

## PROJECT NARRATIVE

### A. PURPOSE

**Project's Major Purpose:** The project seeks to reduce the rates of sexually transmitted diseases (STDs) and unintended pregnancies (including subsequent births) among African American youth ages 15-19 in Milwaukee. Overarching project goals include:

- Improving understanding of the morbidity and impact of STDs and unintended pregnancies (including subsequent pregnancies) among minority communities in Milwaukee, particularly in the zip codes with the highest STD and teen pregnancy rates.
- Raising community awareness of the alarming state of STD infection and unintended pregnancies in Milwaukee and the disproportionate impact of these preventable health conditions on minority communities.
- Identifying opportunities for creative resource sharing, service coordination, and program development among existing STD, HIV, family planning, and other public health services to improve access and utilization of existing services, particularly the Wisconsin Family Planning Medicaid Waiver Program.
- Mobilizing community leadership into action to secure new resources to implement proven public health STD and pregnancy prevention interventions and services.

**Need for the Project:** Sexually transmitted diseases (Chlamydia, gonorrhea, and syphilis) and unintended pregnancies disproportionately impact African Americans in Milwaukee, particularly African American youth ages 15-19. Milwaukee County has the highest reported STD case rates in the state, with 49.7% of all STDs reported in Milwaukee County. Among 63 selected large cities, Milwaukee ranks 10th highest in STD case rates. In the highest prevalence zip code in Milwaukee, over 20% of all 15-19 year olds had a reported STD in 2004. Rates of STDs among African Americans were 18-fold higher than rates for whites in Milwaukee. Milwaukee has one of the highest percentages (18.7%) of adolescent births out of total births in the country, ranking it 49th highest out of 50 major metropolitan areas in 2002. Milwaukee was also ranked 44th highest for percentages of births among adolescents who are already parents (25.8% of all teen births). These health conditions are exasperated by challenges youth face in accessing health care; among youth ages 18-24 years in Wisconsin, 22% of whites, 37% of blacks, and 46% if Hispanics are uninsured (2000 U.S. Census data).

**Relevance to Health Improvement Model:** The proposed project addresses the *Healthier Wisconsin 2010* health risks of high risk sexual behavior, communicable diseases, and access to primary and preventive health services. The project focuses on the special populations of children and adolescents and racial and ethnic populations in urban settings. Reducing STDs and unintended pregnancies results in the prevention of death and disability by decreasing numerous health conditions such as pelvic inflammatory diseases (PID); infertility associated with *Chlamydia trachomatis* infection; ectopic pregnancy, miscarriages, and still births; premature births and pre-term delivery; low birth weight infants; mortality associated with HIV infection; and STD related cancers such as cervical cancer associated with human papilloma virus (HPV). The project will impact the community's health through the development of public and community health leadership and policy by promoting high levels of awareness, readiness, and commitment from the community to take action to address disparities in STDs and unintended pregnancies.

### B. PROJECT

**Project Plan:** The project proposes new planning and community mobilization efforts to better coordinate existing and secure new resources to implement proven public health methods for reducing STDs and unintended pregnancies. The proposed methodology is based on the Institute of Medicine's

principles of public health assessment and policy development and uses strategies and associated processes of “Mobilizing for Action through Planning and Partnership (MAPP).” MAPP is a well-established public health needs assessment and planning tool that has demonstrated significant influence and impact on public health practice in the United States. MAPP provides a framework for assessing organizational and community capacity; promotes the use of health status indicators; assures input from both traditional and grassroots community stakeholders; incorporates strategic planning concepts; and monitors planning outcomes.

**Methods to Achieve Stated Purpose:** Using the MAPP process as a framework for the project’s community planning and mobilization process, the project will implement three core strategies:

**Strategy 1:** Conduct enhanced analysis of Wisconsin surveillance and other epidemiologic data to improve understanding and promote awareness of STDs and unintended pregnancies.

