



WISCONSIN LEGISLATIVE COUNCIL

INFANT MORTALITY

Beloit Memorial Hospital
Beloit, Wisconsin

October 13, 2010
10:00 a.m. – 4:10 p.m.

[The following is a summary of the October 13, 2010 meeting of the Special Committee on Infant Mortality. The file copy of this summary has appended to it a copy of each document prepared for or submitted to the committee during the meeting. A digital recording of the meeting is available on our Web site at <http://www.legis.state.wi.us/lc>.]

Call to Order and Roll Call

Chair Robson called the committee to order. The roll was called and it was determined that a quorum was present. Chair Robson welcomed the audience members to the meeting and briefly described the work of the committee. The committee members also introduced themselves and briefly described their areas of interest and concern.

COMMITTEE MEMBERS PRESENT: Sen. Judy Robson, Chair; and Public Members Ann Conway, Dr. Anne Eglash, Dr. Amy Falkenberg, Lisa Jentsch, Lorraine Lathen, Dr. Sheri Pattillo-Johnson, Richard Perry, Dr. Thomas Schlenker, Jacquelyn Tillett, Dr. Leona VandeVusse, and Cindy Weborg.

COMMITTEE MEMBERS EXCUSED: Rep. Cory Mason, Vice-Chair; Reps. Sandy Pasch and Sondy Pope-Roberts; Sen. Robert Wirsch; and Public Members Anna Benton, Dr. Tina Mason, and Mark Villalpando.

COUNCIL STAFF PRESENT: Mary Matthias and Rachel Letzing, Senior Staff Attorneys.

APPEARANCES: John Schlitt and Beth Jacob, Pew Home Visiting Program, Pew Center on the States, Washington, D.C.; Dr. Richard Perry, Beloit Community Health Systems; Angela Moore, Beloit Lifecourse Initiative for Healthy Families, and Marilyn Kilgore, Beloit African American Infant Mortality Coalition; Karen Cain, Health Officer, Rock County Public Health Department; Dr. Leona VandeVusse, Marquette University College of Nursing, and Jacquelyn Tillett, Director, Aurora Sinai Medical Center; Cindy Schlough, Director of Strategic Partnerships, Wisconsin Collaborative for Healthcare Quality; Mr Abdul Basir, M.D., March of Dimes, Wisconsin Chapter; Leslie Bridges, African American Infant Mortality Coalition; Marly Henry, AAIMC; Jonas Lee, Beloit Area

Community Health Center; Michael McCord, Community Action – Fatherhood; Evenly S. O’Kelley, AAIMC; Milton B. Thompson, Superintendent, School District of Beloit and Dr. Leland From, Beloit Memorial Hospital.

Approval of the Minutes of the September 22, 2010 Meeting

The minutes of the September 22, 2010 meeting were approved by unanimous consent.

Presentations by Invited Speakers

John Schlitt and Beth Jacob, Pew Home Visiting Program, Pew Center on the States, Washington, D.C

Mr. Schlitt and Ms. Jacob described the structure and purpose of the Pew Center on the States, which is a division of the Pew Charitable Trusts. The Pew Center (Center) advocates for evidence-based reforms in various state policy areas. Mr. Schlitt said there is compelling evidence that home visiting programs are effective in reducing infant mortality, premature birth and low birth weight. He described the attributes of successful programs and discussed data from various studies of home visiting programs. He provided information on the average costs of home visiting programs compared to the short-term and long-term costs of poor birth outcomes, and said economists have found that home visiting yields returns on public investments of up to \$5.70 per dollar spent. He also explained that home visiting programs reduce child abuse and neglect.

Ms. Jacob explained that the federal government will be providing funding to states for home visiting programs, and states will have to document the results of their programs to take advantage of the federal funds. She said the Center wants to serve as a resource to assist states that want to adopt a disciplined policy approach to home visiting allocation, administration, and accountability. She described the Center’s work on this issue in several other states, and said it will expand its work to more states in the coming year.

