

BREASTFEEDING AND HEALTH EQUITY IN MINNESOTA A CALL TO ACTION

Perinatal Hospital Leadership Summit
May 15, 2015

Edward P. Ehlinger, MD, MSPH
Commissioner of Health

Emily Dickinson

Died on May 15, 1886

- *“A mother is one to whom you hurry when you are troubled.”*



“Breastfeeding is a public health issue not just a lifestyle choice”

AAP recommends...exclusive breastfeeding for 6 months
& continued breastfeeding after introduction of baby foods for 1 year
or longer ...



American Academy
of Pediatrics

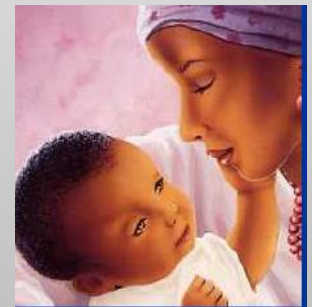


DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAP 2012 Breastfeeding Policy Statement
PEDIATRICS Volume 129, Number 3, March 2012 e827

Breastfeeding

- Improves health outcomes in babies – short and long-term
- Improves health outcomes in mothers
- Improves the health of a population
- Saves money



Breastfeeding... saves money

Reduces cost of care in baby's 1st year of life

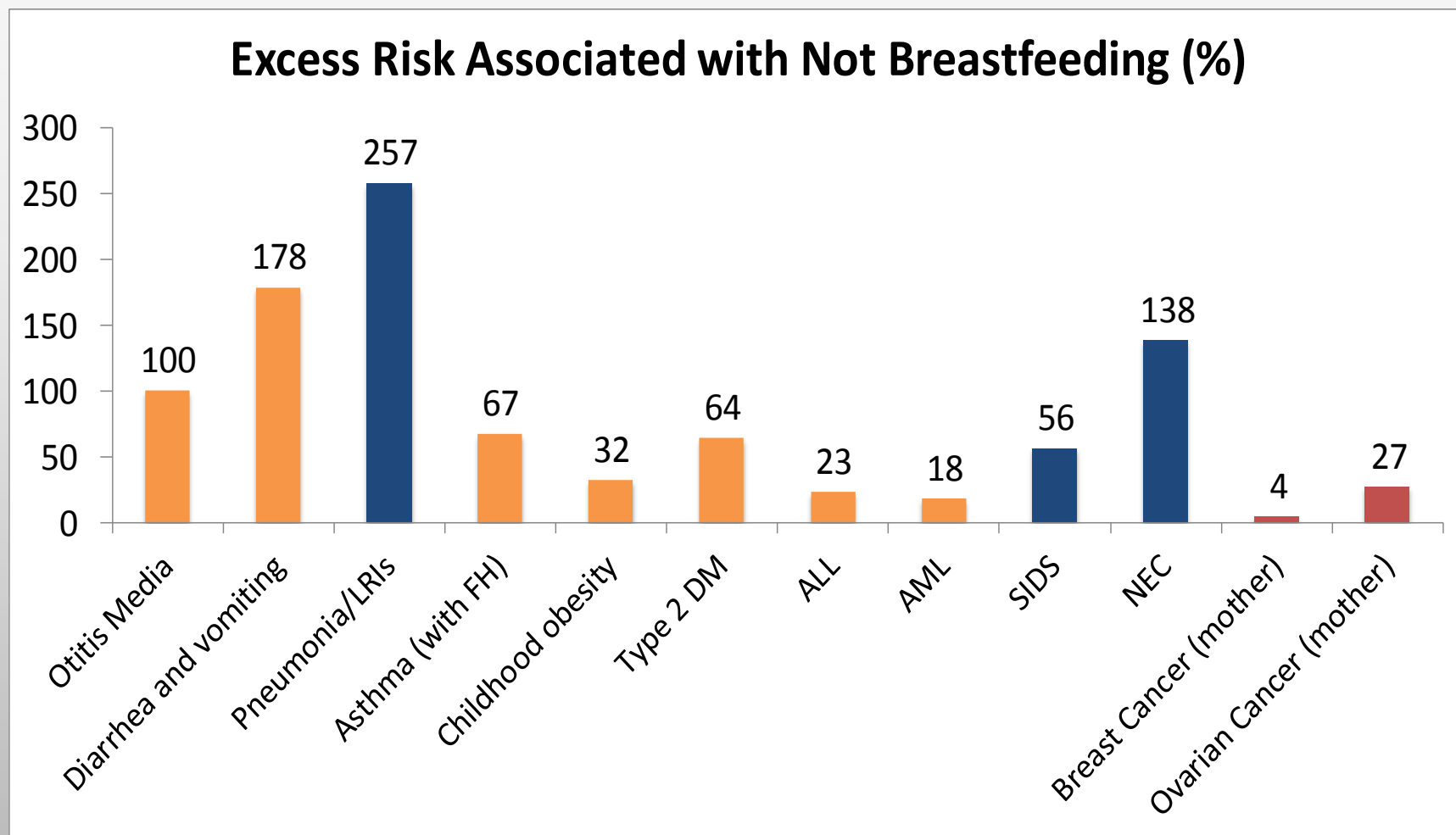
- 25% fewer ear infections
- 60% fewer cases of diarrhea
- 200% fewer admissions for pneumonia
- Formula cost for 1 year \$1,800



Reduces cost of care for lifetime – Mother/Child

- Less cancer, obesity and heart disease in mothers
- Less SIDS, infection, obesity, diabetes, asthma in children
- If **90% of mothers** exclusively breastfed at 6 months
 - **Save \$13 billion/year in the US**
 - **Prevent 911 deaths**

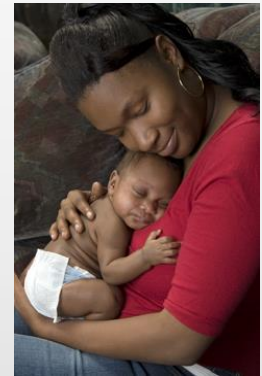
Risks of Not Breastfeeding



MDH Call to Action: Maternity Center Recognition Program

Goals:

1. Reduce statewide infant mortality
2. Increase statewide breastfeeding rates
3. Reduce mother-baby health disparities in Minnesota



How:

- Implementation of WHO/Unicef's Ten Steps to Successful Breastfeeding in all MN maternity centers as a quality improvement in maternity care practices program
- **Voluntary** participation in Baby-Friendly Hospital Initiative **OR** implementation of the Ten Steps to Successful Breastfeeding in Minnesota maternity centers
- Assistance from MDH and MN Breastfeeding Coalition
- Recognition of Steps achieved and Baby-Friendly designation