- 1 (a). Conduct geographic mapping and in-depth demographic analysis of select zip codes in Milwaukee with the highest STD morbidity and teen pregnancy rates.
- 1 (b). Assess the impact of co-factors such as poverty, unemployment, home ownership, incarceration rates, and other related health indicators on STD transmission and teen pregnancy.
- 1 (c). Identify gaps in available data and strategies for improving STD and pregnancy prevention data and evaluation infrastructure.
- 1 (d). Identify opportunities for limited, targeted follow-up studies that could contribute significantly to improved understanding of high risk sexual behavior, as well as community strengths and assets.

**Strategy 2:** Implement a resources and best practices inventory to assist in identifying strengths and gaps in the current service system, allowing for prioritization of areas for systems improvement.

- 2 (a). Inventory current STD prevention and reproductive health services to identify system strengths and gaps in service delivery.
- 2 (b). Utilize rapid response teams to assist in needs assessment and data collection efforts. Response teams are a small group of multi-disciplinary federal and other national experts that work in close collaboration with local and state public health officials to assess disease outbreaks.
- 2 (c). Consult with leading adolescent sexual health research and educational organizations on best practices and successful advocacy and policy strategies.
- 2 (d). Review successful efforts and other promising initiatives occurring in other states and jurisdictions that have demonstrated reductions in STD morbidity and unintended pregnancies.

**Strategy 3:** Facilitate a short term, outcome focused community planning and mobilization process that convenes diverse community and provider stakeholders. Planning activities will occur through 4-6 full planning group meetings, and additional sub-committee meetings as needed. A major product will be the development of a Strategic Plan. Six major areas will be addressed:

- 3 (a). Preventing STDs and unintended pregnancies, including reviewing latest medical advances in STD and pregnancy prevention, such as emergency contraception and HPV vaccine.
- 3 (b). Screening and early identification, including reviewing latest U.S. Public Health Service and Health Plan Employer Data and Information Set (HEDIS) guidelines for screening of sexually active youth, including promoting dual protection (using condoms to both prevent STDs and unintended pregnancies) as a standard of care.
- 3 (c). Identifying and contacting sexual partners, including researching cost effective prevention models for “expedited partner therapy” such as patient-delivered partner therapy.

- 3 (d). Improving access to STD/HIV/reproductive health service, including identifying strategies for improving utilization of the Wisconsin Family Planning MA Waiver Program, such as a 24 hour toll free hotline to facilitate enrollment in the program; investigating opportunities for reaching youth through non-traditional venues, such as school based health clinics; and evaluating community based social marketing strategies.
- 3 (e). Establishing and expanding secure funding sources, including researching new public and private funding sources; possibilities for forwarding legislative proposals as part of the 2007-2009 state biennial budgeting process; and options of using the Family Planning MA Waiver Program as a new payment source for STD related activities.
- 3 (f). Promoting leadership development and community mobilization, including identifying strategies for raising the community's awareness of the unacceptably high rates of STDs and unintended pregnancies and motivating political, religious, business, community, and academic leaders to actively engage in efforts to improve the community's health.

**Relationship to Similar Efforts:** The timing of this initiative parallels major new efforts by the Department of Health and Family Services, Division of Public Health, and the City of Milwaukee Health Department to address health disparities among racial and ethnic minorities in Milwaukee. These include an infant mortality pre-natal care coordination project and a teen pregnancy initiative (Plain Talk Initiative), among others. Incorporating STD and unintended pregnancy issues into this broader effort strengthens the capacity of the public health system to systematically address and coordinate efforts to reach high risk youth. Enhanced surveillance and other epidemiologic products developed through the project can also inform the work of these other efforts. The City of Milwaukee Health Department's centralized leadership role in each of these activities also provides a unique opportunity to promote local coordination and leadership. The City of Milwaukee also intends to implement an HIV strategic planning process in 2006, that could be greatly informed by the proposed project.

