

Agency trying to cut infant death rate

By Philip A. Sherman
staff writer

An Oakland County service agency is trying to reduce the county's infant death rate by helping pregnant women find the health and counseling services they need, according to the agency's director.

Tina Litwinowicz, supervisor of the Maternal-Child Health Advocate Program for the Oakland Livingston Human Service Agency, said that since its April 1988 opening, the agency has linked more than 200 women with vital health care services they may not have known were available to them.

Infant mortality rates are measured in the number of deaths per 1,000 live births. Litwinowicz said Oakland County's rate is 8.8 deaths per 1,000 births, as a comparison, the rate for all of Michigan is 10.9 deaths per 1,000 births.

"THE MICHIGAN Task Force on Infant Mortality brought all this about," Litwinowicz said. "We're trying to reach pregnant women and bring them into the health care system."

The agency's services are free to

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—Tina Litwinowicz
Oakland Livingston Human Services

all women living in Oakland County. However, it does not offer advice on issues such as birth control and abortion. "We are clearly a referral agency," Litwinowicz said.

What the agency does is encourage women to seek early and regular prenatal and postnatal care; help clients find the health care services they need; make home visits to assess needs; help with problem solving; and, perhaps most important, provide someone to help a mother through her pregnancy by listening. "We have five paraprofessionals who have limited training. They

spend six weeks at Wayne State," Litwinowicz said. Two of the paraprofessionals are based at the agency's office in Pontiac; the other three are at a branch office in Hazel Park.

THE TYPICAL PROFILE of a client, according to Litwinowicz, is a 22-year-old woman in the first trimester of her first pregnancy "who likely hasn't been to the doctor for anything other than her pregnancy test," she said. She added many of their clients are from Pontiac, Lake Orion, Orionville and Oxford. They

also get referrals from hospital prenatal clinics.

The first thing the agency does is schedule a needs assessment meeting between the client and a paraprofessional. "We can understand where they're at, what their problems are. It may take a few visits to get a lot of information from them."

"The first visit is very important to establish that rapport," Litwinowicz said. During that visit, she said they also get a feel for whether there are problems in the home such as child abuse, domestic

violence or problems with parents. "A woman is more prone to abuse during pregnancy," she added, saying that occasionally a husband or boyfriend feels intimidated by the circumstances of a pregnancy and reacts badly.

IN CASES OF domestic violence, the client is referred to Haven, a shelter in Pontiac. They also will help clients seek restraining orders if necessary, Litwinowicz added.

Most of the women the agency helps do not have health care insurance. Litwinowicz said they then

help explore options or help clients fill out the complex forms necessary to receive Medicaid.

The agency also provides transportation, but shouldn't be considered a taxi service, Litwinowicz said. "Transportation and the lack of understanding of the importance of receiving prenatal care" are the two greatest problems her clients have, she said.

Paraprofessionals do provide rides to doctors, but there is only one car at each office. To inquire about a ride or for additional information on the program, call 858-5145.

County might reallocate fund

By Philip A. Sherman
staff writer

The Oakland County Commission's finance committee may reallocate money in the county's retirement system to pay for a deficit in retirees' hospitalization benefits, according to Russell Martin, director of management and budget.

Overall, the pension fund, which has grown to \$280 million since it was started in 1946, is very healthy, Martin said. However, the fund breaks down in two ways, leaving the second part — hospitalization — underfunded by about \$50 million, he added.

"In 1946 they developed a long-term plan to fund" pension benefits, Martin said. However, hospitalization was added, without the same

planning, to the package in 1966 and until then, "no one accepted health care as a liability or responsibility of the county."

From 1966-86, Martin said hospitalization was funded on a "pay-as-you-go" plan.

"Think of it as a mortgage. You buy a house, sign the mortgage, but up until '86 you never recognized that you owed anything on the house," Martin said. "Bringing that up to today, we have one part funded, one not. Both are integral parts of the retirement program."

MONEY THAT GOES into the pension fund is considered part of payroll, which Russell said is slightly more than \$90 million. Of that \$90 million, 18.9 percent is allocated for

the retirement system.

The 18.9 percent breaks down to 16.4 percent (about \$14.8 million) for the pension fund and 2.5 percent for hospitalization. Russell suggested to the finance committee that it allow him to take part of the 16.4 percent and use it to make up the hospitalization deficit.

However, members of the finance committee said at last Thursday's meeting they want assurance that funding the pension at a lower rate will still meet their financial obligation to the county's retirees while restoring the hospitalization balance. Instead of making a recommendation to the full board to fund the program, the committee handed the question over to actuaries working through Martin's office to decide how to balance the fund.

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