The Ten Steps to Successful Breastfeeding

**1. Written
Breastfeeding
Policy**

**2. Train all
Healthcare Staff**

**3. Inform all
Pregnant
Women of
Benefits**

**4. Help Mothers
Initiate BF within
One Hour**

**5. Show
Mothers How to
BF and Maintain
Lactation**

**6. Give
Newborn Infants
Only Breastmilk**

**7. Practice
Rooming In**

**8. Encourage
BF on Demand**

**9. Give No
Pacifiers or
Artificial Nipples
to Breastfeeding
Infants**

**10. Foster the
Establishment
of BF Support
Groups**

Minnesota Maternity Center 5-Star Designation Program

Be recognized for any or all of the Ten Steps implemented



One star for 2 Steps



Four stars for 8 Steps



Two stars for 4 Steps



Five stars for 10 Steps



Three stars for 6 Steps

Questions or Interest

Contact: Linda.Dech@state.mn.us

651-201-3649

Baby-Friendly Designated Hospitals

Banner – 3' x 6'
Posters
Window clings
Recognition certificate
Designation on website



Recognized as
breastfeeding
friendly


*This maternity center is recognized as
a center for excellence for implementing
best infant feeding practices.*

MDH Minnesota
Department of Health


Find out more:
www.health.state.mn.us/breastfeeding




Supporting
Healthy Families
Recognized as Breastfeeding Friendly




MDH Minnesota
Department of Health



Supporting
Healthy Families
Recognized as Breastfeeding Friendly



MDH Minnesota
Department of Health




Breastfeeding
Friendly

MDH Recognized



Breastfeeding[Home](#)[About](#)[Breastfeeding your Baby](#)[FAQ for Moms](#)[Information for
Professionals](#)[Breastfeeding Friendly](#)[What's Happening in MN](#)**Related topics**[WIC Breastfeeding Support](#)[SHIP](#)[Statewide Health
Improvement Initiatives](#)[Early Childhood](#)

Breastfeeding Friendly

Across Minnesota, maternity centers and health departments are being recognized as "Breastfeeding Friendly."

Click on a marker below to see which maternity centers have been recognized as "Breastfeeding Friendly."



Congratulations to these maternity centers for their recognition

**Are you eligible
for WIC?**[Find out](#)**Be recognized as
Breastfeeding
Friendly**

Information is important, but new mothers need support from many circles. Health care, childcare professionals, employers and health departments around the state are working to make breastfeeding the norm. Find out how you can help:

- Maternity centers
- Childcare
- Workplaces
- Health departments

Mothers

Find out which maternity centers, childcare, employers, and health departments are recognized as

Why Is MDH Encouraging Baby-Friendly Hospital Initiative?

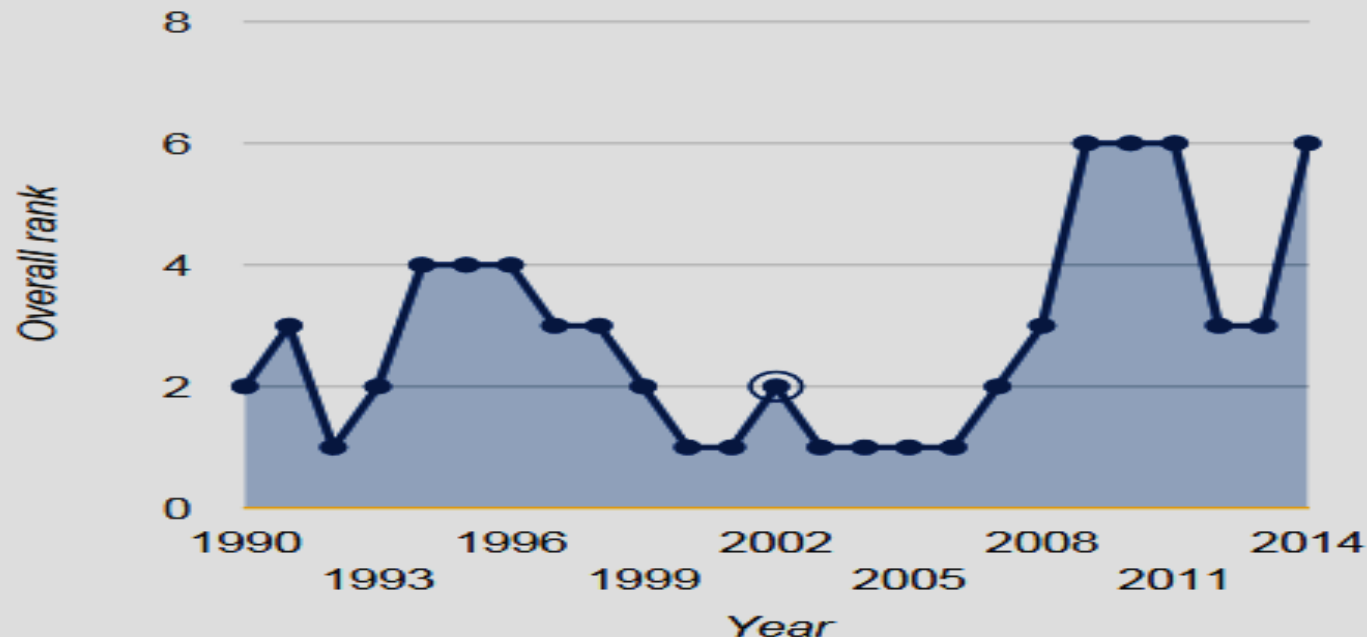
- Implies clinical excellence in hospital care
 - Developed by UNICEF and WHO in 1991 to reduce worldwide infant mortality
- Recognizes hospitals for best-practice maternity care and lactation support
- Promotes evidence-based practices known to improve breastfeeding rates ***Ten Steps to Successful Breastfeeding***
 - Ten Steps endorsed by US Surgeon General, CDC, AAP, AAFP and others
- One crucial step in making MN a healthy state

Minnesota Is a Healthy State

Trend

State Health Ranking - Minnesota

MN Overall (1990-2014)