**Involvement of Affected Communities:** Active participation and leadership by the minority community will be critical to the project's success. Key community agencies and individuals will be recruited to formally participate in planning efforts. The project will also work closely with the Syphilis Elimination Project's Community Partnership Team (CPT) to raise awareness and interface and mobilize the community. CAP is a well established, grass-roots community coalition that has actively partnered with the Division and City of Milwaukee to implement syphilis elimination activities. CPT membership is diverse and reflects service providers, religious groups, neighborhood associations, and grassroots community leaders. The CPT has the infrastructure and interest in incorporating broader STD and pregnancy prevention initiatives into their efforts. Other established community groups with active involvement by consumers will also be engaged, including the Wisconsin HIV Prevention Community Planning Council and the Black Health Coalition's African American HIV/STD Task Force. Finally, the project will sponsor focus groups and key informant interviews to solicit consumer input.

**Proposed Timeline.** Recent data highlighting significant disparities in STDs and unintended pregnancies in Milwaukee has motivated project partners to immediately begin planning activities. As a result, the project timeline will run from December 2005 – November 2006. Funding available through the Division of Public Health, including significant in-kind staff and other resources, will support the implementation of Strategy 1: Enhanced Epidemiology and Strategy 2: Resources and Best Practices Inventory during the first 6 months of the project. The project also intends to submit a Rapid Assessment, Response, and Evaluation (RARE) application to the federal Office of Minority Health for \$27,000 by the RFA due date of December 31, 2005. If funded, these resources will also support proposed enhanced community assessment and epidemiologic activities. Funding received through the Healthier Wisconsin Partnership Program (HWPP) grant request will support Strategy 3: Community Planning Process.

<b>Date</b>	<b>Proposed Activity</b>	<b>Responsible Partner</b>
December 2005	Complete and submit HWPP proposal	Division of Public Health
	Complete and submit RARE application to federal Office of Minority Health	City of Milwaukee Health Department
January 2006	Begin implementing Strategy 1: Enhanced Community Assessment	Division of Public Health, City, Academic partners
February 2006	Begin implementing Strategy 2: Resources and Best Practices Inventory	Health Care Education and Training
March 2006	Identify and cultivate additional community contacts. Research and draft planning “white papers” to inform proposed six major planning areas.	Coordinating Team (Academic partners, DPH, HCET, City)
April 2006	Coordinate and oversee RARE activities	City of Milwaukee
May 2006	Through RARE, solicit initial community input through focus groups and key informant activities	City of Milwaukee
June 2006	Begin implementing Strategy 3: Community planning process. Planning groups convene to address six major planning areas.	Coordinating Team and Planning Group participants
	If RARE activities are not funded, contract with CDC for rapid response team activities	City of Milwaukee
July 2006	Seek consultation from regional and national experts	Division of Public Health
November 2006	Finalize Strategic Plan and other recommendations	Community Planning Group
December 2006	Develop and submit 2006 Impact/Implementation proposal to HWPP and other funding sources	Division of Public Health

### C. **PARTNERSHIP**

**Proposed Partnership Plan:** Primary collaborating partners and their individual roles and contributions include: 1) Wisconsin Department of Health and Family Services, Division of Public Health will guide and monitor the project, allocating in-kind funding and staff support to complete epidemiology activities. The Division has significant experience in facilitating community planning processes and is well positioned to leverage new resources to sustain future efforts; 2) City of Milwaukee Health Department will serve as project coordinator, facilitate the planning process, ensure communication and coordination among project partners, and document project outcomes. The City is viewed by the community as a leader in implementing effective interventions and will play a centralized role in coordinating and linking related health initiatives to ensure maximum impact; 3) Health Care Education and Training, Inc. will be the primary programmatic liaison to the family planning and unintended pregnancies community partners and will take a lead role in conducting the best practices inventory. HCET is a well-established training and technical assistance provider that provides continuing education and technical assistance to reproductive health care providers in Wisconsin; 4) Seth Foley, MD, MPH will serve as an academic liaison to the planning process, develop white papers, recruit community partners, and provide consultation and technical assistance. Seth was the former Health Commissioner of the City of Milwaukee Health Department and has well-established relationships with local community organizations and leaders; 5) Wendi Ehrman, MD will serve as an academic liaison to the planning process, develop white papers, recruit medical providers, and provide consultation and technical assistance. Wendi is the Director of the Adolescent Health Program in Milwaukee and provides direct clinical services to youth in addition to her role as MCW faculty.

