City of Milwaukee
Health Department

Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

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Mayor Barrett Announces 2012 Milwaukee Infant Mortality Data

City's overall infant mortality rate drops for sixth consecutive year, Hispanic rate improving but African-American infant mortality rate remains high

MILWAUKEE – Today, Mayor Tom Barrett announced the City of Milwaukee 2012 infant mortality data. Preliminary data from the City of Milwaukee Health Department indicates that in 2012, 96 infants died in Milwaukee prior to their first birthdays. That is the lowest number of infant deaths in Milwaukee on record.

Using three-year rolling averages, which are statistically more reliable than single-year data, the overall infant mortality rate for the City of Milwaukee from 2010-2012 is 9.6 deaths for every 1,000 live births, the lowest three-year rolling average rate on record.

"These overall numbers are very encouraging, and we should be proud of our accomplishments," said Mayor Tom Barrett. "However, the racial disparity in infant mortality rates in Milwaukee remains unacceptable. We must do better, and we can do better as a community."

While the 2010-2012 three-year rolling average rate for Hispanics is at a historic low of 6.1, the African-American infant mortality rate in Milwaukee remains nearly three times that of the white infant mortality rate. The 2010-2012 three-year rolling average rate for African-Americans is 14.6, an increase from its recent low of 14.3 during the 2007-2009 period. The 2010-2012 three-year rolling average rate for whites has remained roughly stable for several years at 5.2.

Officials say the current trend indicates that Milwaukee should be on track to reach its overall infant mortality goal of 9.4 deaths per 1,000 live births by 2017, a goal announced by Mayor Barrett and the City of Milwaukee Health Department in 2011. To reach the simultaneous goal of reducing the African-American IMR to 12.0 by 2017, Commissioner of Health Bevan K. Baker calls for a renewed focus on the primary causes of African-American infant mortality in Milwaukee: premature births (associated with about 60 percent of black infant deaths) and unsafe sleep (associated with about 20 percent of black infant deaths).

"The City of Milwaukee Health Department will continue its aggressive interventions in both of these areas, and will continue to work closely with others, including the Lifecourse Initiative for Healthy Families, the Healthy Birth Outcomes initiative, health care systems, social service agencies, and policymakers, in an effort to dramatically reduce the number of pre-term births and unsafe sleep-related deaths among Milwaukee's youngest, smallest, and most vulnerable residents," said Commissioner Baker.