Life Expectancy at Birth – #2

Male life expectancy - #1

Female life expectancy - #2



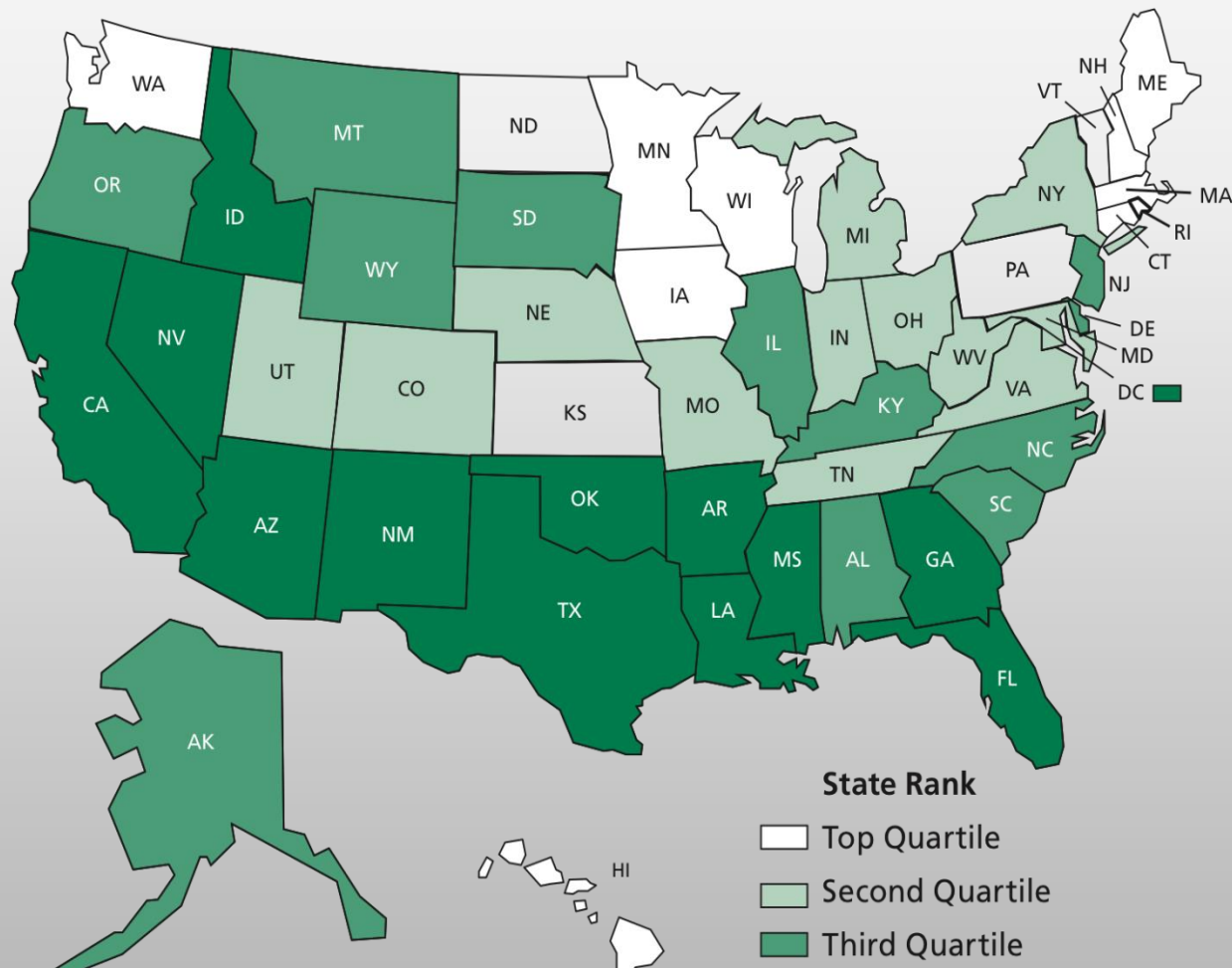
Overall performance, 2014

- Top quartile (13 states)
- Second quartile (11 states + D.C.)
- Third quartile (14 states)
- Bottom quartile (12 states)

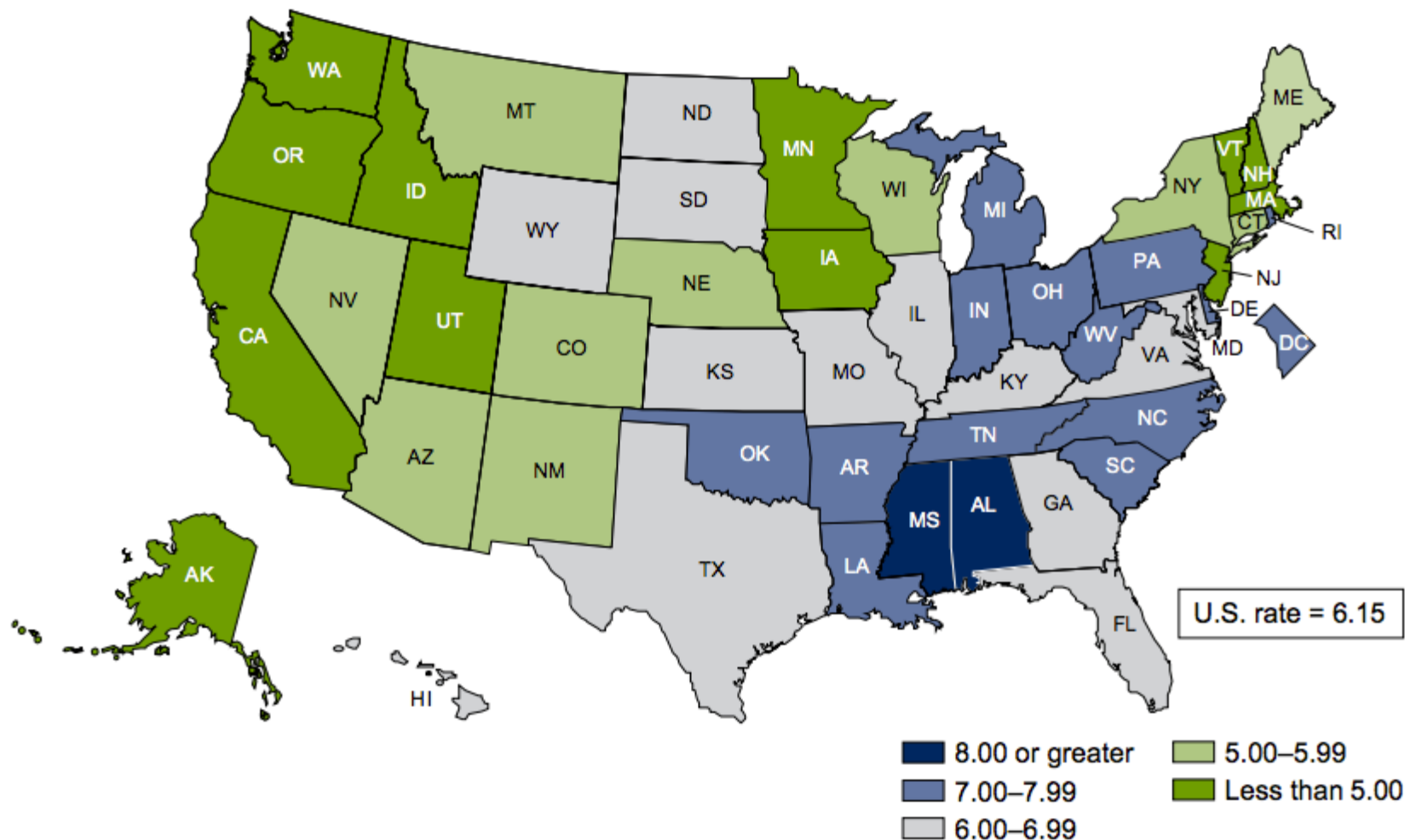
Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

