Center for the Advancement of Underserved Children (CAUC) 2009
CAUC Mission

Improve the health and well-being of underserved children through research, education, child advocacy, partnerships and patient care.
CAUC Core Activities

- Focus on children and families, with special attention toward those who live in poverty or those who are otherwise disenfranchised from the healthcare system.

- Initiatives are focused to improve health at the community level by reducing health disparities and to enhance health equity.
CAUC Research
Eliminating Disparities in Birth Outcomes

**Disparity:**
- City of Milwaukee has one of the highest Black infant mortality rates (14.1/1,000 live births) in the nation compared to White infants of 6.4/1,000 in the State of WI in 2007.

**Goal:**
To investigate individual & neighborhood factors associated with adverse birth outcomes.
- Fetal Infant Mortality Review (FIMR) team conducts reviews of infant deaths to recommend strategies to reduce infant deaths.
- Collaborate to analyze and disseminate adverse birth outcomes data every three years.

Lead Faculty: Emmanuel Ngui, DrPH, MSc
City of Milwaukee Fetal Infant Mortality Review (FIMR)

**Impact:**

In 2004, hospitals (5) instituted:
- education program on disparities in birth outcomes & safe sleeping practices for medical providers,
- Systems improvements (direct referrals to OB/GYN, if high-risk assessment) for pregnant women presenting to emergency rooms,
- Information sharing on infant deaths and stillbirths to inform policies and practices

In 2006, FIMR data guided the MHD’s first city-wide, media campaign on fetal and infant deaths by placing infant mortality prevention messages (“safe sleeping, preterm labor signs, appropriate fetal movement, smoking cessation”) on city buses.

Funding: FIMR originally funded by a Black Health Coalition “Healthy Beginnings” grant from HRSA. FIMR is currently supported by the City of Milwaukee Health Department.
Eliminating Disparities in Birth Outcomes

**Impact:**
Review of City of Milwaukee birth data, 1993-2004:
- About 10% of the 151,869 singleton births were preterm and 8% were low birth weight.
- Among low birth weight and preterm births, Black:White ratios (65% vs. 20%) and (61% vs. 24%), respectively, were 3 times higher.
- Adjusting for demographics (e.g. age, marital status) & other social/health factors (e.g. smoking, maternal conditions, prenatal care) Black women still had:
  - 82% higher likelihood of preterm birth compared to Whites (36%)
  - Twice the likelihood of having a preterm birth

Eliminating Disparities in Birth Outcomes

- **Impact:**
  - Paternal involvement: Having no father on birth records was associated with increased likelihood of:
    - Low birth weight - Whites (66%), Blacks (38%), Latinos (77%), other races (65%)
    - Preterm birth - Whites (54%), Blacks (41%), Latinos (39%), other races (49%)
  - Previous preterm birth was associated with:
    - 3-5x greater likelihood of low-birth weight, and
    - 2-4x greater likelihood of preterm birth across racial/ethnic groups.
  - These findings have generated interest in:
    - exploring opportunities to engage men in birth outcomes programs, and
    - efforts to institute closer monitoring for women with previous preterm births.

Infant Safe Sleep

**Goal:**
To provide education and training on proper sleep position & sleep environments. Provide a Pack ‘n Play for newborns whose families can not afford one.

**Impact:**
- Applying the Health Belief Model to support behavior change,
  - families watch video on safe sleep,
  - set up the crib and
  - demonstrate how they will lay the baby down to improve their self-efficacy.

**Funding:** Healthier Wisconsin Partnership Program, Doolittle Foundation
Lead Faculty: Suzanne Brixey, MD
Community Health Improvement in Milwaukee’s Children (CHIMC)

- **Disparity:**
  Childhood health disparities in the City Milwaukee are similar to the health indicators and social risk factors reported in national data for racial/ethnic populations. *(Source: Satcher 2005; Wisconsin Council on Children and Families 2003)*

- **Goal:**
  To establish a community-based participatory research approach for addressing child health disparities using a neighborhood health improvement partnership.

- **Method:**
  - In partnership of community residents, academic researchers and local institutions and community-based organizations establish processes for complying with the principles of community-based participatory research (CBPR).
  - Identified 42 health-related concerns for children and implemented a pilot inclusive of communities in zip codes 53208 and 53210.