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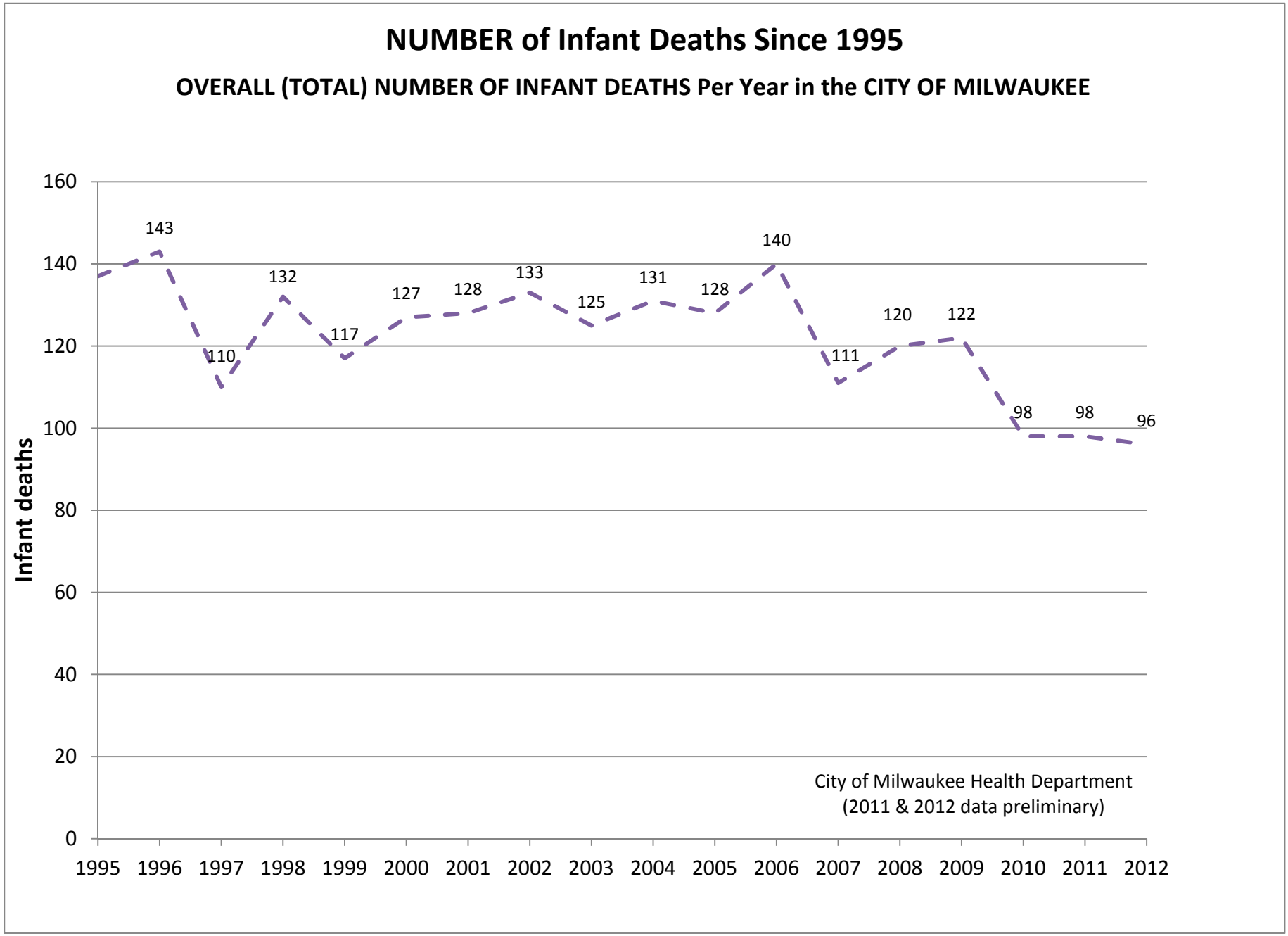
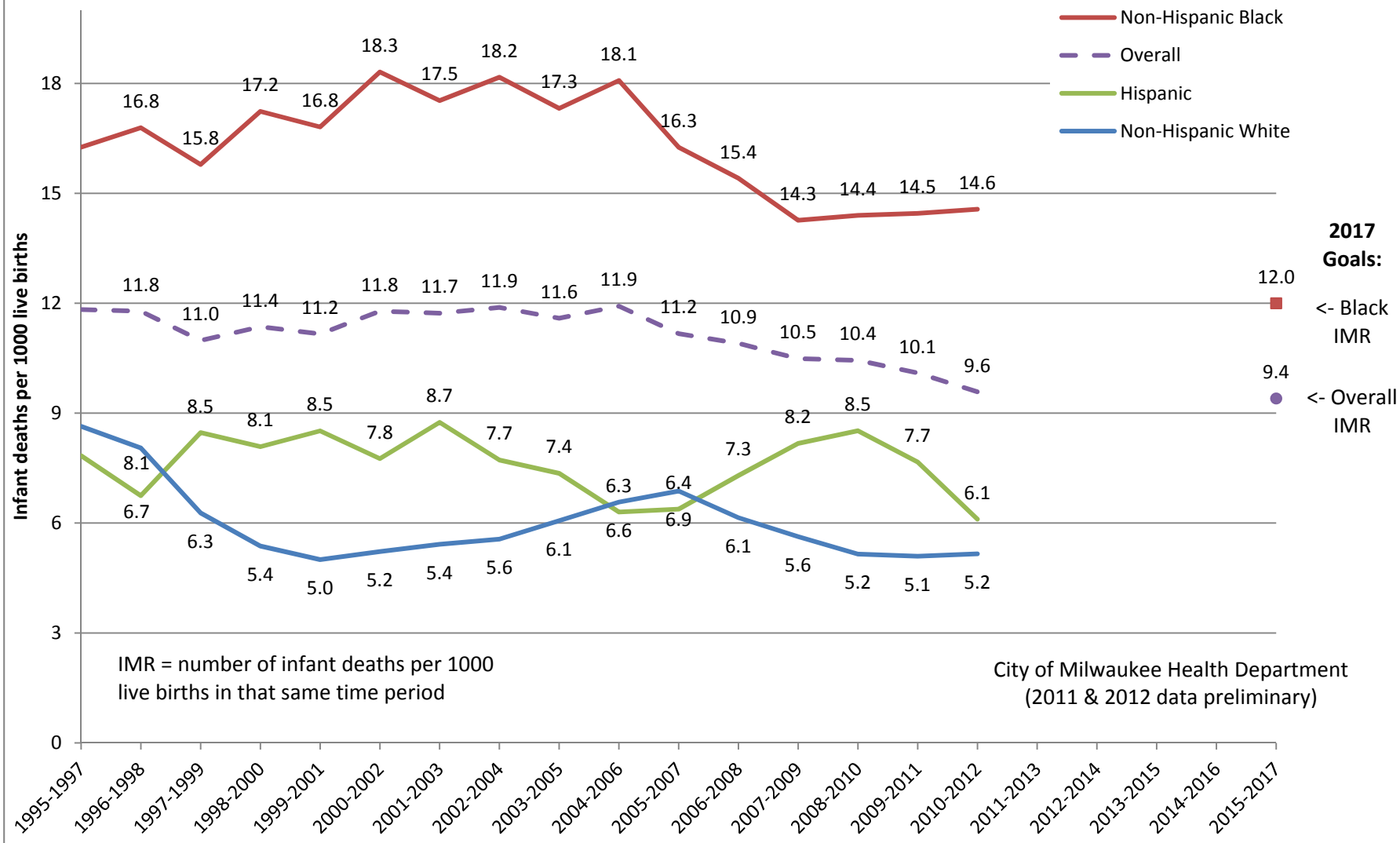
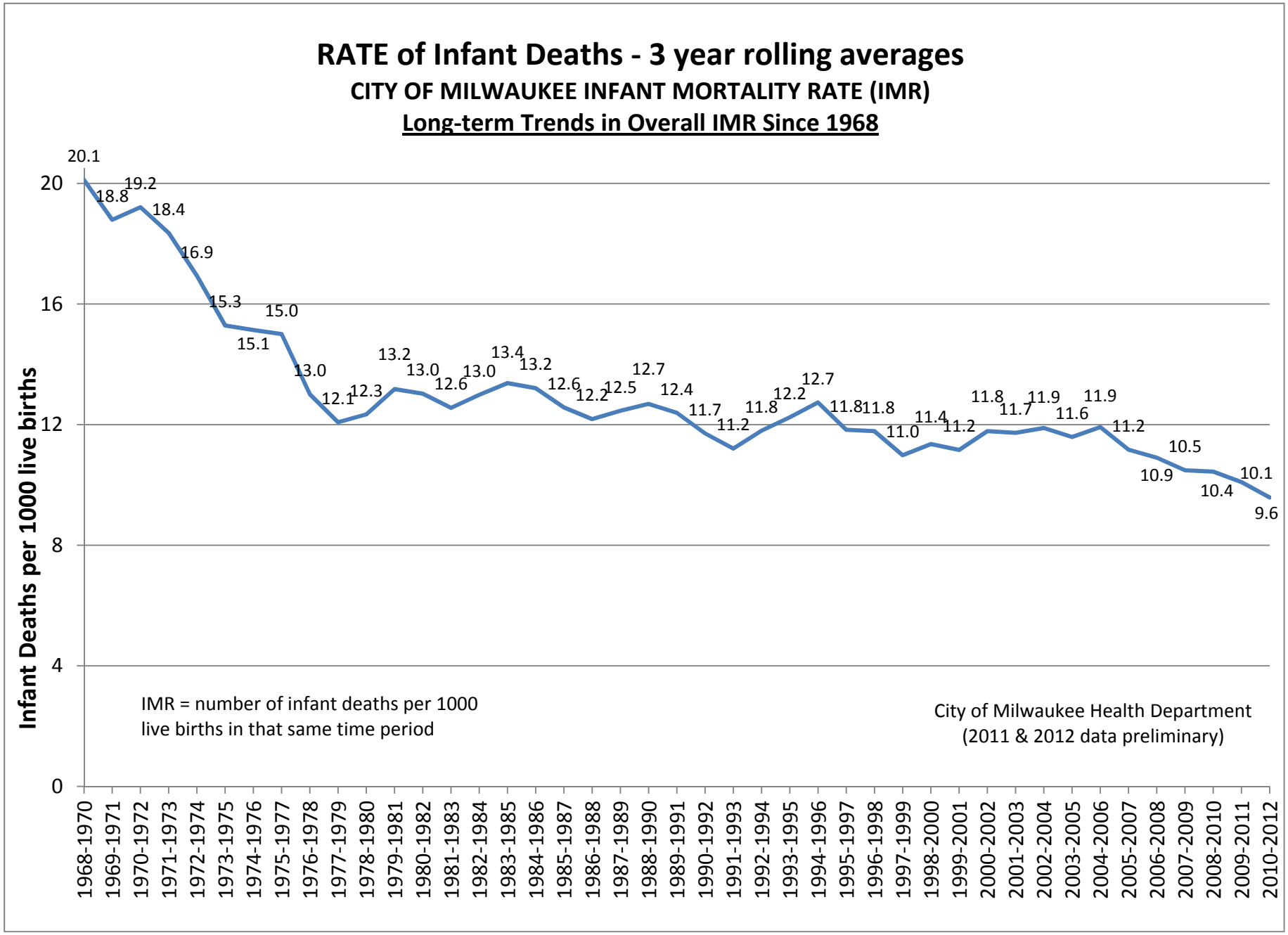

