



**City  
of  
Milwaukee**

*INTERDEPARTMENTAL CORRESPONDENCE  
LEGISLATIVE REFERENCE BUREAU*

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## **Memorandum**

**To:** Ald. Joseph A. Dudzik  
**From:** Richard L. Withers ext 8532  
**Date:** February 4, 2011  
**Re:** Milwaukee Health Department Resources  
to Address Fetal and Infant Mortality

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This memorandum has been prepared in response to your request for information about the resources available to the Milwaukee Health Department (MHD) to address the continuing problem of high rates of fetal and infant mortality experienced in the City, especially among African American and other minority populations. Your request follows release last week by the MHD of a report entitled, "2010 City of Milwaukee Fetal Infant Mortality Review (FIMR) Report:: Understanding and Preventing Infant Death and Stillbirth in Milwaukee – 2005-2008 Stillbirths and Infant Deaths."

In preparing this report, I reviewed MHD budget plans for 1994 to the present. I reviewed the current MHD budget and the public and private grant funds presently available to the MHD to address infant mortality and also those funds and funding sources which are likely to become available to MHD in 2011 and beyond. I also met with representatives from the MHD, including Raquel Filmanowicz, Health Operations Administrator, Anna Benton, Family & Community Health Services Director, and Karen Michalski, FIMR Project Director.

### **Summary of Findings**

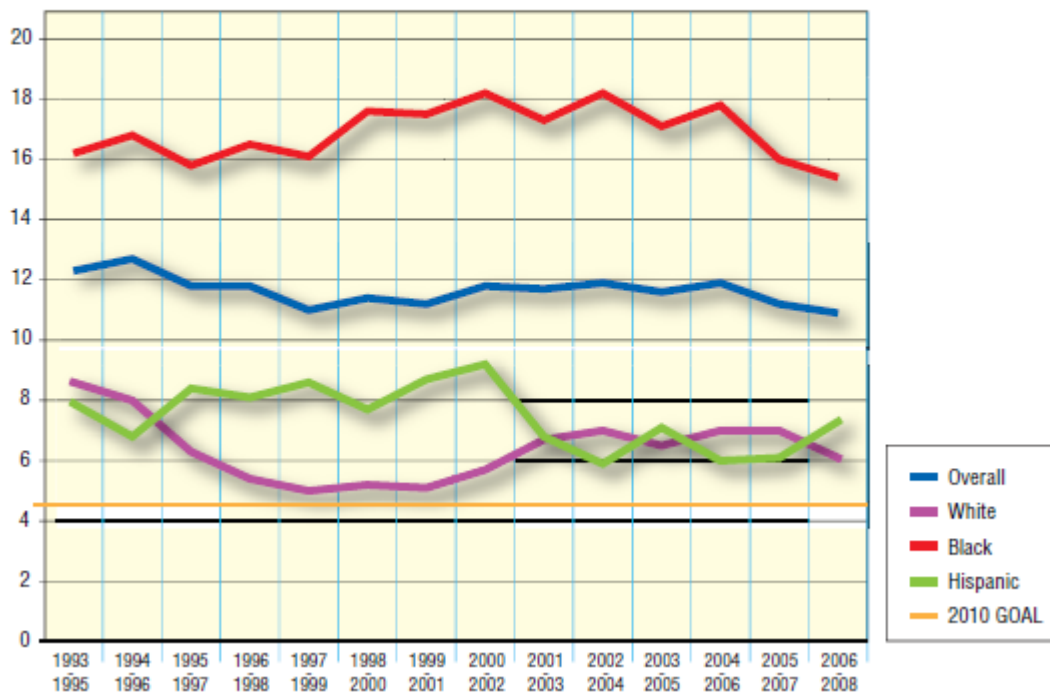
- The funds available to the MHD to support programming to directly or indirectly address fetal and infant mortality are substantially provided from sources other than City tax or fee revenues.
- Federal, state and private funds are received and administered by a variety of community organizations and programs that include the MHD.
- A new initiative known as the Lifecourse Initiative for Healthy Families (LIHF) is a collaborative Milwaukee-based initiative with a primary objective of reducing infant mortality. The collaborative is funded by a \$10,000,000 grant from the UW Wisconsin Partnership Program (distributing the proceeds from the conversion of

Wisconsin Blue Cross and Blue Shield to public health initiatives, education and research).

