



WISCONSIN LEGISLATIVE COUNCIL

INFANT MORTALITY

Room 411 South
State Capitol

September 8, 2010
10:00 a.m. – 4:00 p.m.

[The following is a summary of the September 8, 2010 meeting of the Special Committee on Judicial Discipline and Recusal. 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.

COMMITTEE MEMBERS PRESENT: Sen. Judy Robson, Chair; Rep. Cory Mason, Vice-Chair; Sen. Robert Wirth; Reps. Sandy Pasch and SONDY POPE-ROBERTS; and Public Members Anna Benton, Ann Conway, Dr. Anne Eglash, Dr. Amy Falkenberg, Lisa Jentsch, Lorraine Lathen, Dr. Tina Mason, Dr. Sheri Pattillo-Johnson, Richard Perry, Dr. Thomas Schlenker, Jacquelyn Tillet, Dr. Leona VandeVusse, and Mark Villalpando.

COMMITTEE MEMBER EXCUSED: Public Member Cindy Weborg.

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

APPEARANCES: Sen. Fred Risser, Co-Chair, Joint Legislative Council; Terry C. Anderson, Director, Legislative Council; Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative; Cynthia D. Ferré, Pregnancy and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia; Dr. Murray Katcher, Chief Medical Officer, Bureau for Community Health Promotion, State Epidemiologist for Maternal and Child Health, Division of Public Health, Department of

Health Services (DHS); and Patrice Onheiber, MPA, Director, Disparities in Birth Outcomes, Division of Public Health, DHS; Dr. Patricia McManus, Executive Director, Black Health Coalition of Wisconsin, Milwaukee; Kathleen Pritchard, Ph.D., President and CEO, Planning Council for Health and Human Services, Inc., Milwaukee; and Dr. Gloria Sarto, M.D., Ph.D., Professor Emeritus, Department of Obstetrics and Gynecology.

Opening Remarks

Senator Risser and Representative Schneider welcomed the members and explained the purpose and history of Legislative Council committees and explained how the work of Legislative Council committees fits into the legislative process. Terry Anderson, Director of the Legislative Council, welcomed the members as well and discussed several administrative matters. He commented that Legislative Council committees typically reach a consensus or near-consensus when developing proposals, and he stated that committee members must be present to vote on any proposal taken up by the committee.

Vice-Chair Mason explained his interest in tackling the problem of infant mortality, and described a pilot project that he and Senator Lehman advanced in the 2007-09 Biennial Budget Act that is currently operating in Racine. He said that this project is currently reaching only 7-10% of the families at-risk and that this type of program needs to be expanded. He said that he hopes the committee can find not only additional resources but also policy changes that will enable more efficient use of current resources, programs, and personnel to improve birth outcomes in Wisconsin.

Introduction of Committee Members

The committee members introduced themselves and briefly described their involvement and interest in the issue of infant mortality.

Presentations by Invited Speakers

[All PowerPoint presentations are available for viewing at <http://www.legis.state.wi.us/lc>.]

Dr. Phil Farrell, M.D., Ph.D., Professor, Pediatrics and Population Health Sciences, UW School of Medicine and Public Health and Co-Chair of the Steering Committee for the Wisconsin Partnership Program for the Healthy Birth Outcome Initiative

Dr. Farrell made a presentation to the committee on African American infant mortality in Wisconsin. He said infant mortality is defined as death of a baby before his or her first birthday. He discussed the historical disparity in birth outcomes based on race in the state and described the genesis of the Wisconsin Partnership Program and its Lifecourse Initiative for Healthy Families (LIHF), which is being undertaken in Milwaukee, Beloit, Racine, and Kenosha. To aid in designing its strategy to combat infant mortality, the Partnership Program commissioned a study carried out by Richard Aronson, *Elimination of Racial and Ethnic Disparities in Birth Outcomes in Wisconsin*, which was released in February 8, 2008, and held a summit in May 2008 at Wingspread in Racine.

