

2007 Wisconsin Act 20
Reducing Fetal and Infant Mortality and Morbidity Report
Racine Healthy Births Healthy Families Program
October 2007 – December 2008

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Introduction

In May 2007, State Senator John Lehman and State Representative Cory Mason successfully sponsored legislation to allocate funds to provide services to reduce fetal and infant mortality and morbidity in the areas encompassed by zip codes 53402 to 53406, which covers the City of Racine and surrounding communities of Caledonia and Mt. Pleasant.

Infant mortality is one of the most sensitive indicators of a community's overall health. Infant mortality is defined as the death of an infant during its first year of life and the rate is measured by the number of infant deaths per 1,000 live births.

According to the most recent data from the Wisconsin Department of Health Services (DHS), the overall infant mortality rate for the state in 2007 was 6.4 per 1,000 live births. The Caucasian infant mortality rate for Wisconsin was 5.3 per 1,000 live births. By contrast, the African American infant mortality rate for Wisconsin in 2007 was 14.5 per 1,000 live births. Although somewhat improved from earlier years, Wisconsin's African American infant mortality rate is among the worst in the nation.

The most recent infant mortality rate for the city of Racine for the 5-year period 2003-2007, was 22.54 per 1,000 live births. For a number of years, this rate has been the highest among those communities in Wisconsin with the greatest African American births (Madison, Kenosha, Milwaukee, Racine, and Beloit) as shown in the table below.

Five-year African American infant mortality rates by city (infant deaths per 1,000 live births).

	1999-2003	2000-2004	2001-2005	2002-2006	2003-2007
Beloit	16.92	24.53	19.38	19.16	18.66
Kenosha	11.39	14.38	18.09	17.54	16.36
Madison	17.41	13.41	10.70	7.15	6.40
Milwaukee	16.50	17.48	16.92	17.17	16.35
Racine	20.88	26.98	28.33	22.98	22.54

Data from Wisconsin Interactive Statistics on Health (WISH) Infant Mortality Module.

The City of Racine Health Department was charged with implementing the program, Racine Healthy Births Healthy Families (RHBHF), with the guidance of DHS, encompassing the five areas outlined in this report. The purpose of RHBHF is to reduce the fetal and infant mortality rate, promote healthy birth outcomes, assure infant health and development, and enhance family functioning within the Racine community.

Collaboration

Upon approval of the State budget in October 2007, representatives from the City of Racine Health Department, DHS, Wheaton Franciscan Healthcare – All Saints, University of Wisconsin – Milwaukee, and the Racine Infant Mortality Coalition (RIMC) began to build the framework of the Racine Healthy Births Healthy Families (RHBHF) Program in November 2007. Nine comprehensive objectives were identified and developed in the DHS Grants and Contracts (GAC) system to define the scope of a home visiting program for pregnant women and infants, training of staff, creation of a contract for the subcontracted agency to deliver the services, collaborative efforts with the RIMC, support of the Fetal Infant Mortality Review (FIMR) Project of Racine, and evaluation.

By January of 2008, the City of Racine Health Department received approval to recruit for the Healthy Birth Outcomes Coordinator and she was hired in April 2008. Initial work began with building community awareness and engagement of the RHBHF Program and assisting with the RIMC meetings and events. In addition, she convened other maternal and child health service providers to promote the RHBHF program, assess available resources, define any gaps in services, and generate valuable partnerships. Soon after, a consultant was engaged to begin drafting an outreach plan and a policy and procedure manual.

A grant application was also submitted during the month of August to the Wisconsin Partnership Program Community-Academic Partnership Fund to aid the transition of the FIMR Project of Racine from Wheaton Franciscan Healthcare to the City of Racine Health Department. The Healthy Birth Outcomes Coordinator contributes to the FIMR development and Case Review Team (CRT) meetings, and has increasingly partnered with the current primary investigator to build on the FIMR structure for productive relationships within the community.

In the Fall of 2008, the Johnson Foundation sponsored a meeting to facilitate the development of a Racine County community plan, entitled “Strategic Plan to Decrease Fetal and Infant Mortality”. This has given the City of Racine Health Department an opportunity to further partnerships and collaborative projects for improving birth outcomes for all residents.

A reconstruction of the Child Death Review Team of Racine County is underway for 2009. In the past, the City of Racine Health Department was not a member; it was suggested the health department be included as a core member of the team and serve as the public health representative. The team is organized to be lead by the medical examiner and will include representation from public health, law enforcement, human services, local hospital systems, and others such as the Children’s Advocacy Center.

Identify necessary maternal and child health services and assess eligibility for Badger Care Plus

As the development of the RHBHF Program progressed, several meetings were held with Racine Prenatal Care Coordination (PNCC) and other maternal and child health service providers to evaluate available and specialized services and to gather recommendations for the proposed RHBHF Policy & Procedure Manual and Outreach Plan. The participating programs agreed to schedule quarterly meetings for updates on program/service changes, proposed training opportunities to standardize care, and to discuss collaborative approaches to improving birth outcomes and infant health.

