

I. Status of Infant Mortality in Milwaukee

The City of Milwaukee's Infant Mortality (IM) rate (IMR=the number of infant deaths per 1000 live births per year) remains very high. While the infant mortality rate for White infants has shown improvement in the last 15 years, the African American and Hispanic rates have fluctuated, and still remain higher than the White rate.

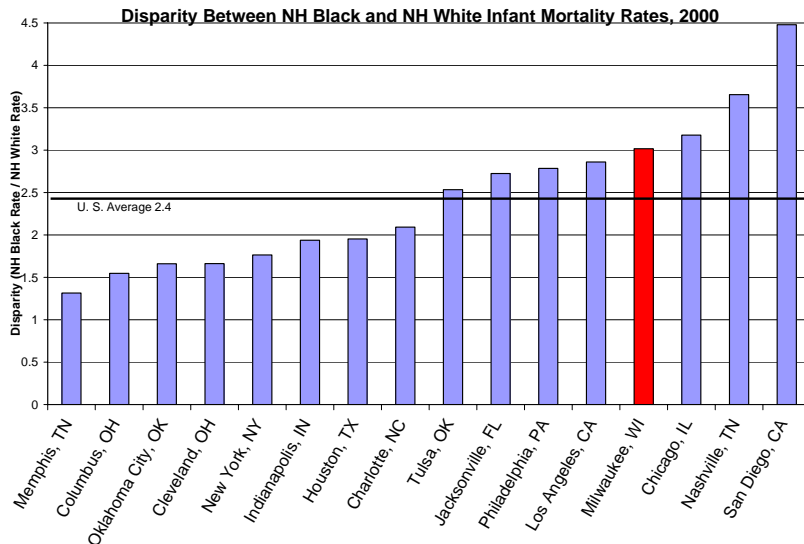
In Milwaukee, the IMR for non-Hispanic African Americans remains over 3 times greater than the White rate. In the state of Wisconsin, for every one non-Hispanic White infant who dies, 4 African American infants die.

II. Infant Mortality Trends in Milwaukee and Wisconsin

Compared to other states, Wisconsin's infant mortality ranking has worsened since 1979-1981 when Wisconsin had the third lowest African American infant mortality rate. For 2000-2002, Wisconsin ranked worst in the African American infant mortality rate. In the 2003 Big City Health Inventory, Milwaukee ranked as one of the cities with a large gap between non-Hispanic White and non-Hispanic African American infant mortality rates.

III. Comparison of Milwaukee to Other Cities

Milwaukee ranked worse than Cleveland, Indianapolis and Philadelphia in the 2000 Big Cities Health Inventory



IV. Causes of Infant Mortality

In Milwaukee, the six most common causes of infant mortality are:

- Prematurity
- Congenital
- Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Death of Infancy (SUDI)
- Infection
- Mechanical or Positional Asphyxiation
- Homicide

IV. Causes of Infant Mortality *continued*

The table below lists the rates for the six most common causes of IM in Milwaukee (2001-2003) data compared to the US (2002) data.

- Infants born in the city are approximately three times more likely to die from prematurity or SIDS/SUDI and six times more likely to die from homicides than the average infant born in the US.
- In Milwaukee, prematurity, SIDS/SUDI, infection and homicides are the major contributors to the disparity between the African American and the White IMR.
- Hispanic mortality rates for prematurity and homicides also are particularly high when compared to Whites in Milwaukee or compared to all Hispanics in the US.

Cause of Death	Milwaukee total rate (no. of deaths)	U.S. total rate	Milw. White rate (no.)	U.S. White rate	Milw. Af Amer rate (no.)	U.S. Black rate	Milw. Hispanic rate (no.)	US Hispanic Rate
Prematurity	5.62 (185)	2.10	2.17 (22)	1.61	8.87 (131)	5.16	4.14 (26)	1.57
Congenital	2.61 (86)	1.58	2.27 (23)	1.95	3.05 (45)	2.88	1.75 (11)	1.53
SIDS/SUDI	1.58 (52)	1.06	0.69 (7)	0.84	2.84 (42)	2.39	0.32 (2)	0.32
Infection	0.67 (22)	0.39	0.20 (2)	0.27	1.21 (18)	1.16	0.2 (2)	0.17
Mechanical or Positional Asphyxiation	0.52 (17)	0.46	0.39 (4)	0.38	0.47 (7)	0.87	0.48 (3)	0.13
Homicide	0.36 (12)	0.15	0 (0)	0.11	0.61 (9)	0.37	0.48 (3)	0.05

V. City of Milwaukee Health Department (MHD) IM Interventions

The MHD uses national, state and local statistics to aid in program development. Some examples of programs addressing the leading causes of infant mortality are SIDS and Prematurity:

- **SIDS Reduction:**
 - **Hospital Intervention Program** works to teach safe sleep practices to all mothers. In 2005, over 60 interventions were conducted with hospital staff.
 - **IM Community Education Program** provides education regarding safe sleep practices. Sessions were conducted at churches, schools and community organizations. In 2005 over 175 sessions were held.
 - **County Transit Media** campaign including 14 safe sleep ads on Milwaukee County buses. Ads ran for 24 months on buses stationed at the 35th street garage which have routes in high infant mortality zip codes.
 - **Targeted education** during home visits by public health nurses including education on safe sleep, nutrition, general baby care, depression and referrals to community programs.
 - **Graco Pack 'N Play™ Program** is provided to mothers help to prevent co-sleeping and improper sleeping situations.