In response to a question from Chair Robson, Ms. Jacob said the federal government will produce a registry of approved home visiting programs for which federal funds may be used. Programs will be approved only if empirical data shows they are effective. She said Wisconsin will receive \$1.8 million in the first year of the program. The amount received by states is determined by a formula the first year, but in future years might be allocated on a competitive basis. Therefore it is important to document results of Wisconsin’s program.

In response to a question from Ms. Lathen, Ms. Jacob described the basic procedure for states to follow in setting up a home visiting program. She said Wisconsin has done a good job with the first step, which is to conduct a needs assessment. In response to a comment by Ms. Tillett, Ms. Jacob said it is important that care providers be given adequate funding to carry out a home visiting program. She also said that the Center has advocated with the federal government for increased funding for states to evaluate their programs, and is also working to find other sources of funding for this purpose. The federal government will be providing technical assistance.

Dr. Richard Perry, Beloit Community Health Systems; Angela Moore, Beloit Lifecourse Initiative for Healthy Families, and Marilyn Kilgore, Beloit African American Infant Mortality Coalition

Ms. Kilgore provided a synopsis of the history of the Beloit African American Infant Mortality Coalition and described the African American Health Fairs that the Coalition has sponsored. Ms. Kilgore commented that the Health Fairs are important because in many cases, an African American woman's general health is poor before she becomes pregnant. Ms. Kilgore said the Coalition is striving to get fathers more involved and to provide programs for them.

In response to questions from Dr. Perry and Dr. Johnson, Ms. Kilgore said it is important for health care providers to be trained in cultural competency because if a woman does not feel comfortable asking questions during an office visit, the health care will not be effective, or women might avoid health care all together, and birth outcomes will be affected. She said young African American women need an advocate to help them get what they need from their health care providers. Ms. Kilgore also said that the African American community is not generally aware that everyday stress may affect an unborn baby. She said many new mothers also need basic instruction on caring for a newborn, and some need to be encouraged to seek counseling if they are suffering from depression or other mental health issues. She also said that a lack of transportation makes it difficult for some women to get proper health care.

Ms. Moore described the process by which the Beloit Lifecourse Initiative for Healthy Families (LIHF) was formed, and said it would not have been possible if Ms. Kilgore had not first established the Coalition. She said the LIHF has 50 community partners and has a plan to get more people involved. She described the mission statement and structure of the LIHF. Ms. Moore agreed that the merger of the Beloit and Rock County health departments was a loss for the community, since the County Health Department conducted home visits for pregnant women, but the county does not.

Ms. Moore discussed the difficulty some women have accessing services, and suggested that a system navigator that would help people find services would be helpful.

Karen Cain, Health Officer, Rock County Public Health Department

Ms. Cain made a PowerPoint presentation which highlighted the increasing rates of infant mortality among African Americans in Beloit. She pointed out that infant mortality is only one symptom of perinatal health disparities. She said fetal deaths and poor health of mothers are also implicated. Ms. Cain provided a list of nine strategies to reduce infant mortality. She said case management, including home visits, is very important. She described Rock County resources available to address infant mortality and stated that providers need flexibility to bill Medical Assistance (MA) separately when several providers provide services to the same woman. She said Rock County does provide home visiting, which is modeled on the David Olds study that showed that damage done to a child while in the womb or early in life may have long-lasting negative effects.

Ms. Cain said that all of the Rock County public health nurses are Caucasian. She said the county needs African American and Hispanic nurses, since minorities are often uncomfortable when home visiting is done by only whites. She said the county's success rate in being allowed into African American homes for home visits is not very good. On the other hand, she said it would be problematic if they were more successful, since the county does not have enough funding to provide home visits to all women who are referred to the program. Ms. Cain said that although African American women may

have access to health care, the care they actually receive is not equivalent to that received by white women because of racism.

In response to a question, Ms. Cain said that although the county collects data on outcomes in the home visiting program, it is very time-consuming to enter the data and often the data requirements influence the objectives of the program.

The committee briefly discussed the overall funding of public health programs in the state and expressed concerns about possible cuts to that funding in the next state budget.