Dr. Farrell said the goals of the LIHF program are improved health status of African American women over the lifespan, improved African American infant survival and health, and elimination of

racial and ethnic disparities in birth outcomes. He explained the rationale behind the lifecourse concept, explaining that a woman's life experiences before pregnancy strongly influence the health of her children. Specifically, studies have shown a strong correlation between birth outcomes and the level of stress a woman experiences during the course of her life. He said that efforts undertaken to reduce infant mortality that are focused on the time after a baby is born are not very effective. He said the LIHF efforts are long-term, collaborative, embedded in the community, and respectful of cultures.

Dr. Farrell described the social and economic costs of premature and low birthweight babies. He said to reduce infant mortality among African Americans, the state must develop new strategies and policies for the benefit of African American maternal and child health and must devote more resources to create appealing opportunities for prenatal and infant care in the four communities most affected. He added that the state must also provide inter-conceptual care initiatives that include an educational component.

Dr. Farrell said that the committee should give high priority to addressing infant mortality in Milwaukee, since that is where the problem is the worst. He stressed that reducing infant mortality rates will require a sustained, long-term commitment of more resources and collaboration among many groups.

The committee discussed the length of time that may be needed to see any success in reducing disparities in birth outcomes and it was agreed that a sustained effort is needed. Senator Wirch commented that given the dire budgetary situation and current strong public sentiment against government spending, the community must be deeply involved in the effort. He stated that local governments could redirect some of their budgets towards public health. Ms. VandeVusse said nursing schools should also be involved in efforts to reduce infant mortality.

Dr. Patricia McManus, Executive Director, Black Health Coalition of Wisconsin, Milwaukee

Dr. McManus described her history of involvement in studies and programs focusing on health disparities and prenatal issues. She made a PowerPoint presentation to the committee on African American Infant Mortality in the City of Milwaukee.

Dr. McManus discussed the connection between African American citizenship status and health experiences from 1619 to 2006, and cited studies that show the relationship between maternal lifetime exposure to stressors, including interpersonal racism, and infant birth weight. She also discussed the elements of African American culture that should be considered when trying to address birth outcomes, and stressed the importance of family resiliency in coping with stress. She discussed the work of Michal C. Lu and said protective factors must be nurtured to overcome the negative effects of risk factors. She said that for at-risk populations, non-health concerns, such as those related to housing and food, are probably more important than health care in improving birth outcomes.

Dr. McManus described the Milwaukee Healthy Beginnings Project (MHPB) which has provided various services to pregnant women, infants, and their families in targeted populations in Milwaukee. The project provides home-based case management, health education, mental health, alcohol and other drug abuse, and domestic violence services by professionals and paraprofessionals. She said the program has shown success in reducing low birth weight, very low birth weight, and pre-term births among participants.

Dr. McManus made the following policy recommendations and stressed that in any program, engaging the community that is being served is paramount:

- Mandate HIV testing as a part of all prenatal panels.
- Provide funding for promising practices that serve pregnant women and their families in a culturally appropriate manner.
- Provide funding to state Healthy Start sites to increase capacity of services to at-risk populations.
- Allow existing funding that is aimed at improving birth outcomes to be used for a wider variety of costs to reduce the impact of social determinants on birth outcomes. For example, she suggested seeking Medicaid (MA) waivers that would permit the use of MA funds for the needs of a pregnant woman other than health care.
- Promote policies which reduce the barriers experienced by fathers who want to provide support to their families.

In response to a comment made by Mr. Perry, Dr. McManus agreed that gathering data is an important factor in developing successful policies and competing for grant funds.

Murray Katcher, M.D., Ph.D., Chief Medical Officer and Patrice Onheiber, MPA, Director, Disparities in Birth Outcomes

Dr. Katcher and Ms. Onheiber made a PowerPoint presentation entitled, *Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities*.