- **“Keep Your Shorty Alive” Campaign** was a four-week awareness campaign. MHD partnered with local area grocer Lena’s Foods to promote key messages focused on safe sleep, prematurity, prenatal care, and infant mortality.
- **Anti Smoking and Tobacco Use Campaign** provides messages, and educational sessions are integrated throughout all MHD clinics.
- Prematurity and the Reduction of Low Birthweight Programs:
 - **Milwaukee Community Strategic Partnership Review Program** intent is to join HRSA grantees to work toward one population-based indicator. The racial and ethnic disparities surrounding IM in Milwaukee is the health indicator chosen for the review. The goal is to make an impact and make a difference, while increasing the resource pool to address the issue. Some organizations involved include: Black Health Coalition, ARCW, Medical College of WI, 16th Street Community Health Center, Milwaukee Health Services and Milwaukee County Health and Human Services.
 - **Women, Infants and Children (WIC) Program** is a federal program for nutritionally at-risk pregnant, breastfeeding, and postpartum women, infants and children up to the age of five who meet the income guidelines of 185% of the poverty level. WIC provides nutrition and health education, breastfeeding education and support, health screening, and referrals to health and social services.

The MHD WIC program serves a total of 8,233 women, infants and children on a monthly basis. In a typical month, WIC serves approximately 2000 women, 2000 infants and 4000 children.
 - **Team nurses** follow up with high risk pregnant women identified through visits to our walk-in clinics. Team nurses generally have caseloads of 120 high-risk clients, including pregnant women, infants, preschoolers and communicable disease follow-up.
 - **Milwaukee Comprehensive Home Visiting Program** was funded this year for planning a Milwaukee model that would incorporate evidence-based principles to serve six high-risk communities. The model will utilize a multidisciplinary triad team comprised of PHN, social workers and outreach workers. The program has just completed hiring all staff: Program Manager, Project Coordinator, Office Assistant (just started work this week), 2 PHN’s, and an Information Specialist. Five additional PHNs have been reassigned from the District nurses to work on this project. This team will be augmented by partnering community organizations which are currently under solicitation; contract awards are targeted for August. Close to 70% of grant funds will be for community partners who are required to employ individuals from the targeted six zip code communities.
 - **Comprehensive Nutrition Program** in MPS schools promotes healthy eating and healthy lifestyles for all students, including pregnant teens needing prenatal care. Currently, a customized nutrition program is being developed for pregnant teens, as it relates to the nutritional needs of both the mother and child. For the first half of 2006, 10 new Milwaukee Public Schools have enrolled in the Comprehensive Nutrition Program and over ten (10) classes have been conducted. A total of 500

students have participated in educational classes, with an emphasis on nutrition, high-risk sexual behavior, human sexuality, pregnancy prevention and healthy lifestyles.

- **Pregnancy Outreach Program** conducts outreach services to pregnant women. In the first half of 2006, 351 pregnant women were served, with 320 being enrolled for health care access and identification of a medical home. In addition, another 693 individuals received outreach services, many of whom received care indirectly related to the issue of infant mortality.
- **Adolescent Community Health Program** promotes health and positive lifestyle choices in the schools through pregnancy testing, human sexuality educational classes, depression screening of pregnant youth, counseling, anti tobacco/drug promotions, assessments and treatment referrals. Pregnant teens are at particularly high risk for Prematurity and IM. In the first half of 2006, 69 teens received pregnancy testing, 312 teens received Public Health Nurse counseling and 207 teens were referred for needed services. In addition, related mental health issues were addressed through 123 depression screenings conducted by our nurses.

MHD has several other programs that address infant mortality including Newborn Screening, Early Identification and Detection of Pregnancy, Meta House and No Condom No Way Campaign.

VI. MHD Resources Assigned to Infant Mortality Prevention

IM prevention and reduction has remained a priority in the MHD Budget in both O&M funded as well as grant funded positions. However, while the amount dedicated towards IM efforts in O&M funds has been significantly reduced by budget cuts over the past several years, the MHD has been successfully maintaining the level of grant support for these efforts.

	<u>2000 Budget</u>	<u>2006 Budget</u>
O&M	242	167
Grant	<u>110</u>	<u>109</u>
TOTAL MHD FTEs	352 FTEs	276 FTEs

The 2006 Budget reflects that approximately 24% of FTEs are dedicated to IM reduction (both direct and indirect efforts). The projected 2006 Budget amount towards IM efforts is \$4,413,942, of which only 32% (\$1,426,458) is O&M Funding and 68% (\$2,987,484) is grant Funding.

Infant Mortality Reduction FTE's	<u>2006 Budget</u>
O&M	32 FTE's
Grant	<u>34 FTE's</u>
TOTAL	66 FTE's (24% of Total MHD FTE's)