

*By taking the life course approach, Wisconsin's ABCs for Healthy Families created a holistic and multi-pronged strategy to reduce African-American disparities in infant mortality outcomes.*

In 2004, Wisconsin met the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births for white infants, but its rates for African American infants were 19.2 per 1,000. The result was a black-white infant mortality disparity ratio of 4.3—nearly twice the national ratio. The Wisconsin Department of Health Services (WDHS) realized a paradigm shift was needed to address these troubling statistics, so it took several positive and effective steps to redesign its maternal and child health program under a Life-Course framework, with a focus on stress and discrimination. The life course framework conceptualizes birth outcomes as the culmination of not only the nine months of pregnancy, but also the mother's entire life course before the pregnancy.

### Steps Taken:

- In 2006, the health department formed a Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes. This committee was established to advise WDHS and promote the strategies of the Framework for Action. Workgroups on communication and outreach, data, evidence-based practices, and policy and funding submitted recommendations in 2009. A [website](#) was created and town hall meetings were held to raise awareness, monitor progress, and promote best practices. The focus of these recommendations was to improve birth outcomes among African American infants in Milwaukee, Racine, Kenosha, and Beloit, where the highest number and rates of infant deaths occur.
- One element of WDHS' overall approach to reducing health disparities in infant mortality was creating [ABCs for Healthy Families: A Social Marketing Campaign for the Integration of the Life-Course Perspective](#). The campaign, which was funded by HRSA, focused on using social marketing to promote the life course approach to improving African-American birth outcomes in Milwaukee and Racine, the communities that had the highest number and rate of African-American infant deaths in the state.
- Project staff, in collaboration with Jump at the Sun Consultants, LLC, conducted community surveys to determine the social marketing materials' focus. The surveys confirmed that experiencing racism contributed to African-Americans' stress in these communities. When asked about their experiences of racism in nine types of situations, 95 percent of respondents reported racial discrimination in at least one domain, with 19 percent reporting having experienced racism in all categories. In many categories, men were more likely to report having experienced racism than women, emphasizing the importance of including men in project efforts and outreach.
- The goals of the social marketing campaign were to increase knowledge and improve individual behaviors and community resources to address infant mortality in African American communities. The social marketing campaign included billboards, radio and newspaper advertisements, letters to the editor, posters, booklets, brochures, MySpace and Facebook pages, text messages, and email blasts. A slide deck with video was developed for life course trainings and presentations, and reproductive life action plans for mothers and fathers were developed for support circle participants, who were part of the pilot study. Support circles were recruited through the community to provide feedback on messaging. Messages from the social marketing campaign focused on stress reduction messages, such as, "I deal with stress in ways that don't stress my baby."

- The *ABCs for Healthy Families* dovetailed with the Racism and Fatherhood in Milwaukee project. Kellogg Foundation’s Partnership to Eliminate Disparities in Infant Mortality—a collaboration of Association of Maternal & Child Health Programs, CityMatCH, and Healthy Start—funded WDHS to be part of a learning collaborative to look at the impact of racism on infant mortality. The project examined the barriers that African-American men face in their role as fathers. The WDHS team’s strategies were:
  - Implement a community education plan to engage the community in understanding and addressing racism.
  - Develop a “train the trainers” pilot project to coach men to serve as ambassadors in the communities with an understanding of racism’s impacts, health, and ways to help facilitate and support healthy behaviors.
  - Address the negative portrayal of men of color in the media throughout our community.
- The state Maternal and Child Health Program provided training to local health departments on the life course framework and developed resources for the local health departments to provide training to their partners. Resources included the [CityMatCH life course game](#); a website with links to key articles, presentations, and toolkits; a train-the-trainer presentation with a script; and a sample agenda for community presentations.

### Results:

- In 2010, the African-American infant mortality rate declined to 14 deaths per 1000 live births in Wisconsin from 19.2 in 2004. Although more analysis will be needed to determine the role that the program played in this outcome, WDHS says that the state leadership’s continuing support and community partnerships were critical to the decline in infant mortality.
- As a sign of growing momentum on this issue, the University of Wisconsin School of Medicine and Public Health funded the \$10 million multi-year Life course Initiative for Healthy Families to work on infant mortality in the four communities with the highest rates of poor birth outcomes: Milwaukee, Racine, Kenosha, and Beloit. Half of the projects focus on strengthening father involvement in African-American families.
- The statewide advisory committee still meets at least once or twice a year to track progress.
- In addition to the fatherhood work, Wisconsin developed the Wisconsin Healthiest Women Initiative that includes pre-conception care.
- A newly funded Kenosha Life course Initiative for Healthy Families project will conduct community assessments and action plans to address health disparities and racism.

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### Lessons Learned:

- The life course approach trained Wisconsin to look at women’s health holistically, and not just focus on clinical care. It is changing practice to create a supportive environment for women. Consider adopting a life course approach for your maternal and child health programs.



## Wisconsin Fights Against Disparities and Inequities in Infant Mortality

- To make a difference, public health cannot work in silos. Intervention has to happen at different locations and points in people's lives. Collaboration is critical for this.
- State leadership's continuing support of eliminating racial and ethnic disparities in infant mortality helped with the program's success and growth, as mentioned above. Use your leadership position to elevate health equity and disparities issues in your state.
- By focusing on the effects of intergenerational context of stress and racism on health, DHS staff has a better understanding of these issues. Provide opportunities to have these difficult discussions.
- Look at other opportunities to train and raise awareness of racial and ethnic disparities in infant mortality. Conduct town hall meetings to show the documentary, *Unnatural Causes*, to train others to understand the impact of health inequities.

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