*Funding: NIH-National Center for Minority Health and Health Disparities: 2005-2008*

Lead Faculty: Earnestine Willis, MD, MPH and Jo Ann Gray-Murray, PhD
CHIMC INFRASTRUCTURE

Primary Partners
- Community Residents
- Children’s Health and Hospital System
- Medical College of Wisconsin Milwaukee
- City of Milwaukee Health Department
- Neighborhood House of Milwaukee
- Next Door Foundation

Secondary Partners
- Black Health Coalition
- Clarke Street School
- Penfield Children's Center
- Social Development Commission
- Starms Educational Center
- 21st Street School

Stakeholders and Supporters
Milwaukee Public Schools; Milwaukee Health Department; Milwaukee Mayor’s Office; Milwaukee Common Council; Children’s Hospital of Wisconsin; Wisconsin Immunization Program; Medical College of Wisconsin; Member of Congress; Member of Wisconsin State Senate
**CHIMC**

**Methods:**
Principals of Community-based Participatory Research (CBPR)

- *Community* as a unit of identity
- Builds upon strengths and resources
- Participate in all phases of the research
- Fosters co-learning, power-sharing and capacity-building
- Addresses problems using an ecological approach
- Involves long-term iterative processes and commitment
- Seeks balance between research and action
- Engage all partners in interpretation and dissemination of findings

**Impact:**

**Phase 1: Completed Pilot Study:** 2005-2008

- After a community need assessment inclusive of:
  - Key informant interviews
  - Focus groups
  - Secondary datasets
  - Windshield tour of Neighborhoods

- Initial focus: Immunization coverage rate disparities among children between 19 and 35 months: (53208=35% and 53210=40%) compared to Wisconsin and USA rates of 77.1%: 77.4%) *(Source: Milwaukee Health Department, 2008)*

- **Surveys Identified top barriers to Immunizations in Pilot, N=87:**
  - 50.3% Expressed much concerns about safety of vaccines
  - 39.8% Reported discomfort/anger with everyday treatment due to perceived discrimination
  - 30.5% Stated that they believed they received less than best healthcare because of discrimination

  - Expand the pilot study to include children ≤ 14 years of age and enlarge the geographic areas to include zip codes 05 and 06 in addition to 08 and 10.
  - Expand community membership to guide the health behavior change models. (Spectrum: Education, Social Marketing, Social Cognitive Theory and Theory of Reasoned/Action)
  - Will examine the effectiveness of the different health behavior change models toward increasing immunization rates.
**Disparity:**
- Disparities in immunization coverage rates among low-income ethnic/racial populations remains an important public health concern.

- Overall, children in Wisconsin have high immunization coverage rates (2008-77%: ages - 19-35 months).

- Immunization rates for low-income and underserved children in zip codes 05, 06, 08 and 10 are significantly lower for the same age group, ranging from 35% to 40%.
  (Source: Milwaukee Health Department, 2008)

- The challenge is to design strategies to address these disparities in immunization rates for the targeted areas. (Source: CDC, 2007)

**Funding:** NIH-National Center for Minority Health and Health Disparities
Lead Faculty: Earnestine Willis, MD, MPH and Jo Ann Gray-Murray, PhD
CHIMC: Save Lives Immunize

Goal:
- To identify in urban community settings attitudes and beliefs about immunizations to support the design of interventions for addressing this disparity.
- Grouping such as: 1. Immunization Advocates; 2. Health Advocates; 3. Go Along To Get Along; 4. Fence-sitters and 5. Skeptics will be considered. (Source: Gust D, et al, 2005)

Impact, Potential:
- Preliminary data (112 surveys with 278 children) indicate that four clusters of participants were identified:
  - 1. Immunization Skeptics; 2. Go Along to Get Along/Fence-sitters and 3. Immunization Advocates.
  - Compared to Immunization skeptics, Immunization advocates reported:
    - Having better relationships, trust, and access to health care providers,
    - Were more informed about health risks & actively sought health information & advice,
    - Had broader support for their immunization decisions, actively planned and asked questions regarding immunizations. (Abstracts submitted to 3rd Annual Interdisciplinary Peds Behavior Health Research Conference, 2/2010)