## Background

Since 1994, the first year that detailed budget plans were published together with the Administration's Proposed Budget, the MHD plan has identified reduction of infant mortality as a primary or important objective. The disparity in birth outcomes between Black and White groups has been identified as a critical issue. The rate of infant mortality for Blacks has averaged 2 to 3 times the rate for Whites over the period 1993-2008.

**Infant Mortality Rate by Race/Ethnicity Three Year Rolling Averages  
1993–2008 City of Milwaukee Data**



MHD staff members note that many community groups and projects, largely unfunded, have attempted to address this infant mortality and birth outcomes disparity, but without long-term measurable success.

The FIMR report identifies a number of factors that are highly associated with infant deaths and stillbirths. Investigators found that over one-third of infant deaths and stillbirths involved mothers who had both a sexually transmitted infection (STI) and a urinary tract infection (UTI). Mothers who experienced infant deaths and stillbirths were twice as likely to be smokers than the rest of the Milwaukee population. Poor birth outcomes were also associated with mothers who had no or late prenatal care: 71% of these were Black, and 20% of these mothers had no health insurance. Nearly 54% of mothers experiencing infant deaths or stillbirths were overweight or obese, conditions that are associated with high blood pressure. Alcohol and drug use was a factor associated with 20% of infant deaths and stillbirths, and more than 25% of mothers had mental health issues. The sleep

environment and sudden infant death syndrome (SIDS) was the 3<sup>rd</sup> leading cause of infant death and was associated with other factors including second-hand smoke.

The FIMR report also makes recommendations for action based on an analysis of 2005-2008 infant deaths and stillbirths. Local policy makers are identified as one layer of responsibility. There are 33 recommendations for action, 22 of which include policy-makers as responsible. The recommendations fall into 11 categories ranging from improving preconception and prenatal care to development of a culturally competent workforce. MHD is currently preparing a list of up to 10 policy priorities that it will ask the Common Council to consider. These proposals will not focus on new financial resources given the present fiscal and revenue conditions facing the City.

### **Services Designed to Directly Address Infant Mortality and Stillbirths**

In addition to its FIMR research effort, the MHD maintains several services and programs aimed solely at infant mortality reduction, including the Cribs for Kids program which has provided nearly 1,200 'Pack 'n Plays' since 2009, a recently initiated Milwaukee Cribs for Kids Facebook page, and a safe sleep educational campaign in coordination with SERVE Marketing (currently featuring radio and television spots, and the 'tombstone' poster campaign).

- The SERVE education and marketing has been underwritten by SERVE Marketing as a pro bono public service; SERVE has committed approximately \$1 million to date toward the campaign.
- Pack 'n, Plays packages include portable play areas, cribs, bassinette inserts, blankets and sheets. The packages cost approximately \$65 each and are distributed from MHD health centers to eligible mothers and pregnant women in the last trimester. Classes are given by public health nurses (PHNs) who work in home visitation programs (approximately 75% of PHN time is funded by O&M, the remainder is grant-funded). This effort represents a small fraction of PHN time. Small grants and contributions cover most of the costs of the Pack 'n Plays. Notably, the Kohl Foundation has committed \$75,000. In the 2 weeks since publication of the Journal Sentinel articles on infant mortality, 12 donations have been received from the public totaling approximately \$2,300. Donations can be made through the MHD website.
- The Cribs for Kids Facebook page requires minimal resources for administration.

### **Direct Services to Mothers and Families**

The MHD provides or participates in a variety of direct services to women and families that address health needs of high-risk families and individuals. These programs include services that, though designed to address a spectrum of health concerns, include objectives to reduce infant mortality and stillbirths. The MHD is currently working with 4 models of home visitation, including the nationally recognized Nurse-Family Partnership program. Mothers and infants enrolled in these programs have better birth outcomes than the average rates among families in the program zip code areas.

A variety of other direct services to mothers and families impact birth outcomes.

- The Women, Infants and Children (WIC) program provides good nutrition for pregnant women.
- Increased referral and access to family planning programs have been made possible by the Wisconsin 'Family Planning Only Services' program which provides a wide range of pre-conceptional care, pregnancy identification, STI screening, diagnosis and treatment, and other services funded under a federal/state Title XIX program waiver.
- Teen pregnancy reduction programming including the 'No Condom, No Way' education program and the 'Plain Talk' program supported under the state's Maternal and Child Health (MCH) Grant and by private contributions and grants.
- The MHD also provides direct services for screening, diagnosis and treatment of STIs and other infections.

