find & access

Work Group Initiative:

- Create a survey to get the perspective of people with lived experience of SUD during pregnancy, to inform outreach and resource sharing strategies
- Goal is to receive at least 50 responses
- Also exploring the possibility of hold 1-2 focus groups to explore the topic deeper



In 2020, 38% of maternal deaths in Wisconsin were due to mental health, and that includes overdose fatalities (source: [Wisconsin MMRT 2020 Recommendations](#)).

This group wants to see how accessible substance use treatment is for pregnant/postpartum people, and learn what successfully got them into treatment vs what hindered them. We're drafting a survey specifically for people with lived experience of perinatal SUD.

Maternal Behavioral Health

How to Get Involved:

- Help us develop our outreach strategy
 - Where and how should we try to find survey respondents
- Connect us with someone who could assist us with a language/sensitivity review of the drafted survey



Get involved!



Visit milwaukee.gov/elevate to join our email list



Email mkeelevate@milwaukee.gov for more info



Follow us on social media [@MKEelevate](https://twitter.com/MKEelevate)



Join an action team or attend a general member meeting



If you're interested in the MCH Action Team, or one of the work groups, please reach out to Melissa Seidl (mseidl@milwaukee.gov)