NUMBER of Infant Deaths Since 1995
OVERALL (TOTAL) NUMBER OF INFANT DEATHS Per Year in the CITY OF MILWAUKEE
Infant deaths
160
140
120
100
80
60
40
20
0
143
110
132
117
127
128
133
125
131
128
140
111
120
122
98
98
96
City of Milwaukee Health Department
(2011 & 2012 data preliminary)
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012

RATE of Infant Deaths - 3 year rolling averages

CITY OF MILWAUKEE INFANT MORTALITY RATE (IMR)

Trends in 3-yr Average IMR by Race & Ethnicity since 1995




RATE of Infant Deaths - 3 year rolling averages
CITY OF MILWAUKEE INFANT MORTALITY RATE (IMR)
Long-term Trends in Overall IMR Since 1968
Infant Deaths per 1000 live births
0
4
8
12
16
20
20.1
18.8
19.2
18.4
16.9
15.3
15.1
15.0
13.0
12.1
12.3
13.2
13.0
12.6
13.0
13.4
13.2
12.6
12.2
12.5
12.7
12.4
11.7
11.2
11.8
12.2
12.7
11.8
11.8
11.0
11.4
11.2
11.8
11.7
11.9
11.6
11.9
11.2
10.9
10.5
10.4
10.1
9.6
1968-1970
1969-1971
1970-1972
1971-1973
1972-1974
1973-1975
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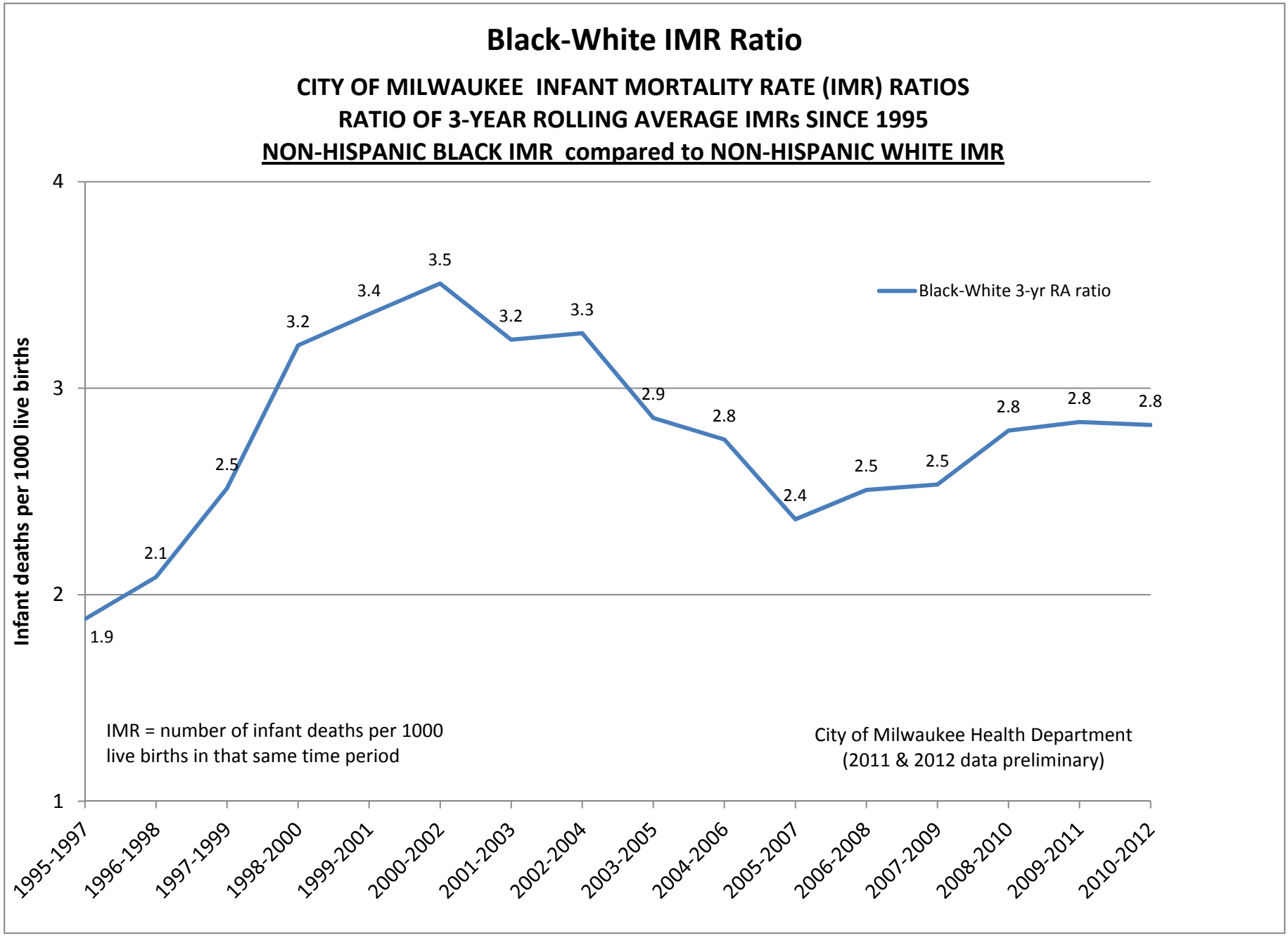
2006-2008
2007-2009
2008-2010
2009-2011
2010-2012
IMR = number of infant deaths per 1000 live births in that same time period
City of Milwaukee Health Department
(2011 & 2012 data preliminary)