Dr. Leona VandeVusse, Marquette University College of Nursing, and Jacquelyn Tillett, Director, Aurora Sinai Medical Center

Ms. VandeVusse made a PowerPoint presentation entitled “Certified Nurse-Midwives: Changing Health Care for the Better.” She discussed the history of midwifery, the scope of practice of nurse-midwives and the differences between certified nurse-midwives and lay midwives. She said 97% of midwife-assisted births occur in hospitals. She said that midwifery prenatal care contributes to excellent birth outcomes and the quality of care is very high. She described how nurse-midwives collaborate with physicians and discussed issues related to hospital practice privileges for nurse-midwives. She said the use of nurse-midwives is increasing in Wisconsin, and provided a list of 10 suggested legislative actions related to nurse-midwives.

In response to questions, Ms. VandeVusse said physicians typically will not provide consultation services to a nurse-midwife without payment, but do not usually require these payments from other providers. She said hospitals should grant admitting privileges to nurse-midwives, and said legislation was introduced on this topic last session. She also discussed the Patients’ Compensation Fund and said since the number of nurse-midwives in the state is relatively small, it is difficult to determine the degree of risk involved in their practice and the appropriate level of contribution they should be required to make to be covered by the Patients Compensation Fund.

Ms. Tillett made a PowerPoint presentation entitled “Expanding the Midwifery Model of Care in Diverse Settings.” She addressed myths about midwifery and provided numerous statistics about the locations where midwives practice, the types of women they serve, and the outcomes of midwife-assisted pregnancies and births. She said nurse-midwife care is unique because it is more individualized and women are more active participants in their care. She described the Midwifery and Wellness Center at Aurora Sinai Medical Center, the Centering Pregnancy programs they sponsor at several high schools in Milwaukee, and future plans for the Center. She said the Center will be a site for the MA medical home pilot project. She discussed the positive effects of integrating midwifery into hospital practice. She also discussed challenges to midwifery, including a lack of recognition within the health care system, barriers to independent practice, and reimbursement issues. She said reimbursement rates are so low that in order to make a living a nurse-midwife may have to see a very large number of patients.

In response to comments, Ms. Tillett said there is only one freestanding birthing center in Wisconsin and that there are significant legal requirements that must be met by these centers since they are considered to be medical facilities. Ms. Conway commented that there may be federal funding available for birthing centers.

Cindy Schlough, Director of Strategic Partnerships, Wisconsin Collaborative for Healthcare Quality

Ms. Schlough made a PowerPoint presentation entitled “Community Leadership in Improving Healthcare in Wisconsin. In that presentation, she described the Wisconsin Collaborative for Healthcare Quality (WCHQ), which is a voluntary consortium of organizations working to improve the quality and cost-effectiveness of healthcare in Wisconsin. She explained that the member organizations, which include health systems, medical groups, hospitals and health plans, pay dues, while purchaser and strategic partners do not.

Ms. Schlough said WCHQ develops performance measures for health care services, guides the collection and analysis of data collected, publicly reports performance measure results and shares best practices of high performance organizations, enabling others to adopt successful models. She said health care providers have shown significant improvement in areas for which WCHQ has developed and implemented performance measures. She explained that the data collected by WCHQ tends to be rather technical and is designed for health care providers to use to improve their services.

Dr. Eglash commented that WCHQ has had a very positive impact on health care quality. She asked if it would be possible for WCHQ to focus on prenatal care and implement various measurements designed to measure the quality of prenatal care provided. Ms. Schlough responded that to undertake this endeavor, a source of funding would have to be located. Chair Robson encouraged WCHQ to look into development and implementation of performance measures that may have a positive impact on the infant mortality rate.

Public Hearing

Milton B. Thompson, Superintendent, School District of Beloit

Dr. Thompson said that improving birth outcomes and prenatal care is vital to the educational system because these very early experiences have a large impact on a child throughout his or her life, including negative impacts on school performance, which results in a cycle that keeps repeating itself. Dr. Thompson also discussed progress that is being made in establishing a school-based prenatal program in Beloit. He said getting parental approval for this type of program can be challenging.