As part of the RHBHF Program Policy and Procedure Manual and Outreach Plan, a referral form was refined to streamline the referral process into the City of Racine Health Department maternal and child health programs, including the RHBHF, PNCC program, and the teen pregnant/parenting program Healthy, Empowered and Responsible Teens (HEART).

The City of Racine Health Department is a certified PNCC and Targeted Case Management service provider and therefore is able to bill Medicaid for the case management and care coordination services provided by the RHBHF Program to Medicaid-eligible families. Additionally, the City of Racine Health Department has been trained to conduct Medicaid Express Enrollment for eligible pregnant women and children. In this capacity, the health department is engaged with other community partners such as the Racine County Human Services Department, Healthcare Network, Racine Community Health Center and others, to coordinate outreach, education and enrollment for BadgerCare Plus and Express Enrollment.

The RHBHF Program is also extending training and educational workshops to other home visiting and maternal and child health programs, such as the PNCC and Family Smart/Kid Friendly providers, to elevate the quality of care and to bring a standardized approach to home visitation in Racine.

Develop and implement models of care for all women meeting risk criteria

The high African American infant mortality rate in Racine County has shaped the RHBHF Program. As stated previously, the rate in Racine has been the highest among the communities of Milwaukee, Kenosha, Beloit, and Madison.

The Department of Health Services and the Wisconsin Maternal and Child Health Program worked with the RHBHF Program to develop the risk criteria for prioritizing the women to be served. The criteria identify the highest risk women as African American women who have had a previous fetal/infant loss, preterm or low birth weight infant. The next levels include any women with a previous adverse birth outcome and those who meet other risk criteria (see following page for the priority levels).

The FIMR Project of Racine conducts case reviews on fetal and infant deaths within Racine County, providing insight and recommendations for services that address fetal and infant mortality and support for healthy birth outcomes. In addition, other home visiting programs, such as Empowering Families of Milwaukee and the David Olds Nurse-Family Partnership, have helped in the design of the RHBHF Program; drawing on a nurse home visitor model, with frequent and intensive services.

Several provider meetings have occurred in the Racine community with the leadership of the RHBHF Program. Existing PNCC providers in Racine, Wheaton Franciscan Healthcare – All Saints, UW Extension, Racine County Human Services Department, Racine Infant Mortality Coalition, Next Generation Now – Family Smart/Kid Friendly Program, Racine County Children’s Advocacy Center, University of Wisconsin – Milwaukee, Aurora HealthCare, City of Racine Health Department and Fire Department, and other faith-based and social service programs convened to review the program policy and procedure manual and the outreach plan. Both the RHBHF Policy and Procedure Manual and Outreach Plan were completed in December 2008.

As the RHBHF Program was being designed and developed, the City of Racine Health Department has utilized its existing services to offer care coordination to women who are potentially eligible for these new home visiting services. Since the time the grant was awarded, clients have been served by the City of Racine Health Department’s PNCC program. This program offers prenatal and infant care coordination services, health education, and referral and follow-up. These services are carried out by Public Health Nurses and are delivered through home visitations or office visits. Clients in this program receive services from the time of enrollment through 60 days postpartum, the infant’s first 2 months of life. However, these services are less frequent and intense than those that will be provided by the RHBHF Program. Within recent months, the City of Racine Health Department’s PNCC program has identified and served the following clients potentially eligible for the RHBHF program:

- **Priority 1 (6 clients):** African American pregnant women and new mothers who have had a previous preterm birth, low birth weight infant, fetal or infant death. The goal of the program is to enroll women as early in their pregnancy (e.g. first trimester) as possible.
- **Priority 2 (18 clients):** Pregnant women and new mothers of all other racial and ethnic groups who have had a previous preterm birth, low birth weight infant, fetal or infant death. Pregnant African American women and new mothers who do not meet the Priority 1 criteria.
- **Priority 3 (6 clients):** Pregnant women of all other racial and ethnic groups who have 4 of 28 risk factors as determined by the Medicaid Prenatal Care Coordination Program Pregnancy Questionnaire.

Negotiations are underway with a local health care provider for a memorandum of understanding to provide the RHBHF home visiting services. In the interim, the City of Racine Health Department has redirected public health nursing staff to begin providing the more intensive case management home visiting services as outline for the RHBHF Program.

If negotiations with Wheaton Franciscan Healthcare – All Saints are unsuccessful, the City of Racine Health Department will hire additional public health nursing staff to fully implement the RHBHF Program and will continue to utilize the PNCC program for outreach and referral. The PNCC program will continue to serve those women who do not meet the higher risk criteria of the RHBHF Program. RHBHF Program home visiting services are expected to begin the Spring of 2009.

Social Marketing, outreach, access, public awareness, and community education

In response to a DHS-sponsored focus group research project completed in the Summer of 2008 (“ABCs for Healthy Babies”), the RHBHF Program has begun efforts to establish support group sessions for pregnant and parenting women, women of child-bearing age, fathers, and other support persons. These group sessions will be located in community centers in the Racine community and will offer social support and education on a variety of health topics related to pregnancy, healthy births, and parenting.

In addition to offering the community-based group sessions, the RHBHF Program is assisting in the coordination of outreach to families for services such as BadgerCare Plus, the WIC nutrition program, the RHBHF Program or other appropriate home visitation programs, and recreational activities, etc. This outreach will be based at accessible points within the community, including community centers, by addressing numerous barriers that families encounter in accessing these services. Offering this help and support to families will provide a bridge to build rapport and trust with families, so that they may welcome future services in their homes as well.

The RIMC continues to provide education and awareness on the issue of the African American infant mortality rate in Racine. On September 6, 2008, the RIMC hosted its largest coordinated event within the community. The “Baby Expo” was a successful event comprised of interactive booths staffed by providers offering various supportive programs for pregnant women, parents, and children. An assembly of speakers, including a pediatrician, doula, family advocate, and parenting educator provided the audience with an array of insight and education.

Throughout the month of February, the RIMC is hosting three viewings of the PBS Series, “Unnatural Causes: When the Bough Breaks”, an award-winning documentary on African American infant mortality, to coincide with Black History Month. The events will provide a facilitator and discussion moderators to energize more community engagement and action to address the issues of the fetal and infant mortality in Racine.

Evaluate quality and effectiveness of services

The FIMR Project of Racine has been established for two years, and began conducting CRT meetings in March 2008. Initial findings of the review of the 2007 and 2008 fetal and infant deaths have indicated various causes of death such as: Sudden Unexpected Infant Death, maternal infections, Chorioamnionitis, prematurity, congenital anomalies, infant respiratory conditions, infant cardiac arrest, placental abruption, and stillborn/fetal demise, etc. Many of the women who experienced a fetal/infant death were in their twenties and had other risk factors, such as: smoking; previous fetal/infant loss; hypertension or uncontrolled diabetes; alcohol or drug use; stress; and sexually-transmitted infections.

The CRT includes representation from Wheaton Franciscan Healthcare – All Saints, UW Milwaukee College of Nursing, Wisconsin Division of Public Health, RIMC, the Racine County Medical Examiner’s Office, Racine County Human Services Department, Western Racine County Health Department, Caledonia/Mt. Pleasant Health Department and the City of Racine Health Department. As previously mentioned, an application for funds to sustain and transition the FIMR Project of Racine to the health department has been submitted. Other funding sources will also be explored.

The RHBHF Program has incorporated recommendations from many recognized sources including: the FIMR Project of Racine, the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes, and the ABCs for Healthy Babies focus groups in Racine.

It has also integrated principles and practices of nationally recognized models of home visiting including Parents as Teachers, Healthy Families America, and the Nurse-Family Partnership. In addition, its structure and design is similar to that of the Empowering Families of Milwaukee program, which is showing promising results in preventing poor birth outcomes in several central city zip codes in Milwaukee.

The ongoing partnership with Wheaton Franciscan Healthcare – All Saints and UW Milwaukee has been of great value to the City of Racine Health Department in the development of the RHBHF Program with the knowledge of current research findings and the provision of local medical care to families in Racine. This will help to build a collective approach to serving families who are in need of these intensive and comprehensive home visits.

UW Extension will serve as the professional development and training agency and will provide regularly scheduled trainings and workshops for all home visitors in the community, covering such topics as: Home Visitation Foundations, Ages and Stages/Ages and Stages: Social Emotional (developmental screening tools), Parents as Teachers curriculum, HOME Inventory, Great Beginnings, Cultural Competency, Poverty, etc.

Summary

The 2007 Wisconsin Act 20 - *Reducing Fetal and Infant Mortality and Morbidity* legislation has afforded the City of Racine Health Department the opportunity to begin to address and lessen the burden of fetal and infant mortality and morbidity in its locale. We anticipate that with these sustained efforts, birth outcomes will improve in Racine and that the RHBHF Program can influence the development of similar initiatives in other areas of the state with high rates of infant mortality.

Advances gained and projected:

- Continued collaboration with maternal and child health supportive programs in the Racine community who serve the target population.

- Increased community outreach and education efforts in conjunction with the Racine Infant Mortality Coalition.
- Creation of a comprehensive policy and procedure manual to direct this program and replicate as a model for other home visitation programs.
- Expansion of vital partnerships with healthcare providers, such as Wheaton Franciscan Healthcare – All Saints.
- Establishment of a standardized level of performance for all home visitation providers in Racine through the offering of appropriate trainings.
- Promotion of community wide action and advocacy.