### State Grant Funding

Programs that include objectives or activities to reduce infant mortality and stillbirths include the following Grant and Aid Requests estimates for 2011 from the State of Wisconsin (note: this list does not include new grant opportunities that may have recently been announced):

LAUNCH (Linking Actions for Unmet Needs in Children	\$ 612,000
Medical Assistance Outreach Grant	591,000
Milwaukee Comprehensive Home Visiting Program	813,000
Preventive Health Grant	68,000
Women's Infants and Children's Grant	1,497,000
Sexually Transmitted Disease Grant	514,000
Dual Protection Grant (family planning)	162,000
Maternal and Child Health Grant	315,000

The state funding for these programs is projected to total nearly **\$5,076,000**. It is not possible to apportion the percentage of these funds attributable to reducing the rates of infant mortality and stillbirths. Other programs and services, such as the Refugee Screening program and the Wisconsin Well Woman programs, may also contribute to these efforts by screening and identifying health problems and making referrals.

### MHD Personnel Committed to Home Visiting Programs, MCH and WIC

Home visiting programs are closely associated with services to reduce infant mortality and stillbirths. 'Nurse-Family' refers to the Nurse-Family Partnership program and CHV refers to the Comprehensive Home Visitation Program. These positions are all currently funded by state grants. The following personnel costs were budgeted for 2011.

Title	Pay Range	Salary
Public Health Nurse (2) – Nurse-Family	666	\$112,937
Home Visiting Manager - CHV	7	56,888

Project Coordinator - CHV	5	46,979
Information Specialist - CHV	593	51,362
Public Health Nurse (7) – CHV	666	364,780
Office Assistant - CHV	410	35,041
Public Health Nurse (2) – MCH	666	106,228
Health Educator – MCH	593	53,697
Project Coordinator – MCH	4	48,247
Program Manager – WIC	7	70,194
Nutritionist (2) – WIC	594	111,484
Project Coordinator – WIC	5	58,526
Clinic Assistant (2) – WIC	309	66,319
Clinic Assistant Bilingual (2) – WIC	309	65,826
Dietetic Technician (5) – WIC	503	198,448
Dietetic Technician Bilingual – WIC	503	33,944
Office Assistant III – WIC	425	33,865
Office Assistant II Bilingual – WIC	410	35,041
Public Health Nurse – WIC	666	51,743
	SALARY	<b>\$1,564,570</b>
	FRINGE	<b>\$ 750,994</b>
	<b>HOME VISITATION, MCH &amp; WIC</b>	
	<b>PERSONNEL COSTS PAID BY STATE</b>	<b>\$2,315,564</b>

The state supports an additional 20 MHD staff members, including 5 PHNs and 8 Communicable Disease Specialists, in the Sexually Transmitted Disease Clinic with an additional \$1.5 million in annual funding.

The extent to which state budgetary constraints will affect MCH, WIC, Home Visiting and other programs that help in addressing factors associated with infant mortality and still births is uncertain.

### **Community Partnerships**

Area health management organizations and hospitals have provided financial support to community efforts led by the MHD which include the 2010 Infant Mortality Conference held in June and the planned 2011 Infant Mortality Conference (focusing on prematurity) to be held May 11, 2011. The event will focus on physicians working with at-risk pregnant women.

The MHD is closely involved with a new promising program known as the Lifecourse Initiative for Healthy Families (LIHF). The University of Wisconsin School of Medicine and Public Health, through the Wisconsin Partnership Program, funded by the conversion of Blue Cross and Blue Shield to a for-profit entity, has committed \$10,000,000 in funding to the Southeastern Wisconsin region. LIHF, focusing significantly on infant mortality in the Milwaukee area, is currently in a planning phase. It is anticipated that several grant opportunities will become available to MHD later in 2011.

Several hundred Milwaukee stakeholders and community supporters are identified on the LIHF Collaboration Internet site. The LIHF site is a 'wiki' site that allows community participation in planning and eventually in implementation. For more information, the site may be accessed at <http://milwaukee-lihf.wikispaces.com/>.

Two documents related to the LIHF initiative are attached. The first provides a general overview of the development of the initiative. The second includes a diagram of the planning process for the Milwaukee LIHF Collaborative.

Please contact me if you would like further information about programming and resources available to MHD for addressing high rates of infant mortality and stillbirths in Milwaukee and the large disparities that exist in birth outcomes.

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2/7/2011