

1. Describe the proposed ordinance or resolution. File number: _____

Newborn Congenital Screening and Newborn Hearing have previously been independent grants renewed annually on an individual basis. In 2025, they will be consolidated into a single grant to align funding, coordinate the scopes of work, and improve overall efficiency. This newly combined grant, referred to as Wisconsin Congenital Disorder/Newborn Screening (NBS) Program is under the Family and Child Health Branch of the Milwaukee Health Department (MHD). It is funded by the Wisconsin Division of Public Health and the grant cycle runs from July 1 2025 through June 30, 2026. The purpose of the Wisconsin Congenital Disorder/Newborn Screening Program is to ensure that every infant born in southeastern WI receives a hearing and blood screen at birth. For every child that has been identified as having hearing loss or diagnoses with a congenital disorder.

2. Identify the anticipated equity impacts, if any, of this proposal.

This grant would achieve various positive impacts.

- 1. While infants are often covered by insurance, accessing and navigating proper medical care is often difficult for families. The public health nurse's role is to work with any infant in Wisconsin who requires initial or repeat testing and ensure families establish and receive appropriate specialty care when a condition is present.*
- 2. The major activity of this grant is to assist families in getting their infant screened, accessing medical care for follow-up tests, assuring appropriate medical follow-up for infants with a condition, and establishing a medical home for ongoing primary and specialty care.*
- 3. In addition, this program provides education to clients and professionals about newborn blood*

3. Identify which minority groups, if any, may be negatively or positively impacted by the proposal.

Newborn Screening services are offered to all ethnicities, races, genders, sexual identities, legal statuses, languages and disabilities and can accommodate language, socioeconomic, housing, and transportation needs as the services are built to support families; therefore all Wisconsin families will be positively impacted through these services as mentioned in question #2.

Unless newborn screening is done, the condition may stay hidden and cause permanent damage to the baby therefore no minority groups will be negatively impacted by NBS other than those families who chose not to have their baby screened due to religious beliefs and practices or personal convictions.

4. Describe any engagement efforts with minority communities potentially impacted by the proposal.

While Newborn Screening services can be provided to all Wisconsin families, infants are tested and case managed only upon request via referral from The Wisconsin State Laboratory of Hygiene (WSLH) and community hospitals. The NBS hearing part of the grant receives referrals through the Wisconsin Sounds Beginning program, where every baby born in Wisconsin receives a hearing screen provided the parent doesn't refuse. Referrals for the NBS hearing usually happens when babies leave the birthing hospital without being screen initially or if the baby doesn't pass while in the birthing center. The NBS program does not actively pursue infants of a specific minority or community for testing or case management. The referral is based on need for accurate blood draws for baby. Barriers for families may include missed blood draw in hospital, transportation, or access.

5. Describe how any anticipated equity impacts of the proposal will be documented or evaluated.

The Milwaukee Health Department tracks the number of infants referred to the newborn screening program from the newborn screening laboratory, pediatric providers and community hospitals. The MHD also tracks number of infants screened by MHD, number of infants with sickle cell seen in clinic by 4 months of age, number of infants case managed for Cystic Fibrosis, number of infants identified and subsequently case managed with sickling disorder through NBS, the number of infants screened for hearing loss detection, and number of presentations/educational sessions conducted by the NBS coordinator. All data and other data metrics mentioned are tracked and documented in the Milwaukee Health Department FCH Dashboard, EPIC/OCHIN, and WE-Trac as well as REDCap on a monthly basis.

6. Describe strategies that will be used, if any, to mitigate any anticipated equity impacts.

This program helps to improve the health of children, reduce infant mortality, and ensure that all children entering school are physically and mentally capable of living their best lives by screening for 48 conditions that may stay hidden and cause permanent damage or death if left untreated or undiagnosed. The program furthermore ensures that babies referred through the WSB receive timely hearing screens and follow up services. Research shows that early identification in hearing impairment significantly improves speech and language outcomes in young children. All of these are departmental objectives and assist in attaining the City-wide objective of making Milwaukee a city of healthy citizens with educational opportunities.

The NBS PHN will continue to manage all incoming referrals and assess and monitor infants need.

Name: **Marcella Miller**

Signature: **Marcella Miller**

Digitally signed by Marcella Miller
Date: 2025.05.06 20:46:50 -05'00'

Date: