



LIHF

Lifecourse Initiative
for Healthy Families
Milwaukee

2016

Policy Brief

Purpose

The purpose of the Milwaukee LIHF Collaborative Policy Brief is to inform elected officials and agency leaders of policies, programs, and strategies that will reduce infant mortality and premature birth rates, and support healthier and stronger women, children, families and communities.

Summary

The City of Milwaukee's infant mortality rate is worse than that of 77 countries across the globe, including Cuba, Libya, and the Ukraine.¹ The #1 contributing factor to infant deaths, by far, is premature birth.² Well over 100 babies die each year before their first birthday in Milwaukee County alone.

- There were 3,352 premature babies born alive in Milwaukee from 2009 through 2011. The total cost of prematurity for these babies was over \$216 million more than if they had born at term.³ Just over 2,100 in state students could attend UW-Madison for four years with the money currently spent on costs associated with prematurity.

- United Way of Greater Milwaukee & Waukesha County serves as the backbone agency for the Milwaukee LIHF Collaborative. We convene stakeholders from the affected communities, business, nonprofit and public sectors to identify a shared vision and implement through strategic partnerships.

Goals & Strategies

- In 2011, the City of Milwaukee set a goal to reduce the infant mortality rate by 10% and the African American/Black infant mortality rate by 15% by 2017.

- Milwaukee LIHF Collaborative has three interconnected goals: (1) expanding health care access over the lifecourse of parents and children; (2) strengthening father involvement; and (3) reducing poverty and environmental stress.

¹ Ngui E, Michalski K, Mark E, Paine L, Stanley M, Gathirimu J, and Swain GR. 2013 Milwaukee Fetal Infant Mortality Review Report. City of Milwaukee Health Department, February 2014.

² CDC data, 2006-2008.

³ Ngui E, Michalski K, Mark E, Paine L, Stanley M, Gathirimu J, and Swain GR. 2013 Milwaukee Fetal Infant Mortality Review Report. City of Milwaukee Health Department, February 2014.

Issue

Infant mortality is an internationally recognized indicator of how well a society ensures the health of its people. In 2013, 14,011 babies were born in Milwaukee County (10,021 of those were born in the City of Milwaukee), while 147 died before their first birthday. 117 of those deaths were in the City of Milwaukee.⁴ Milwaukee's African American/Black infant death rate is more than 3 times the White rate, and over 13% of African American/Black infants are born preterm, which is more than 50% greater than for Whites. Despite improvements in medical technology, prenatal care, perinatal care, newborn

care, and maternal care, racial disparities for birth outcomes remain both significant and persistent.⁵ In addition, there is substantial evidence that ensuring a healthy start for more children will lead to better health, education, and economic outcomes for them later in life.



14,011 BABIES BORN IN 2013

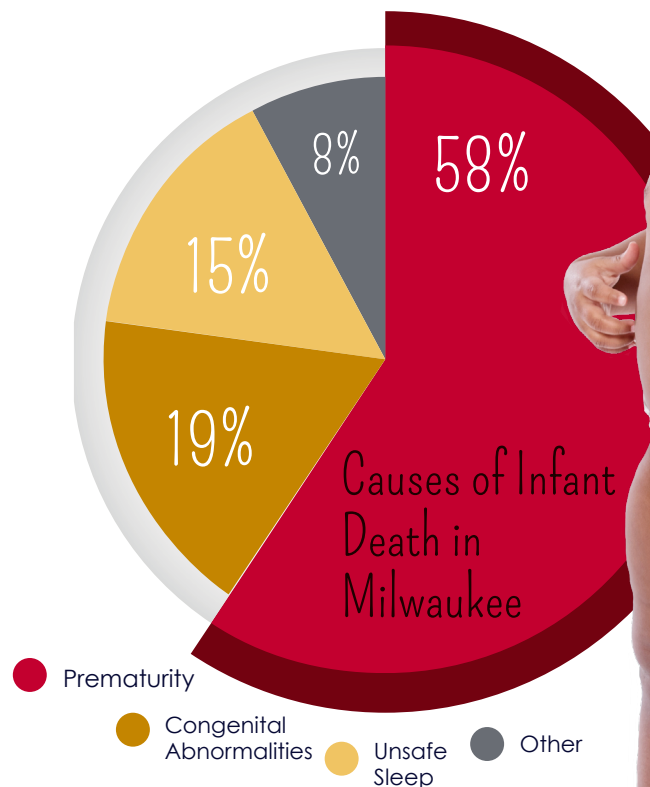
147
Infant Deaths
Before their **first** birthday

⁴ Center for Urban Population Health. Secondary Data Report. A summary of secondary data sources related to health in Milwaukee County. Health System Members of the Milwaukee Health Care Partnership, 2015-2016.