Black-White IMR Ratio
CITY OF MILWAUKEE INFANT MORTALITY RATE (IMR) RATIOS
RATIO OF 3-YEAR ROLLING AVERAGE IMRs SINCE 1995
NON-HISPANIC BLACK IMR compared to NON-HISPANIC WHITE IMR
Infant deaths per 1000 live births
4
3
2
1
Black-White 3-yr RA ratio
1.9
2.1
2.5
3.2
3.4
3.5
3.2
3.3
2.9
2.8
2.4
2.5
2.5
2.8
2.8
2.8
IMR = number of infant deaths per 1000 live births in that same time period
City of Milwaukee Health Department
(2011 & 2012 data preliminary)
1995-1997
1996-1998
1997-1999
1998-2000
1999-2001
2000-2002
2001-2003
2002-2004
2003-2005
2004-2006
2005-2007
2006-2008
2007-2009
2008-2010
2009-2011
2010-2012

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City of Milwaukee 2012 Infant Mortality Rate (IMR) Key Messages

A: Facts

1. Preliminary City of Milwaukee Health Department (MHD) figures (not yet verified by the State) indicate that **in 2012, 96 infants born of City of Milwaukee residents died in Milwaukee prior to their first birthdays.** That is the lowest number of infant deaths in Milwaukee history (there were 98 deaths in 2010 and in 2011).
2. Milwaukee has also experienced its lowest number of live births in at least 40 years; only 10,019 babies were born in Milwaukee in 2012 compared to previous lows of 10,455 (1976) and 10,647 (1997), and previous highs of 14,089 (1970) and 12,799 (1990).
3. MHD's internal analysis over the past year reveals only minimal changes in our 2011 data (compared to what we reported for 2011 a year ago). However, *because the State has not yet verified either 2011 or 2012 data, our figures for both those years remain preliminary and subject to future revision, although it is unlikely that they will change significantly.*
4. Because the number of infant deaths varies in part with the number of infant births, public health experts use "Infant Mortality Rate" to compare the risk of infant death from year to year, and between racial and ethnic groups. The Infant Mortality Rate (IMR) is the number of infants who died in a particular year for every 1,000 infants born alive in that same year.
5. In 2012, Milwaukee had 10,019 births, according to MHD's preliminary single-year 2012 figures. Therefore, 96 infant deaths in that year means that Milwaukee's IMR for 2012 was 9.6. I.e., overall, 9.6 babies died for every 1,000 live births in Milwaukee in 2012. This overall single-year IMR has been roughly stable over the past 2 years (9.5 in 2010, and 9.6 in 2011).
6. **The preliminary single-year Milwaukee IMRs by race and ethnicity are as follows for 2012: 15.1 deaths per 1,000 live births for Milwaukee's non-Hispanic Blacks, 6.2 for Milwaukee's non-Hispanic Whites, and 4.1 for Milwaukee's Hispanic babies.**
7. Because single-year IMRs can bounce up and down from year to year (as evidenced by the notable decrease in Hispanic IMR and the notable increases in Black and White IMR between 2011 and 2012), public health experts prefer to look at three-year averages in order to discern any improving or worsening trends. This is similar to the way the U.S. Department of Labor looks at four-week averages for unemployment to determine trends, rather than relying on weekly unemployment figures, which can bounce up and down.

8. Based on MHD's preliminary figures, **the three-year rolling average IMRs for 2010-2012 for Milwaukee are as follows:** (NH = Non-Hispanic)

	Overall	NH Black	NH White	Hispanic
2010- 2012	**9.6**	**14.6**	**5.2**	**6.1**
2009-2011	**10.1**	**14.5**	**5.1**	**7.7**

9. **Milwaukee's goals are to reduce the three-year rolling average IMRs to 9.4 overall and 12.0 for non-Hispanic Blacks by the three-year period 2015-2017.** These goals were set in fall of 2011.

10. We do not yet have an analysis of these deaths by cause-of-death but according to MHD's 2010 FIMR Report, which analyzed the causes of death of 499 infants who died in Milwaukee between 2005 and 2008, about 54 percent of all Milwaukee infant deaths are associated with premature birth, about 18 percent are associated with unsafe sleep, and about 19 percent with mostly non-preventable congenital abnormalities.

B: Summary, interpretation, and comparison to prior years

11. Milwaukee's three-year rolling-average *overall* IMR has been steadily decreasing every year since 2004-2006, when it was 11.9 (it is now 9.6). This means **we are well on-track to meet (or surpass) our overall three-year rolling average IMR goal of 9.4 by 2015-2017.**

12. **Milwaukee's non-Hispanic White three-year rolling average IMR has been roughly stable** since 2008-2010, when it was 5.2 (it is now 5.2). This remains slightly higher than its low of 5.0 in 1999-2001.

13. Milwaukee's Hispanic three-year rolling average IMR, which had been increasing from 2006-2010, has improved substantially. **The three-year rolling average for Hispanic IMR** dropped from 8.5 (2008-2010) to 6.1 (2010-2012), and **is now at a historic low.**

14. **Milwaukee's non-Hispanic Black infant mortality rates have been slowly creeping up** over the past four years of three-year rolling averages. The current three-year rolling average for non-Hispanic Black IMR is 14.6 (2010-2012), compared to its low of 14.3 in 2007-2009. While this is still significantly below the historically high three-year average non-Hispanic Black IMRs of 18.1-18.3 from the early-to-mid 2000s, this recent increasing trend, while slow, is worrisome, and is moving us farther away from our 2017 goal.

15. When comparing Milwaukee's non-Hispanic Black IMR to its non-Hispanic White IMR, we see that in 2012 the Black IMR was 2.4 times higher than the White IMR. However, using the more reliable three-year rolling average figures, **the Black-White IMR ratio was 2.8 during the three-year period of 2010-2012. This means that Black infants in Milwaukee are 2.8 times more likely to die before their first birthday than White infants in Milwaukee**, a disparity that is unchanged since 2008-2010, though better than its peak of 3.5 in 2000-2002, remains worse than its more recent low of 2.4 (2005-2007).