Funding: NIH-National Center for Minority Health and Health Disparities
Lead Faculty: Earnestine Willis, MD, MPH and Jo Ann Gray-Murray, PhD
Becoming Qualitative: What to Do When Questionnaires Are Not Enough

**Disparity:**
- Questions academic and community partners face in CBPR projects are multifaceted & contain both quantitative and qualitative data. *(Source: Community-Based Participatory Research for Health: From Process to Outcomes. Minkler, M. & Wallerstein, N., Eds. 2nd Edition 2008)*

**Goal:**
To describe how the combination of quantitative and qualitative methods were applied during CHIMC to inform CBPR practices, strengthened research findings in ways that either approach alone, cannot accomplish.

**Impact, Potential:**
- Will provide a greater understanding of how qualitative data can complement quantitative data and increase the rigor of qualitative methods in CBPR projects.
Predictors for Influenza Immunization of High Risk Children

- **Disparity:** Annually, influenza is associated with 36,000 US deaths, increased morbidity and mortality in children with high-risk medical conditions and those < 5 years of age. *(Source: Bhat N, Influenza-associated deaths among children N Engl J Med. 2005)*

- **Goal:** To determine why high-risk children were not being immunized against influenza despite reminders and other interventions.

- **Impact:**
  - Surveys administered in cross-sectional design (n=146), 75% are more likely to immunize child if doctor recommended & parents believe that vaccines prevent the flu & decrease chances of missing work.
  - DHC implemented additional outreach to families
    - **Reminder letters** for high-risk children
    - **Improved access** by adding evening walk-in flu clinics
    - **Education** of staff and residents to avoid *missed opportunities*

**Funding:** CRI Pilot Innovative Research Award  
Lead Faculty: Svapna Sabnis, MD
Unintentional Injury

**Disparity:**
- Unintentional injury is the leading cause of death among U.S. children
- Significant disparities in injury rates (1.8x higher) exist between Whites and children of color *(Source: CDC. Fatal injuries among children by race and ethnicity—United States 1999-2002; MMWR. May 18, 2007. 56(SS05):1-16)*

**Goal:**
Provide injury prevention tools within a health belief model to promote behavior change to reduce unintentional injuries among vulnerable children:
- Car Seats
- Gun Locks
- Pack ‘n Play
- Bike Helmets
- Smoke Detector

**Funding:** Healthier Wisconsin Partnership Program; CDC & Prevention, Injury Research Center Seed Grant; Doolittle Foundation; Wisconsin Department of Transportation; United Health Care; Wisconsin Coalition of Asian Indian Organizations

**Lead Faculty:** Suzanne Brixey, MD
Unintentional Injury

**Disparity:** Latino, Black, and older children are significantly less likely than white and younger children to be appropriately restrained in a car.

- 841 children observed, 283 were determined to be booster-seat eligible, only 21% were in the appropriate restraint *(Source: Brixey S, Booster Seat Use in an Inner-City Daycare Center Population. Traffic Injury Prevention, 2008)*

- Children from families with an income of < $30,000 are 2.5x more likely to lack a car seat than those with income >$40,000 *(Source: Brixey S, Booster Seat Use in an Inner-City Daycare Center Population. Traffic Injury Prevention, 2008)*

**Impact:** 1,108 car seats distributed at DHC since 2008 by 7 certified car seat technicians

**Disparity:** 44 million Americans own 192 million firearms, of which 65 million are handguns. In Wisconsin:

- >41,000 children live in homes with **loaded guns**

**Impact:** 50 gun locks distributed to DHC families who reported an unlocked gun in home
Unintentional Injury

**Disparity:**

- Bicycling is one of the major causes of head injuries in the U.S. Bike helmets reduce the risk of head injury by 85%

**Impact:**
- 371 bike & multisport helmets provided to DHC families since 2006
- All helmets are appropriately fitted on the child’s head before leaving the DHC.
CAUC Education
Community Pediatrics Training Initiative (CPTI)

- **Disparity:**
  Health care providers are not sufficiently trained to address health conditions created or exacerbated by social, community, environmental risk factors. *(Source: Satcher, Pediatrics, 2005)*

- **Goal:**
  To prepare pediatricians to become child advocates by exposing them to diverse cultural and social settings in the community for families who are traditionally underserved.