⁵ City of Milwaukee Health Department, February 2015

Background

The Milwaukee Fetal Infant Mortality Review (FIMR) report summarizes what is known about Milwaukee's stillbirths and infant deaths, and identifies several key factors that contribute to infant mortality in Milwaukee. We used these findings to help inform efforts to reduce infant mortality and eliminate the associated racial and ethnic disparities.



The most common causes of infant death in Milwaukee are:

1

• **Complications of prematurity:** Nearly 60% of all infants die because they were born too soon. Prematurity increases the risk of health complications that lead to infant mortality.

2

• **Congenital abnormalities and related complications:** Nearly 20% of infant deaths were related to congenital abnormalities. Many congenital anomalies are not preventable, but some are preventable with appropriate prenatal care and use of folate-containing prenatal vitamins.

3

• **Unsafe sleep-related causes:** including Sudden Infant Death Syndrome (SIDS), overlay, or accidental suffocation. Nearly 15% of infant deaths were sleep-related. Prematurity increases the risk of sleep-related infant deaths.

Preventing Prematurity

Because nearly 60% of infant deaths are associated with prematurity, our greatest opportunity to improve birth outcomes is to focus on preventing it. With improved access to health care before, during, between and after pregnancy we can help identify and manage some of the conditions that contribute to premature birth. Even babies born just a few weeks early are at increased risk for death and disability.

However, high infant mortality

rates and high preterm birth rates are indicators of a much greater problem. In order to influence the birth outcomes in a community, one must improve the conditions that contribute to poor health. Our strategic approach to positively influence birth outcomes includes improving social and physical environments and enhancing educational, vocational, and financial opportunities for families to give them a better chance to be and remain healthy before, during and after their childbearing years.



Preventing prematurity is in the best interest of the public.

There are many factors that increase the likelihood that a woman will give birth to a preterm baby, including:

1

Spacing

- Having close interval pregnancies (pregnancies that are less than 12 months apart). This can be prevented in large part by appropriate access to quality preconception and interconception care.

2

Illness and Infection

- Having had a previous preterm baby, untreated infection (e.g., urinary tract infections, dental infections, or sexually transmitted infections) and/or poorly managed chronic conditions (e.g., diabetes, high blood pressure, obesity, and smoking) or mental illness. These can be addressed in large part by assuring early, high-quality prenatal care for all women.

3

Chronic Stress

- Having high levels of chronic stress, particularly without adequate resources to deal with that stress. This is why improving social and physical environments and enhancing educational, vocational and financial opportunities for families is so important.

Addressing the Lifecourse Perspective

The Lifecourse perspective is an approach that recognizes the linkages of socioeconomic status, race, health, stress, nutrition and environmental factors that impact a person's health over a lifetime.⁶ This approach suggests that in order to deliver strong, healthy babies, we need strong, healthy women, men, children, families and communities. Program models and interventions that embrace the Lifecourse perspective are more likely to have a positive impact on health and birth outcomes.

Inequities in health and health care contribute to higher rates of preterm birth among different racial and ethnic groups. The effects of chronic stress experienced by African American/Black women over the lifespan result in cumulative decline in physical health. This health and wellness decline impacts her ability to have a healthy pregnancy and healthy baby.

Health starts long before illness; it begins in our homes, schools and jobs. Historically, African Americans/Blacks have experienced circumstances that limit their opportunities for good health. Setting a fair and adequate baseline for all people to experience thriving health and quality of life will reduce the disparity in birth outcomes while improving health and maximizing opportunity for everyone.

⁶ Being Black is Not a Risk Factor: Statistics and Strengths-Based Solutions In the State of Wisconsin, Black Child Development Institute Milwaukee

Strategies for Reducing Infant Mortality and Strengthening Families and Communities

The Milwaukee LIHF Collaborative has three interconnected goals; (1) expanding health care access over the lifecourse of parents and children; (2) strengthening father involvement; and (3) reducing poverty and environmental stress.