They discussed the biological, psychosocial, and environmental risk factors contributing to poor birth outcomes, as well as the protective factors that help counteract these risk factors. They stressed the importance of collecting and analyzing data to make good policy decisions, and described several Department of Health Services (DHS) programs that collect data, including data on social and economic determinants, the pregnancy risk assessment monitoring system (PRAMS), and the Fetal Infant Mortality Review (FIMR) project in Milwaukee, and presented data from these projects.

They described a number of infant mortality reduction efforts DHS is currently involved in with the Department of Children and Families and other partners, focusing on ABC's for Healthy Families, Journey of a Lifetime, text4baby, home visiting, Centering Pregnancy, the Racism and Fatherhood Action Learning Collaborative, and the Medicaid Healthy Birth Outcomes Medical Home Pilot. They described several aspects of the federal health care reform which may assist the state in improving birth outcomes.

Ms. Onheiber stressed that if not for the funding available through the LIHF program, there would not be sufficient funding available for the state to undertake any "macro-level" initiatives to improve birth outcomes.

Dr. Katcher and Ms. Onheiber made the following recommendations to the committee, which are described in further detail in the handout they provided to the committee.

- Continue programs that provide data to monitor progress.
- Sustain and expand social marketing and social-support programs, including fatherhood initiatives.
- Maximize use of health reform and other federal funds to expand home visiting to additional high risk areas; include birth outcomes and early childhood development in all home visiting projects.
- Continue to support the Medicaid Program efforts to improve the quality of health care for women at all stages of life.
- Extend the Medicaid Prenatal Care Coordination (PNCC) benefit beyond two months post-partum, and expand Child Care Coordination (CCC) to Kenosha and Beloit.
- Integrate health care delivery systems and providers into community coalitions at the local level. Consider policy changes that would strengthen the perinatal regionalization system.
- Develop and promote policies that promote and support breastfeeding.
- Improve hospital care at the time of delivery by requiring modeling and education of safe sleep, breastfeeding, car seat safety, as well as a mandatory scheduling of the maternal post-partum visit.
- Evaluate and continue expansion of the Medicaid Medical Home Pilot, if indicated.

When asked to prioritize these recommendations, Dr. Katcher said the most important thing is to put funding into the community so community members can be involved in providing needed services and the funding stays in the community.

Kathleen Pritchard, Ph.D., President and CEO, Planning Council for Health and Human Services, Inc., Milwaukee

Dr. Pritchard described her background as a political scientist and said that infant mortality is universally considered to be an indicator of a nation's respect for its people. She provided a PowerPoint presentation on the planning process and goals of the Milwaukee LIHF.

She said the goal of LIHF is to close the black-white gap in infant mortality in Milwaukee. The LIHF plans to achieve this by coordinating with existing social and medical programs, increasing public awareness, leveraging resources across all sectors, building coalitions, determining effective strategies to adopt, and creating an action plan.

Dr. Pritchard described the collaborative planning process undertaken by the Milwaukee LIHF and some early lessons learned in the planning process. She provided data on rates of infant mortality within the City of Milwaukee. She stated that more than proper prenatal care is needed to improve birth outcomes--social factors such as racism, segregation, unemployment, inadequate housing and education, urban stress, teen pregnancy, intergenerational trends, poverty, and social isolation also need to be addressed. She also said that the business sector of the community needs to be engaged.

Dr. Pritchard urged the committee to take advantage of available resources including federal and private funding, and provided a number of recommendations to the committee, including the following:

- Expand prenatal care through targeted outreach and interventions and expanded access to health insurance.
- Improve prevention and management of chronic diseases among pregnant women.
- Address issues beyond health care that impact birth outcomes.
- Expand access to comprehensive reproductive health and family planning services to reduce unwanted and closely spaced pregnancies.
- Build on family and community assets and recognize the critical role of male partners and family support.
- Replicate the Partnership Program LIHF model that utilizes the formation of a coalition and allows for sufficient planning time.
- Assure adequate long-term funding of efforts.