16. **Clearly, more needs to be done to address the primary causes of African-American infant mortality in Milwaukee, which are a) premature births (associated with about 60 percent of Black infant deaths) and b) unsafe sleep (associated with about 20 percent of Black infant deaths).** The MHD will continue its aggressive interventions in both of these areas, and will continue to work closely with others, including the Lifecourse Initiative for Healthy Families, healthcare systems, social service agencies, policymakers, and many others in an effort to dramatically reduce the number of preterm births and unsafe-sleep-related deaths among Milwaukee's youngest, smallest, and most vulnerable residents.

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What are the most important things we can do in Milwaukee to improve birth outcomes?

There are three main areas the City of Milwaukee Health Department believes are essential to address in order to improve Milwaukee's birth outcomes:

1. **Improve individual behaviors**, such as smoking and safe sleep
2. **Improve access to quality medical care**, especially for women with infections, chronic medical conditions, or prior preterm births
3. **Reduce life course stressors** (which may be the most important drivers of prematurity) across a wide range of areas, from safe neighborhoods and fatherhood involvement to early childhood education and job preparation programs

Although these recommendations are numbered for ease of reference, the numbering is not meant to indicate priority. In fact, significant reductions in infant mortality in Milwaukee will require most, if not all, of these areas to be addressed simultaneously. Further, some of these recommendations are dependent upon others; for example, the recommendation that women start prenatal care as soon as possible depends upon the availability and accessibility of prenatal care for all pregnant women.

There are some programmatic approaches that address many of these objectives simultaneously, such as the Empowering Families of Milwaukee and Nurse Family Partnership intensive home visiting programs. These programs, and others like them, should be expanded in Milwaukee.

At a much higher level of detail, specific objectives in each of these areas include the following examples:

1. Improve Individual Behaviors

a. Women should start prenatal care as soon as they know they're pregnant
b. Pregnant women – and every person in a household with an infant or pregnant woman – should stop smoking, and should ask their doctor for help with this
c. Babies should be put to sleep alone in a crib, on their backs, with no pillows, toys, blankets, or bumper pads; cribs should be available to every Milwaukeean, and no adult should fall asleep with a baby
d. Babies should never be in a car without an appropriate car seat, and car seats should be available to every Milwaukeean

2. Improve access to quality health care

a. Health care providers & health care systems must provide accessible prenatal care (e.g., evenings, weekends, and no long delays to first prenatal visit)

b. Health care providers & health care systems must promote accessible preconception care (including family planning options to increase and promote pregnancy intent)
c. Health care providers must always screen for and treat common infections (STDs, UTIs) and common chronic medical problems (hypertension, diabetes)
d. Health care providers should always screen for smoking in both pregnant women and their household members, and provide support for smoking cessation for all household members
e. Health care providers should always screen pregnant women for alcohol and drug use, and provide treatment or referrals when indicated
f. Health care providers must provide special care (e.g., progesterone supplementation) for women who have had a prior preterm birth, or refer them to someone who can
g. Financial and marketing support for smoking cessation programs such as First Breath and Quit Line must be increased

3. Reduce life course stressors (which may be the most important drivers of prematurity and, thus, of infant mortality overall as well as racial disparities in infant mortality)

a. Make it easier for working women to obtain prenatal care for themselves, and medical care for their infants and children throughout their childhood years (e.g., expand Medicaid, require all employers to offer paid family and medical leave to their employees)
b. Reduce poverty (e.g., expand low income housing opportunities and/or tax credits, expand the Earned Income Tax Credit (EITC), increase minimum wage, support a robust transitional jobs program)
c. Support fatherhood involvement (e.g., Expand healthcare access to all fathers, Repeal Wisconsin's "Birth Cost Recovery" program, Assist men with education, employment, and legal issues as needed)
d. Improve educational attainment, starting with early childhood education (e.g., Expand Head Start programming)
e. Expand access to affordable, quality child care
f. Expand program that provide social support to individuals, families and neighborhoods (e.g., Big Brothers Big Sisters, YMCA/YWCA)
g. Support neighborhood revitalization (e.g., increased green-space, expanded public transportation, safer walkable neighborhoods, housing rehabilitation loan and grant programs, lead hazard reduction)
h. Expand accessibility of affordable healthy foods (e.g., incentives for corner stores, zoning restrictions for high-caloric-density restaurant outlets)
i. Follow up on and support additional recommendations by the Milwaukee Lifecourse Initiative for Healthy Families