*Milwaukee Area Health Education Center*

Lead Faculty: Earnestine Willis, MD, MPH
CPTI Core Partners

- Children’s Hospital and Health System
- City of Milwaukee Health Department
- Francis Starms Public Schools
- Hillside Housing Development
- House of Peace Community Center
- Marquette University
- Medical College of Wisconsin
- Milwaukee Area Health Education Center
- Neighborhood House of Milwaukee
- Next Door Foundation
- Sixteenth Street Community Health Center
- Social Development Commission
- University of Wisconsin-Milwaukee
Impact:

- Instituted a paradigm shift in pediatric residency education to include community exposures and competencies for pediatric residents.  

- Fulfills ACGME & RRC community-based learning requirements for accreditation.  

- Increased community-based collaborations and initiatives.  
### Average Pediatric Residents’ Self-Assessments of Exposures and Competencies Before & After CPTI 2000-2009; N=155

<table>
<thead>
<tr>
<th>EXPOSURES</th>
<th>Competitive</th>
<th>COMPETENCIES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Before (SD)</td>
<td>After (SD)</td>
</tr>
<tr>
<td>System-Based Practice</td>
<td>2.24 (.76)</td>
<td>3.81* (.77)</td>
</tr>
<tr>
<td>Poverty Impact on Children</td>
<td>2.59 (.60)</td>
<td>4.07* (.70)</td>
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<tr>
<td>Professionalism/Diversity</td>
<td>2.79 (.75)</td>
<td>3.80* (.65)</td>
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<tr>
<td>Teambuilding</td>
<td>3.63 (.67)</td>
<td>4.25* (.59)</td>
</tr>
<tr>
<td>Child Advocacy</td>
<td>2.37 (.57)</td>
<td>3.92* (.80)</td>
</tr>
</tbody>
</table>

* p values are all statistically significant; p=0.001
**Impact:**
- 46 community-based initiatives lead by pediatric residents since 2000
  - 14 community-based organizations
  - 35% IRB reviewed & approved protocols
- Community Initiative focus areas:
  - **14 (30%) Public Health** (i.e. infant mortality, physical education/activity, overweight, healthy food choices, recipes and cooking, nutritional assessment)
  - **11 (24%) Access to Care** (i.e. barriers to care, oral health, health insurance coverage, health literacy, adolescent reproductive healthcare, LGBT health concerns, medical home)
  - **8 (17%) Adolescent Health** (i.e. prenatal nurturing, sexual health information, behavior & medication management, STI, Teen pregnancy)
  - **7 (15%) Environmental Health** (i.e. peanut allergies, lead, asthma, environmental health education)
  - **6 (13%) Child Advocacy** (i.e. statewide smoking ban, Medicaid reimbursement for fluoride varnish, child car seat restraints, restrict cell phone use while driving, health literacy, pediatric education for parents)
**Impact:**
Dissemination of community-based curriculum, methodology & pediatrics residents’ community initiative as outcomes on local, statewide and national levels for 54% of community initiatives.
- 18 abstracts/posters
- 4 publications
- 3 workshops
Example of a Community Initiative:

- **Disparity:**
  In Wisconsin, 62% of adults are overweight or obese & 11% of high school students in Wisconsin and 17.7% in Milwaukee are obese. (Source: CDC, BRFSS, 2007)

- **Impact:**
  - Provided testimony to Milwaukee Public School Board and 250 MPS Principals and Assistant Principals on importance of school-based physical activity.
Pediatric Environmental Health Science Fellowship Program

Career Development Core in Children Environmental Health Science Center

- **Disparity:**
  Healthcare professionals do not pursue environmental health science career paths.

- **Goal:**
  To attract, support & integrate scientists who conduct research across basic, translational and clinical/public health to foster prominence in environmental health science and to contribute knowledge in the development of childhood diseases and disorders secondary to environmental toxins.

- **Impact:**
  - Develop fellowship program in environmental health science field.
  - Support and fund pilot projects for junior faculty to expand their perspectives on & interest in collaborative, multi- & interdisciplinary research that spans basic-clinical/public health continuum.