Good Health Care for Children

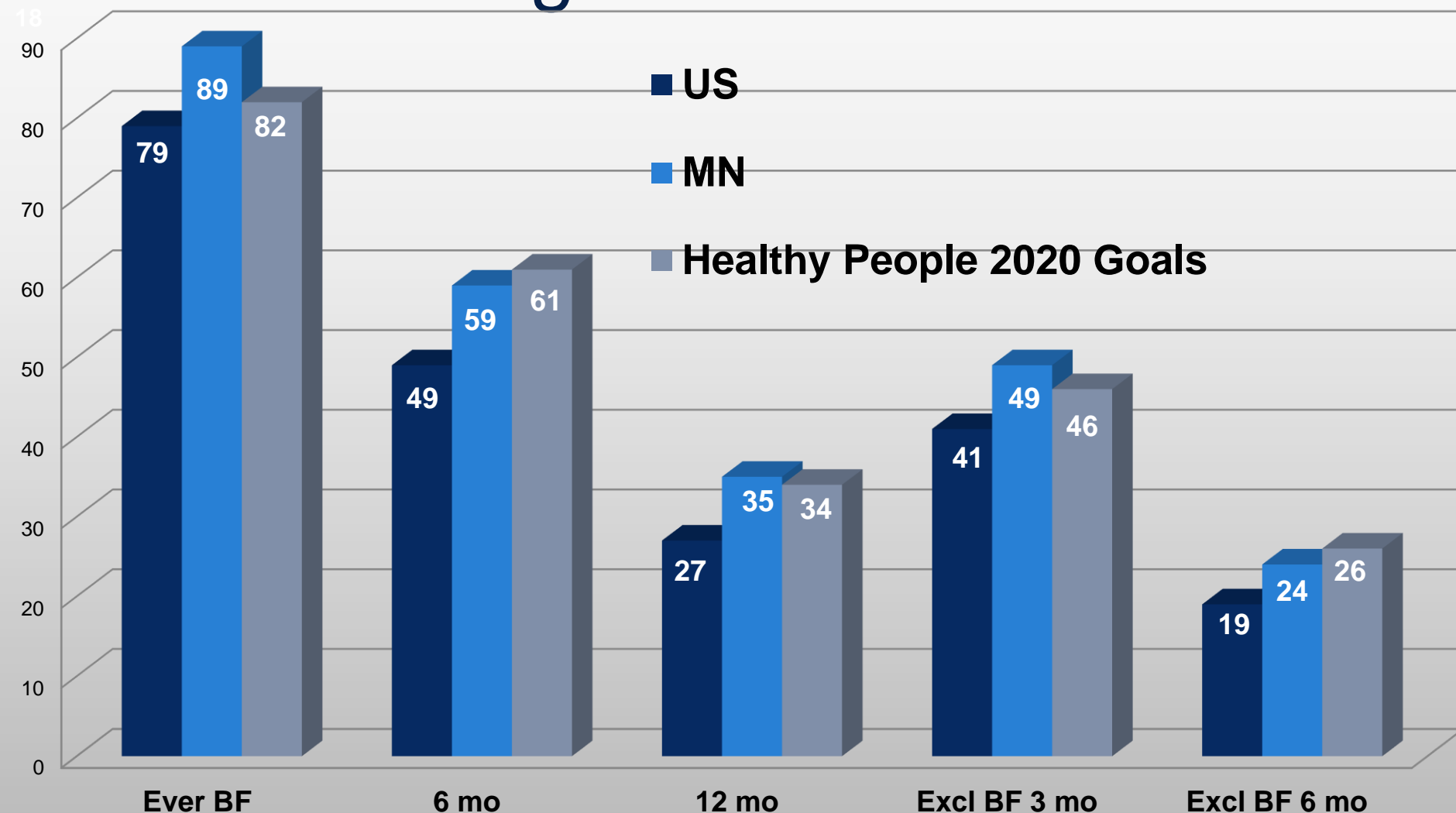
State Ranking on Child Health System Performance



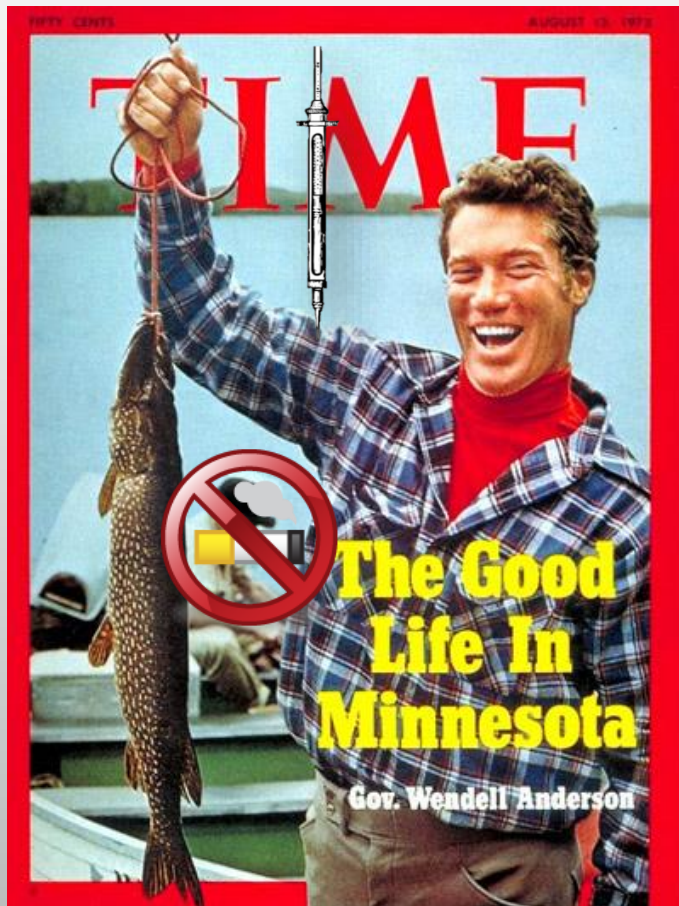
MN Infant Mortality Rate Among the Best in the US



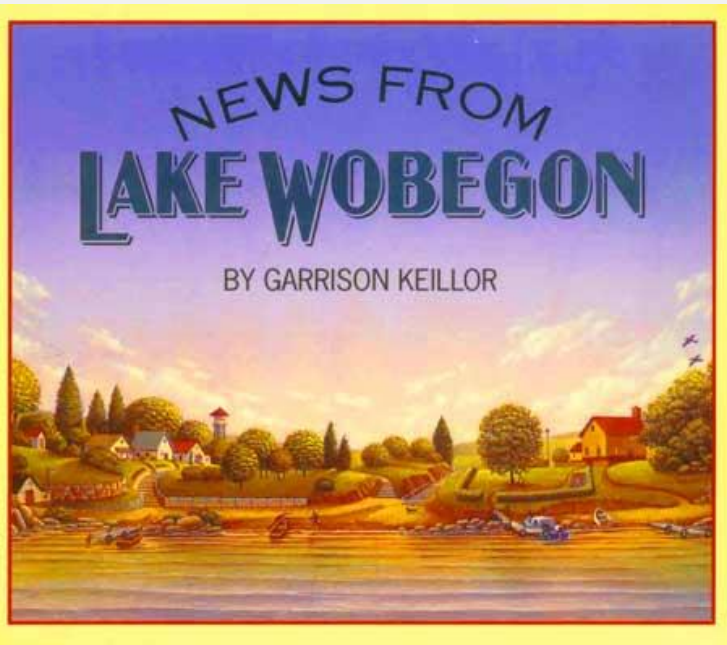
Breastfeeding Rates - 2014



How did we get to be a healthy state?