Expanding Health Care Access

Everyone deserves excellent health care. Health care systems must expand access to high quality care over the lifecourse to ensure that families are healthy at every age and every stage. Our strategies to expand access to health care include: securing coverage and reducing financial barriers, increasing access and utilization of primary care, prenatal care, preconception care, and interconception care, increasing access to specialty care and improving cultural agility of providers and patient navigation.

Focusing on Fatherhood

In addition to a focus on prenatal services and medical care for the pregnant woman, it has become clear that we need to improve the relationships in the family that contribute to elevated environmental stress. For pregnant women, it is vital that the father's stress is reduced as well and that he can be a positive support for mother and child. We therefore include supporting fathers as a critical approach to improving birth outcomes.

Reducing Poverty and Environmental Stress

Improving social environmental conditions that increase chronic stress such as domestic and neighborhood violence, poor access to affordable, quality housing and child care, unemployment and poverty will reduce women's risk for preterm birth and low birth weight babies. Investments in these areas are important. Pregnant women who are

under chronic stress are at increased risk for premature and low birth weight births. Neighborhood violence is a significant driver of chronic stress. Establishing social norms that make violence unacceptable, changing community conditions that contribute to violence, and connecting residents to services are all methods to prevent violence.

Reducing poverty also contributes to eliminating environmental stress. When considering poverty solutions, it is important to recognize that there are three major groups of poor adults —the poor who are disabled and unable to work, the poor who are unemployed but seeking work (many of whom have barriers to employment that can be addressed by policy change), and the working poor. Substantial reductions in poverty requires a focus on all three groups.

Local Policy Recommendations



Transportation and Infrastructure

- Expand and maintain mass transit and high-quality, affordable transportation services to provide access to health services and employment opportunities
- Adopt an Equity Impact Model and use assessment tools to ensure that infrastructure resources are targeted to high-need, low-income communities of color and bring tangible benefits to their residents



The Milwaukee LIHF Collaborative has worked together to identify recommendations that were desirable, viable and feasible for our action agenda.



Housing

- Improve access to affordable housing that supports families, mothers, fathers, and babies
- Adopt a "housing first" approach to reducing homelessness
- Address the eviction epidemic by increasing access to legal representation to ensure families have safe and stable housing
- Promote smoke-free housing policies and education for families to maintain smoke-free homes.



Employment

- Expand employment opportunities and engage in local talent retention strategies
- Increase funding for transitional jobs and apprenticeships (e.g., Compete Milwaukee, UpLift Milwaukee)
- Adopt and expand “fair chance” hiring policies that include banning the box and enact a robust set of fair hiring policies to ease employment barriers
- Utilize the Equitable Hiring Tool from the City of Madison’s Racial Equity and Social Justice Initiative
- Adopt living wage ordinances to better support the needs of working families
- Ensure fair hiring, equal pay, and equitable promotion opportunities for mothers within the city and county municipal workforce



Equity & Inclusion

- Formalize coordination of city and county African American/Black programming efforts, including the Milwaukee County Office of African American Affairs and the City of Milwaukee Black Male Achievement initiative
- Engage with the Government Alliance on Race and Equity and PolicyLink’s All In Cities initiative which have additional resources available
- Require health impact assessments on all new proposed city and county ordinances
- Support the enhancement of existing community and patient navigation resources (e.g. 2-1-1)

Policy Recommendations for City of Milwaukee

- Increase support for City of Milwaukee Health Department programming including home visiting, STI/HIV services, immunizations, pregnancy testing, and WIC
- Provide adequate balance of public health and safety in the Public Safety Committee
- Enforce stringent licensing requirements to encourage the growth of positive neighborhood businesses
- Ensure the Heroin/Opiates Initiative addresses the unique challenges that substance abuse and addiction present for pregnant women and mothers
- Pass a resolution that the City will adopt and Equity Impact Model

Policy Recommendations for Milwaukee County

- Improve care navigation in the Behavioral Health Department
- Support funding and evaluation of the Behavioral Health Department Access Hubs and ensure that appropriate resources are available for pregnant women and mothers
- Support Family Drug Treatment Court and Healthy Infant Court
- Develop the East-West Bus Rapid Transit to provide access to health services and employment opportunities

Notes

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from the Wisconsin Partnership Program.



LIVE UNITED



**Greater Milwaukee
& Waukesha County**