



WISCONSIN LEGISLATIVE COUNCIL

INFANT MORTALITY

Racine Gateway Technical College
Racine, Wisconsin

September 22, 2010

10:00 a.m. – 3:45 p.m.

[The following is a summary of the September 22, 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.

COMMITTEE MEMBERS PRESENT: Sen. Judy Robson, Chair; Rep. Cory Mason, Vice-Chair; Sen. Robert Wirch; Rep. Sandy Pasch; and Public Members Anna Benton, Ann Conway, Dr. Anne Eglash, Dr. Amy Falkenberg, Lisa Jentsch, Lorraine Lathen, Richard Perry, Dr. Thomas Schlenker, Jacquelyn Tillett, Dr. Leona VandeVusse, Mark Villalpando, and Cindy Weborg.

COMMITTEE MEMBERS EXCUSED: Rep. Sondy Pope-Roberts; and Public Members Dr. Tina Mason and Dr. Sheri Pattillo-Johnson.

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

APPEARANCES: Carole M. Johnson, Ph.D., Director, Local and Regional Community Programs, The Johnson Foundation at Wingspread; Sharon Schulz, Executive Director of the Racine/Kenosha Community Action Agency; Lena Cooksey, Secretary, PWNS-Racine/Kenosha Birthing Project; Chyvia Owens; Teresa S. Johnson, Ph.D., RN, Associate Professor, Executive Committee Vice-Chair, UW-Milwaukee College of Nursing; Pamela Smith, Program Coordinator, Kenosha LIHF Collaborative; and Dottie-Kay Bowersox, Health Officer, City of Racine Health Department; Soyntia West; Cindy Johnson, Health Officer, Kenosha County; Teri Hicks, Community Health Director, and Danielle Smith, Public Health Nurse Coordinator, City of Racine Health Department.

Approval of the Minutes of the September 8, 2010 Meeting

The minutes of the September 8, 2010 meeting were approved by unanimous consent.

Presentations by Invited Speakers

Racine Collaborative for Healthy Birth Outcomes: Carole M. Johnson, Ph.D., Director, Local and Regional Community Programs, The Johnson Foundation at Wingspread and Sharon Schulz, Executive Director of the Racine/Kenosha Community Action Agency

Ms. Johnson made a presentation regarding the Greater Racine Collaborative for Healthy Birth Outcomes (“the Collaborative”) and the Racine Lifecourse Initiative for Healthy Families (LIHF) project. She provided background information regarding the high African American infant mortality rate in Racine, specifically within five specific zip codes which also have high percentages of African Americans living below the poverty rate. Ms. Johnson discussed the history of the Collaborative, the role of the Johnson Foundation as the convening organization in partnership with the Racine/Kenosha Community Action Agency, the funding award from the Wisconsin Partnership Program and the \$10,000 Racine LIHF early implementation project grant awarded to the Professional Women’s Network Service (PWNS) for the Sister Friends component of Birthing Project USA. She noted that the goals of the Collaborative are to reduce African American infant mortality by 50% in five years compared to 2007 and to reduce African American pre-term births by 25% in five years compared to 2007. In order to achieve these goals, Ms. Johnson stated that the Collaborative recognizes that excellent prenatal care is critical but not sufficient; access includes feeling welcome, respected, and supported; that low and very low birth weight babies have serious social and economic costs, that sufficient resources are required to bring essential and proven services and programs to scale and to increase their efficiency, and that duplication of services and programs may be desirable in some cases.

Ms. Schultz described the operating principles and structure of the Collaborative. She noted that the Collaborative has formed three teams which have different tasks but all use the principles of the Lifecourse model. She explained that the process is collaborative and noted that people move between groups and that people are welcome to join and contribute to the process at any time. She introduced Ms. Lena Cooksey, Secretary, PWNS-Racine/Kenosha Birthing Project.

Ms. Cooksey explained the Sister Friends program that PWNS operates with assistance from an LIHF early implementation project grant. Ms. Cooksey described the background of the program and the program’s connection to and involvement with Birthing Project USA: The Underground Railroad for New Life. She described the types of support the Sister Friends provide to their “little sisters.” Ms. Chyvia Owens, who is eight months pregnant, shared her experiences as a “little sister” in the program and stated that the program has been a wonderful and worthwhile experience.