*Funding: NIH, National Institutes of Environmental Health Sciences*

*Lead Faculty: Ron Hines, PhD; Gail McCaver, MD; Earnestine Willis, MD, MPH and Christine Cronk, ScD*
MCW Graduate School of Biomedical Sciences
Public & Community Health

- **Doctor of Philosophy**
  - Health Disparities and Underlying Determinants of Health (Community Health Improvement II)
  - Principles and Practices of Community-Academic Partnerships (Community Health Improvement III)

- **Master of Public Health**
  - Challenges in Maternal and Child Health (Online Course)
  - Racial and Ethnic Inequalities in Health (Online Course)

Lead Faculty: Earnestine Willis, MD, MPH, Emmanuel Ngui, DrPH, MSc and Sheri Johnson, PhD
CAUC ADVOCACY
Legal and Medical Partnership for Families (LAMP)

**Disparity:**

Nearly two-thirds of low-income households in urban families were found to have unmet legal needs.

- Legal help for low-income families is limited, publicly funded legal aid agencies turn away up to 60% of cases due to lack of resources.

- Nearly 80% lower-income households with significant legal problems have no choice but to deal with their predicaments without any professional help. *(Source: Wisconsin’s Unmet Legal Needs. Access to Justice Committee, State Bar of Wisconsin, 2007)*

- Medical Legal Partnership exists throughout this nation in 81 sites & only 14 states are without such partnerships to address access to legal services.

**Funding:** Charles D. Jacobus Family Foundation; Pro Bono Legal Services-Marquette University and Quarles & Brady Law Firm

Lead Faculty: Earnestine Willis, MD, MPH and John Meurer, MD, MBA
LAMP

- **Goal:**
  To develop and implement a medical-legal advocacy model at the Downtown Health Center & Martin Luther King Heritage Health Center to improve the health and social stability for Milwaukee’s low-income children.

- **Methods:**
  Pilot Every Friday (10am-1pm) since June, 09
  Staff Rotation of:
  - 3 Marquette University Law School Attorneys
  - 8 Quarles and Brady LLP attorneys
  - 12 law students

Children’s Hospital & Health System
Legal Aid Society of Milwaukee
Medical College of Wisconsin
Milwaukee Health Services, Inc
Marquette University Law School
Quarles & Brady, LLP
**Impact, Preliminary:**

- 23 families, 53 children, 42 pro bono hours

- Medical Provider referrals based on:
  
  - 53% Physical Health *(Abdominal Pain, Allergic Rhinitis, Asthma, Dental Caries, Prematurity, and Vision Problems)*
  
  - 35% Behavioral Health *(ADHD, Anxiety, Behavioral Problems, Developmental Delay, and School Problems)*
  
  - 12% Reproductive Health *(Contraceptive Management, Dys Uterine Bleed, Exposure to STIs, and Health Sex Counsel)*

- Case categories include:
  
  - 56% Family *(legal guardianship)*
  
  - 25% Housing *(landlord tenant, codes)*
  
  - 13% Public Benefit *(food share, public insurance)*
  
  - 6% Other *(health care concerns)*

- Legal Service provided:
  
  - 96% Direct legal service
  
  - 4% Legal representation
**LAMP**

- **Impact:**
  - Lawyers represent best resource for effective advocacy to ensure that laws designed to promote health and safety are enforced for families to meet the basic needs.
  - Preliminary DHC data suggests healthcare providers’ referrals to LAMP lawyers illustrates need for a medical-legal advocacy program in Milwaukee’s underserved populations.
Making Milwaukee Smile: 
One child at a time

- **Disparity:**
  - Wisconsin Black (31%) & Latino (35%) children are more likely to have untreated decay compared to White (15%) children.
  - Low-income children were more likely to have untreated decay (40%) than higher income children. (12%) *(Source: WI Depart Health Services, The Oral Health of Wisconsin’s Children, 2008)*

- **Goal:**
  To evaluate the effectiveness of school-based oral health programs in a cross-sectional cohort of children; to increase the number of children with a dental home, and to illustrate the value of coordinated care in caries prevention.

**Funding:** Healthier Wisconsin Partnership Program, Development & Implementation Awards
Lead Faculty: Earnestine Willis, MD, MPH
Making Milwaukee Smile: One child at a time

**Impact:**

- Over half (58%) of the study group (n=144) received dental referrals for early or advanced caries when compared to 63% of the treatment group. (n=216)

- 8% vs. 7% received urgent care referrals such as oral fistulas and swelling.