- We made wise investments in our healthcare system.
- We embraced “best practices”
- We invested in the “public good.”
- We collaborated.
- We made some wise policy decisions

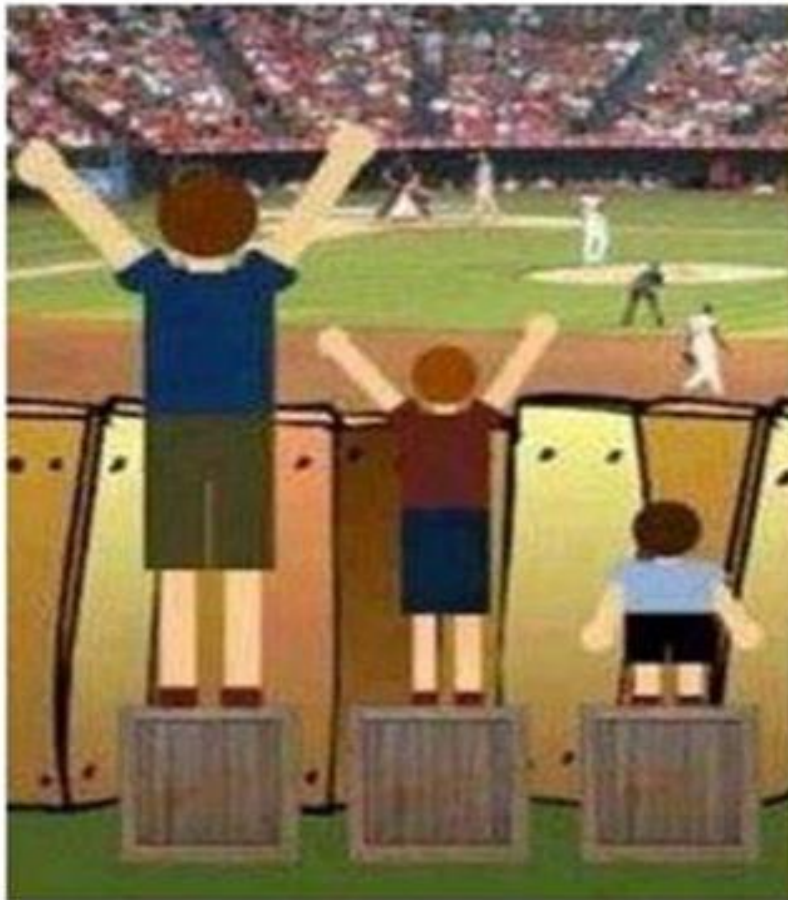


Minnesota!

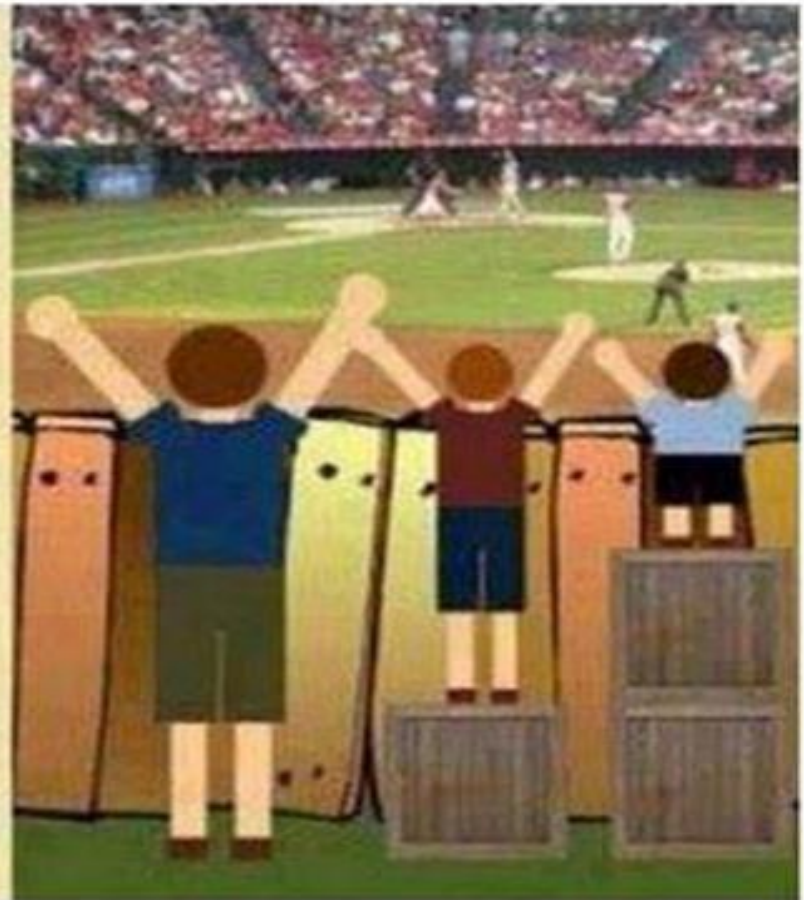
Where the women are strong,
The men are good looking,
And all our health statistics
are above average –
Unless you are
a person of color or
an American Indian.

