

Grantee: Black Health Coalition of Wisconsin, Inc. (BHC)
Project Name: Milwaukee Healthy Beginnings Project (MHBP)
Project Grant Number: H78MC00020

HEALTHY START IMPACT REPORT
Perinatal Depression
PHASE III
June 1, 2001 – May 31, 2006

Introduction:

The Black Health Coalition of Wisconsin, Inc. (BHC) developed the Milwaukee Healthy Beginnings Project (MHBP) in March 1998 as part of the Healthy Start Initiative Phase II. The overall goal of MHBP is to decrease infant mortality and to improve maternal and infant health in the MHBP Project Area and the City of Milwaukee as a whole. The MHBP model uses the strengths of the various stakeholders in the community to form a partnership designed to maximize the skills and expertise of each. The stakeholders include; consumers, community based organizations, healthcare for the homeless projects, community health centers, hospitals, nurse managed clinics, local and state health departments, etc.

With Phase III of the Healthy Start Initiative, MHBP has taken what it has learned in the first two and one-half years to continue to develop a seamless system of service for Milwaukee's most at-risk pregnant women, their infants, and families.

The Project Area consisting of twelve (12) zip codes continued to:

1. To operate the Perinatal Health Program in the Milwaukee County Jail including; case management, health education, depression screening and domestic violence, and AODA and mental health screening, referral and treatment;
2. To operate the Fetal Infant Mortality and Review Project (FIMR) that includes the entire city of Milwaukee;
3. To provide targeted case management to uninsured incarcerated women and undocumented Latino women;
4. To provide health education and depression screening to pregnant Latino women; and
5. To maintain access to prenatal care for undocumented and at risk pregnant women by providing enhanced clinical services funds.

MHBP is a unique collaboration between the local health department, State Title V, community providers and the consumer of the services. During the four years of Phase III, MHBP has continued the success it achieved in its first phase of operation in identifying pregnant women and getting them into early and consistent prenatal care; improving the birth outcomes of high risk infants; enhancing the knowledge of consumers; and developing the leadership role of consumers in health policy issues at both the local and state level.

I. Overview of Racial and Ethnic Disparity Focused on By Project

Since the inception of the Milwaukee Healthy Beginnings Project (MHBP), the project has focused on two primary population groups: 1) African American pregnant women and their infants, and 2) Undocumented Hispanic pregnant women and their infants. African Americans in the City of Milwaukee have had a

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historical disparity in black and white infant mortality rates. It has ranged from 1.8 to 3.5. The Hispanic rate has not been as bad, but Milwaukee is having a tremendous increase in the number of undocumented Hispanic women in the city. As stated, their numbers are not as bad as African American, but in the project area, which contains the poorest zip codes in the city, Hispanics tend to have higher rates than in the rest of the city. In year three of this phase, MHBP became acutely aware of the need to target white women in the project area as well. Their infant mortality numbers would also seem to climb higher at times than the rest of the city.

II. Project Implementation

Depression Screening and Referral – In 2000, the MHBP received a special grant to provide perinatal depression screening and referral to high risk pregnant women in the project area. The two identified groups: 1) pregnant women who are incarcerated in the Milwaukee County Jail and 2) undocumented pregnant Latino women. The CSD was used prenatally and the Edinburgh was used post-partum. Because of the transient nature of many of the women, it was difficult at times to get a post partum screening on these women at the beginning. This has improved over the five years of the programs.

The first three years of the grant MHBP contracted with the Sixteenth Street Community Health Center which is a FQAC that serves predominately a Latino underserved population. The Health Center also has a behavioral health clinic. The grant paid for a staff person to coordinate the screening and referral. The Sixteenth Street terminated its contract with MHBP after the third year. There was some difficulty in getting the agency to conform to the requirements of the grant. MHBP attempted to have another Latino agency recruit and screen pregnant Latino women, but it did not work out. Since that time, MHBP has contracted with two clinical sites that have a significant Latino population. However, by that time the grant was concluded. Funding left over from the grant was used to continue mental health and AODA services to incarcerated women for the fifth and final year.

MHBP has had a case manager in the jail since 1998. MHBP subcontracts with Healthcare for the Homeless for this position. It was during this time that the needs of pregnant women became very apparent. Almost 80% of the pregnant women screened in the jail were found to have mental health and/or AODA issues. Even if these women were eligible for Medicaid prior to being incarcerated, they lost those benefits upon entering the jail. The jail has one psychiatrist for over 1800 inmates. There are not AODA services provided in house. Because of this need, MHBP contracted with Asha Family Services to provide AODA, mental health and domestic violence services to the women. MHBP also in the second year provided health education services in the jail as well.

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This has been a very successful program. The MHBP paid staff worked with the OB/GYN nurse practitioner to ensure that as the pregnant women left the jail that she would be able to be connected with needed services. The area of the program that needed enhancement was that an unacceptable number of women were lost to follow up after they left the jail. This occurred even though the women were referred to MHBP outreach to continue the connection. MHBP made changes in the program to have outreach workers come to the jail to make contact with the women before they were released so that a relationship could be formed. It seems that the women who still did not participate after being released were those who were dealing with AODA issues.

The local action plan of MBHP was to address the issue of the pregnant women losing their Medicaid coverage once they were incarcerated. MHBP had meeting with state, federal and local health and elected officials regarding this issue. As of January, 2006, the Governor included in his budget a health care benefit for incarcerated pregnant women and undocumented pregnant women. This will now allow Asha and other providers of mental health and AODA services to bill the State of Wisconsin for these services.

Below is a summary of the program which began June 1, 2001 and ended May 31, 2006:

Total Served by Perinatal Depression Grant (Five Years): 833

Total Number Served by Jail Initiative: 618

Total Number of Pregnant Women Served: 502

Racial/Ethnic Breakdown

African American: 321

White: 122

Indian: 19

Other: 40

Hispanic/Latino: 70

Number of Infants Served: 153

Number of Pregnant Women Below 100% FPL: 472 (94%)

Number of Pregnant Women Above 100% FPL: 29

Five Year Average Percentage of Uninsured: 22.3

Number of Pregnant Women Who Entered Prenatal Care During the First Trimester 356 (71%)

Number Who Participated in Pregnancy/Childbirth Education: 344

Five Year Average Percent of Low Birth Weight Infants: 10.32%

Five Year Average Percent of Very Low Birth Weight Infants: 1.58%

Number of Infant Deaths: 1

Five Year Average – Infant Mortality Rate: 2.98

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Number of Women Screened for Perinatal Depression: 482
Number of Women Who Received Counseling/Treatment
Paid for by Grant: 374 (78%)
Number of Women Screened for AODA: 479
Number of Women Who Received Counseling//Treatment
Paid for by Grant: 322 (67%)
Number of Infants Screened for Prenatal Drug Exposure: 128
Number of Infants Referred for Drug Exposure Risk Reduction Counseling: 54
Number of Infants Screened for Prenatal Alcohol Exposure: 123
Number of Infants Referred for Alcohol Exposure Risk Reduction Counseling: 49