- 34% vs. 31% had no obvious dental problems.

- Oral healthcare services in school-settings can be beneficial and effective to improve access to oral healthcare and to reduce missed school hours.
CAUC PARTNERSHIPS
Open Wide
Expanding Oral Health Prevention Opportunities Through Partnership

- **Disparity:**
  - 36% of children in SE Region Wisconsin had untreated dental decay compared to 19% in Southern & 15% in the Western Regions. *(Source: WI DHFS, Make your Smile Count Survey, 2001-2002)*

- **Goal:**
  - Pilot a training curriculum for nurse case managers and social workers to enhance competencies in the promotion of oral health and prevention of tooth decay.

- **Impact, Potential:**
  - Non-dental professionals working with low-income and disabled women and their children will have increased knowledge, skill and confidence in providing oral health prevention during in home visits.

**Funding:** Healthier Wisconsin Partnership Program
Lead Faculty: Sheri Johnson, PhD
Faith-based African American Health Network (FAAHN)

**Disparity**
- Racial/Ethnic and disenfranchised populations in densely populated urban areas endure disparate impacts from catastrophic events. *(Source: Redlener, et al, Columbia University, 2006)*
- Black are (29%) less confident than Whites (51%) in the abilities of government to protect areas where they live & respond to disasters & they expressed a higher level of confidence in faith-based organizations.

**Goal:**
To advocate for increase awareness throughout low-income communities of emergency preparedness planning and resource allocation.

*Funding: Healthier Wisconsin Partnership Program Implementation Award*

Lead Faculty: Earnestine Willis, MD, MPH
FAAHN

**Impact:**
- Emergency preparedness response
  - 20 trained in Community Emergency Response Team (CERT)
  - 17 flood kits to victims

- Dissemination of emergency preparedness information (255) predominately by:
  - email alerts (41%)
  - newspaper articles (24%)
  - handouts (18%)
  - health fairs (7%)
  - radio (4%)
  - mailings to churches (3%)
  - television (3%)

- HINH Response at community level, May 2009
  Dissemination of emergency preparedness information:
  - 10,000 fliers
  - 250 churches alerted
  - 30 Email Alerts
  - 10 Media Outreach
Fight Asthma Milwaukee Allies (FAM)

- **Disparity:**
  Asthma hospitalization rates in Wisconsin are nearly 6x higher in Blacks than Whites. *(Source: WI Dept Health Services, WI Burden Asthma 2007)*

- **Goal:**
  To improve asthma control for mostly low-income children of color in the City of Milwaukee through education and outreach; to reduce home environmental hazards including tobacco exposure and to increase use of preventive asthma medications.

- **Impact:**
  - Taught 2,000 participants during 69 asthma-based courses in the past year
  - Reached 202 families in zip 53206 through door-to-door knocking
  - Asthma admissions down 11% to 547 from 2006-2008
  - Culturally sensitive education materials developed with input from 131 persons of color.

*Funding: CDC/State of Wisconsin and HUD/MHD*  
*Lead Faculty: John Meurer, MD, MBA*
Integrating and Mapping Community Health Assessment Information

- **Disparity:**
  - Limited availability of public health surveillance maps (i.e. vital records, WISH, ER/hospital discharges, WIR, zip code level data)

- **Goal:**
  To develop an automated web-based GIS infrastructure to be used by medical, public health department and community agencies by providing mapped health information from a variety of data sources to support community health improvement planning.

- **Impact:**
  Completed infrastructure for mapping Public Health Information Network data
  - Added vital records dataset and capability to map data from vital records
  - Developed template maps that can be accessed by public health workers at community level
  - Add hospital discharge data and maps and plan to train academic and community users on use of integrated data system.

*Funding: Healthier Wisconsin Partnership Program
Lead Faculty: Emmanuel Ngui, PhD*
Fatherhood Initiative

- **Disparity:**
  Black babies are 3 times more likely to die before their first birthday than white babies. The Black infant mortality rate in the City of Milwaukee is 15.4 deaths per 1,000 live births, compared to 4.7 for Whites. *(Source: WI Depart of Health Services, 2008)*

- **Goal:**
  To reduce Black infant mortality by addressing the impact of structural racism on father and male involvement.