Ms. Johnson concluded this presentation with a series of policy recommendations. She stated that the Collaborative supports the recommendations made by Pat McManus and Kathleen Pritchard at the committee’s September 8, 2010 meeting and, in addition: (1) endorses and supports community or regional fetal and infant mortality review (FIMR) because the data and information gleaned is valuable in understanding and addressing infant mortality; (2) recommends connecting data and service systems in the state in order to eliminate redundancy, increase efficiency and effectiveness of service delivery, decrease costs, and decrease stress on those needing assistance, and noted that the Illinois Cornerstone

data and information system is an example of this type of system; and (3) recommends providing transportation for pregnant mothers in addition to the current Medicaid (MA) payment which covers transportation to prenatal appointments.

The committee discussed more details of the Sister Friends program, examples of information silos and duplication of services, barriers to flexibility and coordination in MA and the prenatal care coordination (PNCC) program, and lack of coordination between state data systems.

Wheaton-Franciscan's Fetal and Infant Mortality Review (FIMR) Project of Racine: Teresa S. Johnson, Ph.D., RN, Associate Professor, Executive Committee Vice-Chair, UW-Milwaukee College of Nursing

Dr. Johnson stated that Ms. Malnory was unable to present to the committee today.

Dr. Johnson explained the history of the FIMR of Racine and noted that the process of creating the FIMR began in August, 2006. She stated that FIMR reviews were conducted from March to December 2008 and that at the time the project was to be transitioned to another agency there was a good level of community representation in the project. She stated that although the intent was to transfer the program to the City of Racine Health Department, this transition did not occur. The Racine FIMR project also lost funding in May 2009 so no additional data has been collected. Dr. Johnson noted that quantitative results of the Racine FIMR reviews include findings that primarily women in their 20's, on MA and living in the 53403 and 53404 zip codes had the highest frequency of fetal/perinatal losses and that over 25% of women who experienced fetal or infant losses experienced chorioamnionitis. Dr. Johnson explained that qualitative interviews revealed a mismatch of parental perceptions between actual and perceived quality of care, the importance of contextual factors such as neighborhood safety, poverty, and stress; and that access to health care is an interrupted, confusing process in which there are a limited number of providers and a lack of continuity between pre-and interconception care. Dr. Johnson recommended engaging women and families before, during, and after pregnancy and optimizing communication and planning between health care providers and patients.

The committee discussed the differences between a FIMR conducted as academic research, which must be reviewed by a medical or institutional review board (IRB) designed to ensure the rights of persons who participate in research studies, and a FIMR conducted as a public health project which would not be subject to an IRB requirement, and the level of public awareness about Racine's infant mortality rate.

Pamela Smith, Program Coordinator, Kenosha LIHF Collaborative

Ms. Smith explained the evolution of the Kenosha LIHF project, which has its roots in the delegation formed by the Black Health Coalition of Greater Kenosha, the Kenosha County Department of Health and United Way of Kenosha County. She described a town hall meeting with Department of Health Services Secretary Timberlake, the origins of the Kenosha Medicaid Navigator and the establishment of a Wisconsin Partnership Program oversight advisory committee for the LIHF Kenosha project which incorporates the Lifecourse framework. Ms. Smith described the Mom Baby Talk program, an early implementation program of the LIHF project, which provides group education and support for pregnant and new mothers. Ms. Soyntia West told the committee about her positive experiences as a participant in the Mom Baby Talk program.

Ms. Smith introduced Ms. Cindy Johnson, Health Officer for Kenosha County. Ms. Johnson emphasized the importance of data, group support settings, community involvement and state assistance in identifying private funding and partnerships for infant mortality efforts.

Dottie-Kay Bowersox , Health Officer, City of Racine Health Department

Ms. Bowersox stated that the high infant mortality rates in Racine are the byproduct of complex social problems, including racism and poverty, and noted that long term solutions to infant mortality will emerge as governments and society begin to address these injustices. She introduced Ms. Teri Hicks, Community Health Director, City of Racine Health Department, and Ms. Danielle Smith, Public Health Nurse Coordinator, City of Racine Health Department.