**Commitment and Capacity to achieve Community-Academic Partnership Model:** The project’s community and academic partners have a well established and demonstrated history of working

together to further public health efforts in Wisconsin. Physicians from the Division and the City of Milwaukee have joint appointments at the University of Wisconsin Medical School. As the former Health Commissioner of the City of Milwaukee Health Department, MCW academic partner Seth Foley has worked closely with the Division to administer a wide range of public health services, including many contracted through the Division. As the Director of the Milwaukee Adolescent Health Program, Wendi consults regularly with the Division on STD and reproductive health issues. These previous relationships have established a high degree of trust and mutual respect, laying the foundation for the development of this grant proposal. Given the urgency of addressing disparities in STDs and unintended pregnancies in Milwaukee, the partnership has committed additional funding and staff resources to move forward with the proposed planning process, and will continue to actively seek new resources to implement the proposed project, regardless of the outcome of the HWPP application.

#### **D. OUTCOMES**

**Measurable Project and Partnership Outcomes:** Outcomes include the following:

1. A comprehensive community based profile of STDs and unintended pregnancies, service delivery needs, and community strengths and assets;
2. A Strategic Plan that addresses *2010 Healthier People* objectives related to high risk sexual behavior and health disparities with specific recommendations in the six major areas of planning;
3. Establishment of a formal, ongoing network of committed providers and community members to implement the Strategic Plan; and
4. High level of awareness, readiness, and commitment from community leadership to take action and mobilize the community to address disparities in STDs and unintended pregnancies.

**Evaluation Methods:** Evaluation methods will be appropriate to the scope of the planning process and will prioritize involvement by the community in evaluation efforts. Process evaluation mechanisms will include: end of meeting reaction forms; assessment of partner satisfaction with the process and collaboration; and achievement of key project deliverables (e.g. enhanced epidemiological profiles, white papers, focus group results, and completion of Strategic Plan). Impact evaluation mechanisms will measure: ongoing efforts of established network; grant proposals submitted for funding; and data available via hotline calls, testing sites, and other public health surveillance systems.

#### **E. CONCLUSION**

**Plan for dissemination, replication of results, and next steps:** The timeframe for the project allows for the submission of an Impact Proposal to HWPP in December 2006. The Strategic Plan will inform additional grant proposals to other public and private funding sources, including possible legislative proposals that may be forwarded through the 2007-2009 state biennial budgeting process. Results will be widely disseminated to the City of Milwaukee Health Board, the Milwaukee County Board of Supervisors, State of Wisconsin administrators, state legislators, health departments, community agencies, and the media, particularly media that effectively reaches minority communities.

**Why project will improve the health of Wisconsin residents:** STD and unintended pregnancy rates among African American youth in Milwaukee are unacceptably high. The general public as well as many segments of the provider community often lack understanding of the seriousness of these health disparities and resources are insufficient to effectively implement proven public health interventions. Poor coordination and communication among existing service providers and other stakeholders also hamper an effective, coordinated response. The project's long term success in leveraging additional resources to fully implement the Strategic Plan and sustain community mobilization efforts will result in a reduction in the rates of STDs and unintended pregnancies (including subsequent births) in Milwaukee, in turn reducing associated health care costs and improving quality of life for the community as a whole.