Dr. Gloria Sarto, M.D., Ph.D., Professor Emeritus, Department of Obstetrics and Gynecology

Dr. Sarto made a presentation entitled, *Reducing Infant Mortality Disparities in Wisconsin*. She described the work of the Infant Mortality Collaborative, which is conducting a study to determine the reasons behind the recent reduction in the infant mortality rate in Dane County. They hope to disseminate the findings to Racine and other communities and use them to improve birth outcomes elsewhere in the state. Dr. Sarto described the methods that will be used to study the Dane County improvements and said similar studies will be conducted in Racine to compare experiences of women in the two communities. She described the Healthy Families, Healthy Communities Survey that will be used along with other data collection methods. She said the collaborative will be investigating similarities and gaps in services, and geographic distribution of assets in the communities.

Cynthia D. Ferré, Pregnancy and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention, Atlanta, Georgia

Ms. Ferré made a PowerPoint presentation to the committee. She began her presentation with data on recent pre-term birth rates among racial and ethnic groups in the United States which show that, in general, pre-term births have been decreasing among whites but increasing among non-whites. She described federal initiatives to address racial and ethnic disparities in pre-term births. She discussed the negative health effects of pre-term births such as lung disease, vision and hearing impairment, developmental delays, cerebral palsy, chronic disease, and detailed estimates of the financial costs of these conditions that are borne by taxpayers.

Ms. Ferré said research shows stressors are an important cause of the high rates of pre-term births among African American women. Stressors such as economic difficulties and racism affect a woman's health through daily social interactions, not just acute life events, and a woman's decreased physical well-being during pregnancy is itself a stressor. She provided detailed examples of how

economic insecurity causes significant chronic stress for low-income women, and said that reducing poverty is a key factor in improving birth outcomes.

Ms. Ferré stressed that racial disparities result from many factors and many risks to healthy births cannot be solved through health care alone. Also, although prenatal care is important, there is a general consensus among researchers and health care organizations that to be effective in reducing disparities in birth outcomes, there is a need to act before pregnancy. She discussed the importance of community participation, leadership, political advocacy, and media involvement. She said society must be more supportive of pregnant African-American women, and described the “100 Acts of Kindness Towards a Pregnant Woman” campaign.

Discussion of Committee Assignment

Chair Robson invited committee members to make suggestions for future committee meetings.

Several committee members suggested that the committee hear from members of the community who have been served by various infant mortality reduction programs.

Dr. Eglash suggested looking into the connection between obesity and difficulties in breastfeeding, and suggested Wisconsin Partnership for Activity and Nutrition as a source for information.

Dr. Schlenker suggested reviewing Medicaid billing data to gather information on the influence of prenatal care and certain medications on birth outcomes.

Dr. Johnson asked for information on strategies or programs that have been successful in “undoing” racism, noting that the Kellogg Foundation may be a source for this information. She requested expert testimony on this topic.

Dr. VandeVusse urged the committee to consider the establishment of freestanding birthing centers such as the program in Washington, D.C., discussed by Ms. Ferré. She requested a speaker on this topic.

Mr. Perry stressed the importance of getting hospitals involved in the committee’s efforts and to get them involved in the work of federally qualified health centers. He said this would be a way for hospitals to help reduce the use of the emergency room as a source of care for low-income populations.

Ms. Lathan suggested focusing on programs that involve fathers, noting that there have been successful programs elsewhere which could be adopted here.

Dr. Falkenberg said there is a scarcity of mental health providers in rural areas of the state, particularly counselors and psychiatrists, who are willing to accept MA patients. She said the lack of mental health care has a negative impact on birth outcomes.

Vice-Chair Mason asked for statewide infant mortality statistics to help build support for efforts statewide and requested fiscal estimates for “building successful programs to scale” as suggested by DHS.

Other Business

The committee will meet again on *Wednesday, September 22, 2010, at 10:00 a.m., at the Racine Gateway Technical College, Campus Conference Center, Michigan Room (#113), 1001 Main St., Racine, Wisconsin.*

Adjournment

The meeting was adjourned at 4:00 p.m.

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