- **Impact:**
  Development of a multi-sector coalition to advocate for policy level solutions that support father and male involvement to reduce Black infant mortality rates.

*Funding: WH Kellogg Foundation*
Lead Faculty: Sheri Johnson, PhD

Black Health Coalition of Wisconsin
City of Milwaukee Health Department
Medical College of Wisconsin
Milwaukee Workforce Investment Board
New Concepts Self Development
State of Wisconsin, Department of Health Services
Circles of Sisters (COS)
Enhancing Family Development with Doula Care for Beloit Mothers and their Children

**Disparity:**
Racial disparities exist in birth outcomes for Black women in Beloit.
- Infant mortality rate (2000-2004) for Black women in Beloit was 18/1,000 births compared to 7/1,000 births among Whites and 12/1,000 births among Latino women. *(Source: Wisconsin Dept Health Services, Wisconsin, Interactive Statistics on Health)*

**Goal:**
To develop community partnerships to explore the feasibility of implementing a doula program for mothers in Beloit in order to address health disparities.

**Impact:**
Administered a survey (n=60) to assess the need for community doula program:
- Providers (74%) and community members (75%) reported that a doula would benefit their community
- Established a Beloit Infant Mortality Task Force to explore funding to support the implementation of a community doula project

*Funding: Healthier Wisconsin Partnership Program*
*Lead Faculty: Emmanuel Ngui, DrPH, MSc*
Pearls for Teen Girls
Mental Health Training Initiative

- **Disparity:**
  - Black students are more likely than White students to engage in “selected” risky health behaviors (p<0.05)
    - Felt sad and hopeless (*Almost every day for >2 weeks, stopped doing some usual activity*)
    - Attempted suicide & threatened or injured with a weapon at school (*>1 times over a yr*)
  - Latino students are more likely than White and Black students to engage in “selected” risky health behaviors (p<0.05)
    - Did not go to school because felt unsafe at school or on their way to or from school (*1 day in last month*)
    - Made a plan & attempted suicide (*>1 times over a yr*)

*(Source: Eaton, Youth Risk Behavior Surveillance, 2007)*

_Funding: Pearls for Teen Girls_
Lead Faculty: Sheri Johnson, PhD
Pearls for Teen Girls
Mental Health Training Initiative

**Goal:**
To improve early detection of mental health problems among urban adolescent girls by training youth development staff to address their mental health needs.

**Impact:**
10 Youth development staff in a community-based agency serving urban adolescent girls will have improved competence and confidence in addressing mental health needs of more than 600 adolescents, citywide.
**Medically Fragile Foster Care Child**

- **Disparity:**
  - Children in out-of-home care have disproportionate health needs. WI has one of largest disparities in the child welfare system compared to other states between Black and White children. *(Source: WISKIDS Count 2007/2008, Wisconsin Council on Children and Families, Annie E. Casey Foundation)*

  - Upon completion of the medical evaluations, slightly more than half (305 of 560) of children under 5 years and in foster care for less than 10 months required some degree of medical follow-up. *(Source: Health Safety Report Review, Wisconsin Dept Children Families, 2009)*

- **Goal:**
  - To identify gaps in knowledge, communication & system navigation among medical providers, families & child welfare workers serving medically fragile foster children to improve skills & cross-system collaboration.

- **Impact:**
  - Initiated dialogue between medical and legal professionals to create a mental/dental assessment tool that BMCW can provide more consistent information for judicial officials to incorporate into their judgments for families.
  - Presented to 46 judges on health concerns of foster children
  - Increase capacity of child welfare workers by developing a web-based database of health promotion topics & community resources.