Ms. Hicks stated that the Racine Healthy Birth Healthy Families program was created in 2007 and has allowed the City of Racine to develop a home visiting program to prevent adverse birth outcomes in the African American population who live in five zip codes. She explained that Racine decided to use public health nurses for the home visits because data supports this approach and that because the public health nurses advocate for and empower their clients, this creates a positive relationship which is essential to the quality of the home visit. Ms. Smith described her recent experience with, and efforts to advocate for, a high risk client. Ms. Hicks and Ms. Smith stated that providing more transportation options for pregnant mothers, having more health care providers who accept MA, and decreasing the duplication of services to the same clients would all be helpful to their work.

Public Hearing

Nicole Urquardt, Baby Express, Racine, described a new transportation service that will be funded by the Racine County Human Services Department for pregnant women and children that receive Medicaid Title 19.

Tiniesha Griffin, Racine Focus Group Leader, ABCs for Healthy Families, Racine, described her experiences as a support circle participant and focus group leader in the ABCs for Healthy Families program, her involvement in other community efforts to reduce infant mortality and the positive changes she has made in her life since becoming involved in these efforts.

Wayne Clingman, Racine, emphasized the need for better quality, locally produced food in his neighborhood, and asked the committee to support efforts to utilize vacant city land as agricultural gardens.

Daryl Carter, ABCs for Healthy Families, Racine, described his involvement in local efforts to reduce Racine's infant mortality rate and emphasized the importance of involving men and fathers in infant mortality efforts.

Alanna Brown, ABCs for Healthy Families, Mequon, described her experience as a facilitator for the mothers support circle in the ABCs for Healthy Families program in Milwaukee and Racine and her involvement in the Journey of a Lifetime Campaign.

Discussion of Committee Assignment

Committee members discussed the data request submitted by Dr. Schlenker. Dr. Schlenker explained the importance of obtaining the Medicaid and vital statistics data outlined in his request and noted that it is especially important to obtain information regarding very premature births because these births drive the infant mortality rate and prenatal care information included in vital statistics can be meaningful in predicting birth outcomes. Vice Chair Mason noted that if the committee is going to request changes to MA and PNCC rules to allow more flexibility, require more information sharing between programs and cut “red tape,” the committee will need to demonstrate the cost savings of this approach. Dr. Schlenker stated that while the linked data he is requesting may be difficult for DHS to provide, it will be very important to have. Ms. Lathan expressed support for getting the cost benefits and savings data in Dr. Schlenker’s request, but cautioned that not everything about infant mortality is related to health and prenatal care are not the only factors to be considered when studying infant mortality.

Several committee members requested information about other states’ infant mortality efforts.

Vice-Chair Mason noted that it may be possible to ask the LaFollette School of Public Affairs at the University of Wisconsin-Madison to conduct the cost benefit analysis outlined in Dr. Schlenker’s request. Patrice Onheiber, DHS, stated that DHS is already working on parts of this request. Dr. Murray Katcher, DHS, cautioned that some items in Dr. Schlenker’s request are not as easy to compile as it may appear, but that DHS will continue to work on this request. Chair Robson stated that the committee will send a letter to Secretary Timberlake requesting the data included in Dr. Schlenker’s request.

Several committee members expressed interest in hearing more about the Cornerstone program in Illinois. Mr. Katcher noted that the committee should consider whether it would be timely to implement a system like Cornerstone in light of impending changes to electronic records and data systems anticipated as a result of the federal health care reform bill. Vice-Chair Mason stated that it would be worthwhile hearing about Cornerstone, at which point, the committee could decide how to proceed.

Vice-Chair Mason stated that it would be helpful to hear more about the MA program from DHS at a subsequent meeting.

Ms. Lathan expressed an interest in hearing more about improving social conditions and opportunities and noted that the committee may need to consider reallocating funding among programs.

Chair Robson noted that it would be helpful to hear from an obstetrician regarding perinatal infections, since these infections are tied to poor birth outcomes.

Dr. Eglash noted that it may be helpful to learn more about the Wisconsin Collaboration for Health Care Quality, which maintains a website that ranks hospitals, to know whether they include prenatal care as a performance measurement.

Other Business

Chair Robson announced that the committee will meet again on *Wednesday, October 13th, at 10:00 a.m., in the auditorium at Beloit Memorial Hospital, 1969 Hart Road, Beloit, Wisconsin.*

Adjournment

The meeting was adjourned at 3:45 p.m.

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