Advancing health equity is not about averages
It's about creating opportunities to be healthy

Equality



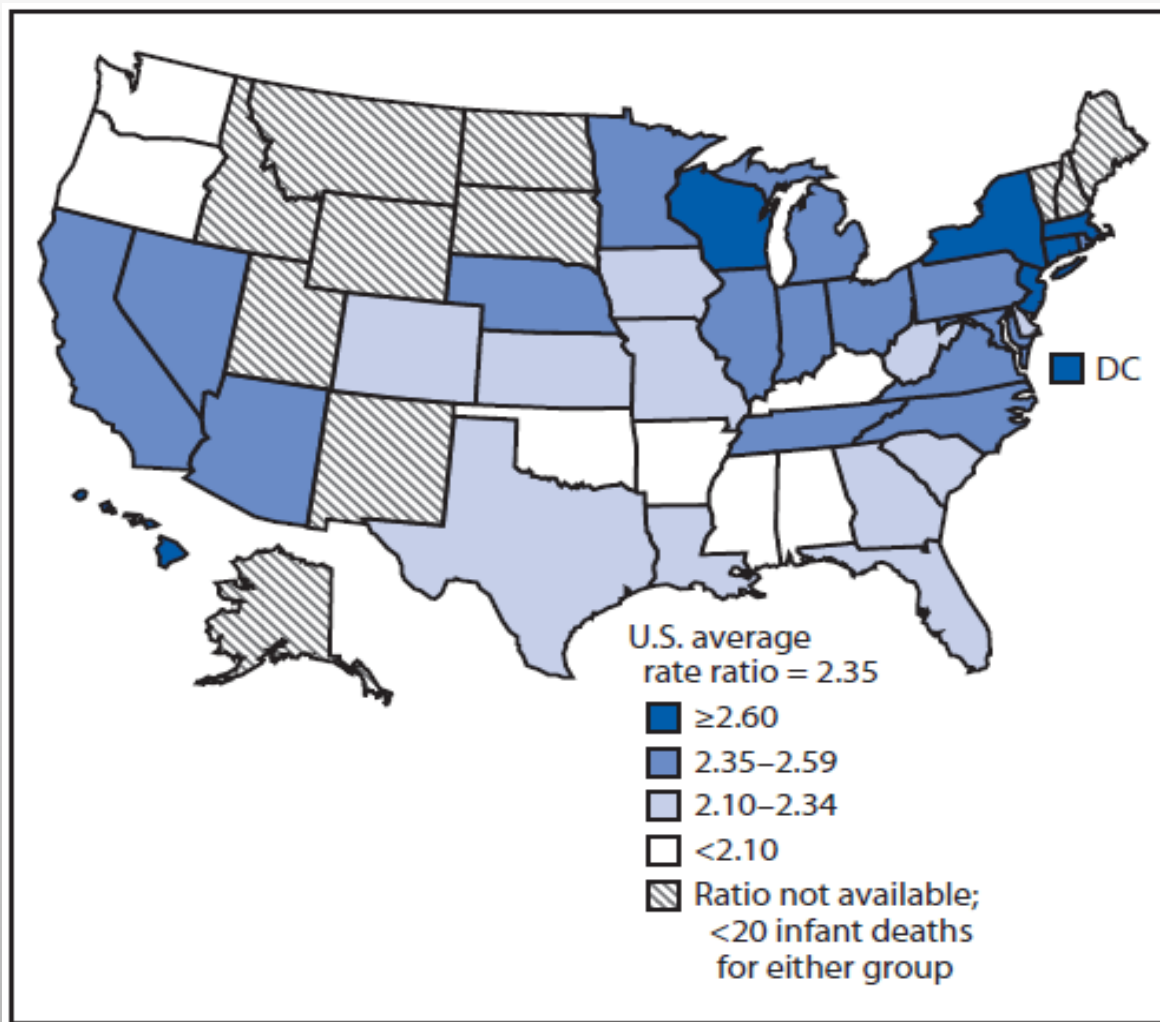
Equity



Advancing Health Equity in Minnesota

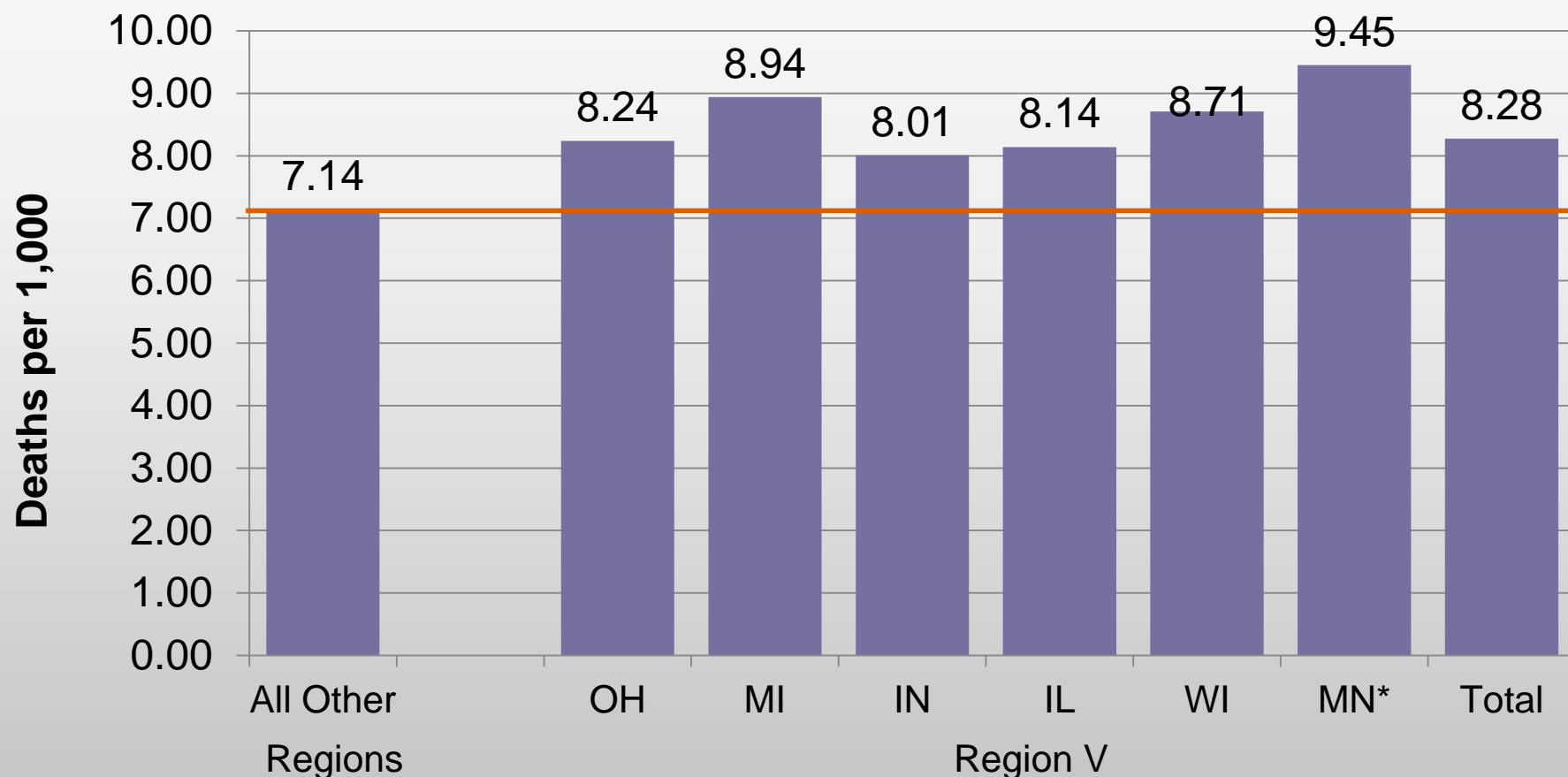
“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”