*Funding: Healthier Wisconsin Partnership Program, Development Award*

*Lead Faculty: Lisa Zetley, MD*
Medical Fragile Foster Care Child Information Sharing

% of time there is a specific person identified as being responsible for sharing information across systems

![Bar Chart]

- Legal: 62%
- Child Welfare Worker: 57%
- Health Care: 24%
- Foster Parent: 71%
Medical Fragile Foster Care Child
Top Person Identified as Most Responsible for Sharing Information Across Systems

<table>
<thead>
<tr>
<th><strong>Responding Group</strong></th>
<th>Foster Parent</th>
<th>Child Welfare Worker</th>
<th>Legal</th>
<th>Social Worker, Therapist</th>
<th>Health Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answers</strong></td>
<td>Child Welfare Ongoing Case Manager</td>
<td></td>
<td></td>
<td>Foster Parent</td>
<td></td>
</tr>
</tbody>
</table>

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Disparity:

- At 36 months, a child of college-educated parent averages a 1,200-word vocabulary vs. a child of welfare parent averages a 300-word vocabulary. *(Source: Hart, Meaningful Diff Amer Child, 1995)*

- Almost 1 in 4 low-income Black children has <10 books of any kind in home. *(Source: High, Pediatrics 1999)*

- Average reading ability for Wisconsin’s Black students in 4th & 8th grades was lower than in any other state. *(Source: US Dept of Education, 2007)*

- The reading achievement gap between White and Black students in Wisconsin was the worst in the nation. *(Source: US Dept of Education, 2007)*

Funding: We Energies, Betty Brinn Foundation, Reach Out and Read National, Local donations

Lead Faculty: Earnestine Willis, MD, MPH
Reach Out & Read-Milwaukee

- **Goal:**
  To improve the reading proficiency of low-income children in Milwaukee by promoting clinic-based early literacy at routine pediatric visits.

- **Impact:**
  - ROR improves children’s access to books, increases their listening and expressive vocabularies, & positively impacting school readiness. *(Source: Needleman, 2002)*

  - ROR-M parents are twice as likely to report reading as a favorite parent-child activity. *(Source: Willis, Early Literacy Interventions: Reach Out and Read. Clinics of N America., 2007)*
Reach Out & Read-Milwaukee

**Impact:**
- Since 1998, trained 245 local healthcare providers to advise about the benefits of reading aloud across 5 pediatric health centers. (DHC, MHS and Sixteenth Street CHC)
- Distributed >105,000 new and gently used books.
- Distributed 451 reading glasses.
- Positioned volunteers in five urban pediatric clinic waiting rooms to model effective reading practices.
  - 331 Volunteers trained as readers
  - 14,743 Volunteer hours
  - 33,669 Children benefitting
CAUC Patient Care
Downtown Health Center

**Mission:** To improve the health and eliminate health disparities for vulnerable children in Milwaukee

- **Pediatricians**
  - Albert Pomeranz, MD
  - Charlene Gaebler, MD
  - Earnestine Willis, MD, MPH
  - John Meurer, MD, MBA
  - Kristin Guilonard, MD
  - Lisa Zetley, MD
  - Margaret Layde, MD
  - Sharon Busey, MD
  - Sylvia Hillman, MD
  - Suzanne Brixey, MD
  - Svapna Sabnis, MD
  - Timothy Schum, MD
  - Wendi Ehrman, MD

- **Psychologist**
  - Sheri Johnson, PhD

- **Annual Patient Population:**
  - 4,600 children
  - 800 Adolescents
  - 14,000 patient encounters
  - Patients (80% African-American and 11% Latino) who primarily reside in a geographically and economically disadvantaged communities
  - 88% Medicaid beneficiaries, 8% Insured, 4% Uninsured
  - 55% with special healthcare needs (asthma, obesity, growth delay, developmental delay, learning disabilities, prematurity, seizures)

- **Medical Education, Annually Trains:**
  - 90 Pediatric & Med/Peds Residents
  - 40 Medical Students
  - 8 Pediatric Dental Residents
CAUC addresses a variety of child health issues through research, education, advocacy, community services, partnerships and patient care to reduce health disparities in local communities.
CAUC Faculty and Staff

**Director:** Earnestine Willis, MD, MPH

**Faculty**
- Suzanne Brixey, MD
- JoAnn Gray-Murray, PhD
- Sheri Johnson, PhD
- John Meurer, MD, MBA
- Emmanuel Ngui, DrPH, MSc
- Svapna Sabnis, MD
- Lisa Zetley, MD

**Staff:**
- Tifany Frazer
- Chelsea Hamilton
- Rebecca Peterson
- Mary Siegrist
- Teri Wermager
Discussion