Leslie Bridges, African American Infant Mortality Coalition

Ms. Bridges told the committee about her personal experience losing a grandchild to SIDS. Her grandson was only four months old when he died, and the entire family was heartbroken. She stressed the importance of reducing the rate of infant mortality and thanked the committee for its work. She also commented that when an infant’s parents are not married, the health care providers do not always include the father in the child’s care to the extent that they should.

Jonas Lee, MD, Beloit Area Community Health Center

Dr. Lee said that bad birth outcomes are caused by many factors beyond health care, which are related to institutional racism. He noted that it is difficult to measure and address these factors. He said that for health care to be effective, the patient must feel safe and comfortable in the medical setting. He encouraged the promotion of midwives and doulas. He said it is crucial to properly structure payment to

health care providers to incentivize good primary care and make it financially feasible for health care providers to spend more time with each patient.

In response to a question from Dr. Johnson, Dr. Lee pointed out that in his experience, nurses provide the majority of patient care, and he believes they would be open to receiving training in cultural competency. Dr. Perry commented that people at the highest levels of an organization must lead by example and show that cultural competency, and paying attention to the needs of patients, are priorities. He said the attitudes of all employees in the health care setting, including support staff, have an impact on how welcome a woman feels. Dr. Falkenberg said it is important for a woman to feel comfortable with her health care provider before she becomes pregnant, or she may not even seek care when she becomes pregnant.

Mir Abdul Basir, M.D., March of Dimes, Wisconsin Chapter

Dr. Basir made a PowerPoint presentation that provided information on the history and mission of the March of Dimes. He discussed birth defects and the causes and impact of premature birth. He described several evidence-based initiatives to reduce premature births that have been effective in other states, and said that North Carolina is a good model to look to for effective programs. He also discussed a list of eight specific recommendations for Wisconsin which the March of Dimes has developed.

Evelyn S. O'Kelley, African American Infant Mortality Coalition

Ms. O'Kelley described the Beloit community's reaction to learning that African American infant mortality rate was 3.5 times higher than the rate for whites. She said the community was activated and there is a dedicated group of volunteers ready to help with any effort. She urged the committee to address the issue and commented that infant mortality affects the entire community and efforts to address it deserve to be adequately funded.

Mary Henry, African American Infant Mortality Coalition

Ms. Henry described the efforts of the Coalition to raise public awareness of the infant mortality issue, and discussed its mentoring program and the annual Health Fairs. She said great strides have been made, but there's a long way to go, and the Coalition needs support from the state.

Dr. Leland From, Beloit Memorial Hospital

Dr. From thanked the committee for its important work and said there are many challenges ahead. He said Beloit Hospital wants to be involved in finding solutions to the problems discussed at the meeting.

Discussion of Committee Assignment

Ms. Lathen said lack of employment opportunities for African American men must be addressed, and African American men want to be part of the solution to and should be given that opportunity. She said they should be engaged when home visits are made.

The committee discussed issues regarding adjudication of paternity and the inclusion of a father's name on birth certificates.

Ms. Weborg noted that the Department of Children and Families (DCF) is the recipient of federal home visiting funds, and therefore the committee should ask a representative of DCF to speak. She also stated her support for the recommendations made by the March of Dimes.

Dr. Eglash discussed the importance of donor human milk and suggested the committee sponsor legislation to establish MA coverage for donor milk.

Dr. Murray Katcher provided information regarding the medical home pilot program and MA coverage of progesterone. He said Beloit is not currently included in the MA medical home pilot project.

Dr. VandeVusse said the use of nurse-midwives should be expanded since they are effective and affordable.

The committee discussed funding for the WCHQ to expand its work to include prenatal care in its assessments. Dr. Eglash expressed her strong support for pursuing this goal. Chair Robson suggested sending a letter to WCHQ expressing the committee's support for this concept.

Ms. Conway discussed the need for a good data system for prenatal care and said that data on ambulatory care is missing from the equation.

Other Business

There was no other business brought before the committee.

Adjournment

The meeting was adjourned at 4:10 p.m.

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