Ratio of non-Hispanic black and non-Hispanic white infant mortality rates,* by state — United States, 2006–2008



Source: National Vital Statistics System, NCHS, CDC

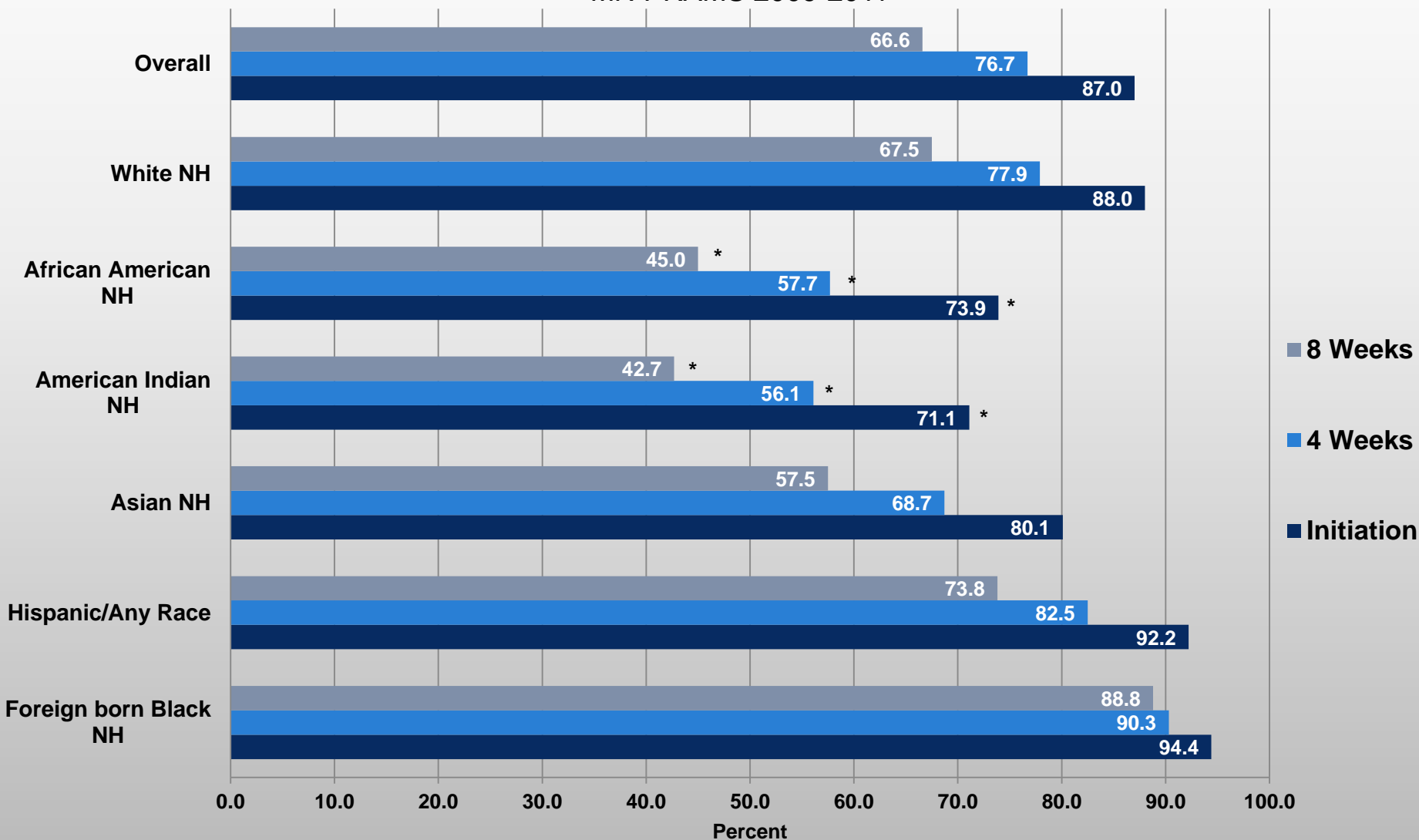
Infant Mortality Black-White Disparity in MN is one of the highest in the US



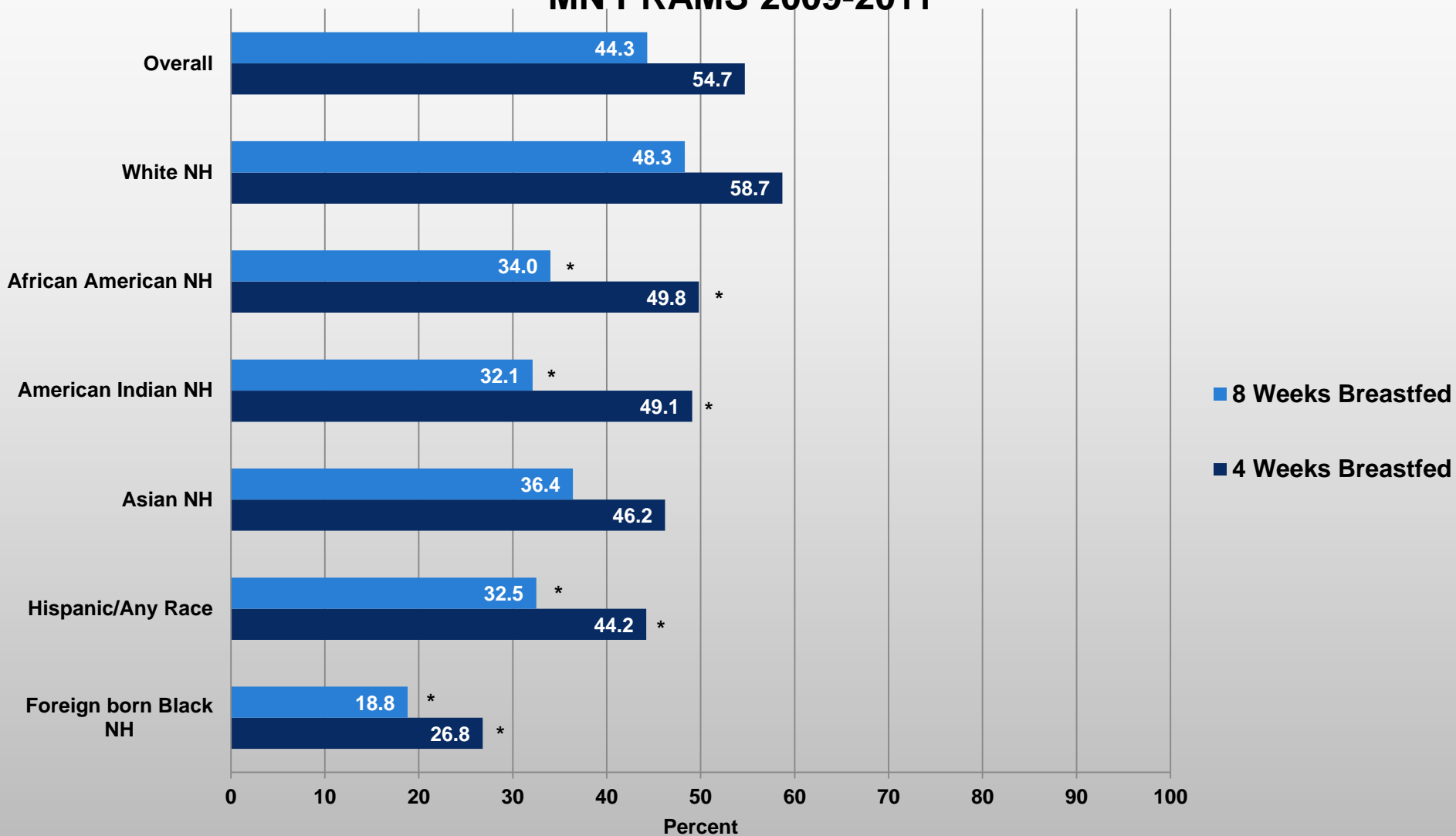
Rate Ratio	2.32	2.31	2.51	2.24	2.48	2.63	3.05	2.43
Population Attributable Fraction	16%	18%	22%	13%	20%	14%	11%	18%

*US-born Black mothers

Breastfeeding Initiation & Duration at 4 & 8 Weeks by Race/Ethnicity MN PRAMS 2009-2011

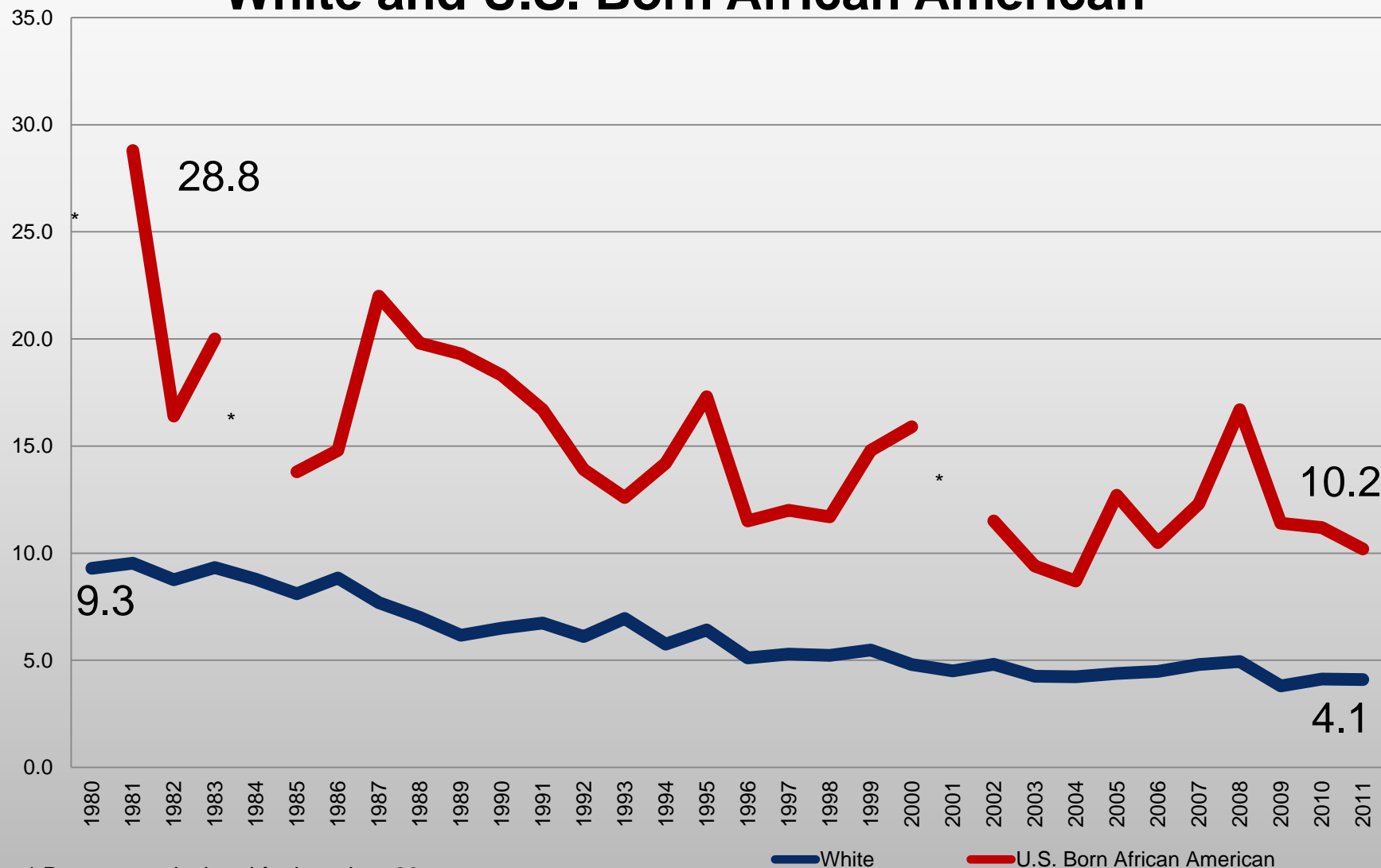


Breastfeeding Exclusivity at 4 & 8 Weeks by Race/Ethnicity MN PRAMS 2009-2011



Infant Mortality Rate in Minnesota, 1980-2011

White and U.S. Born African American



* Rates not calculated for less than 20 events

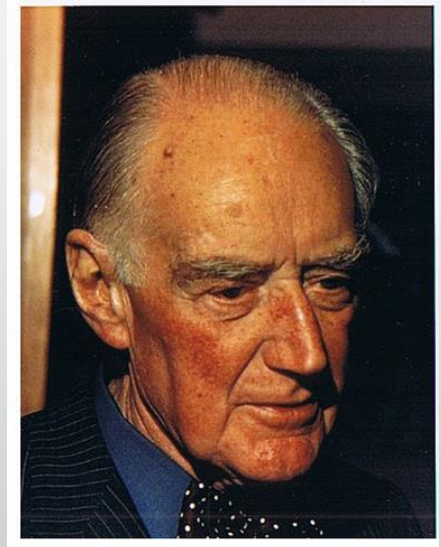
Disparities in Birth Outcomes are the tip of the health disparities iceberg



The role of public health

“The landmarks of political, economic and social history are the moments when some condition passed from the category of the given into the category of the intolerable. I believe that the history of public health might well be written as a record of successive re-definings of the unacceptable.”

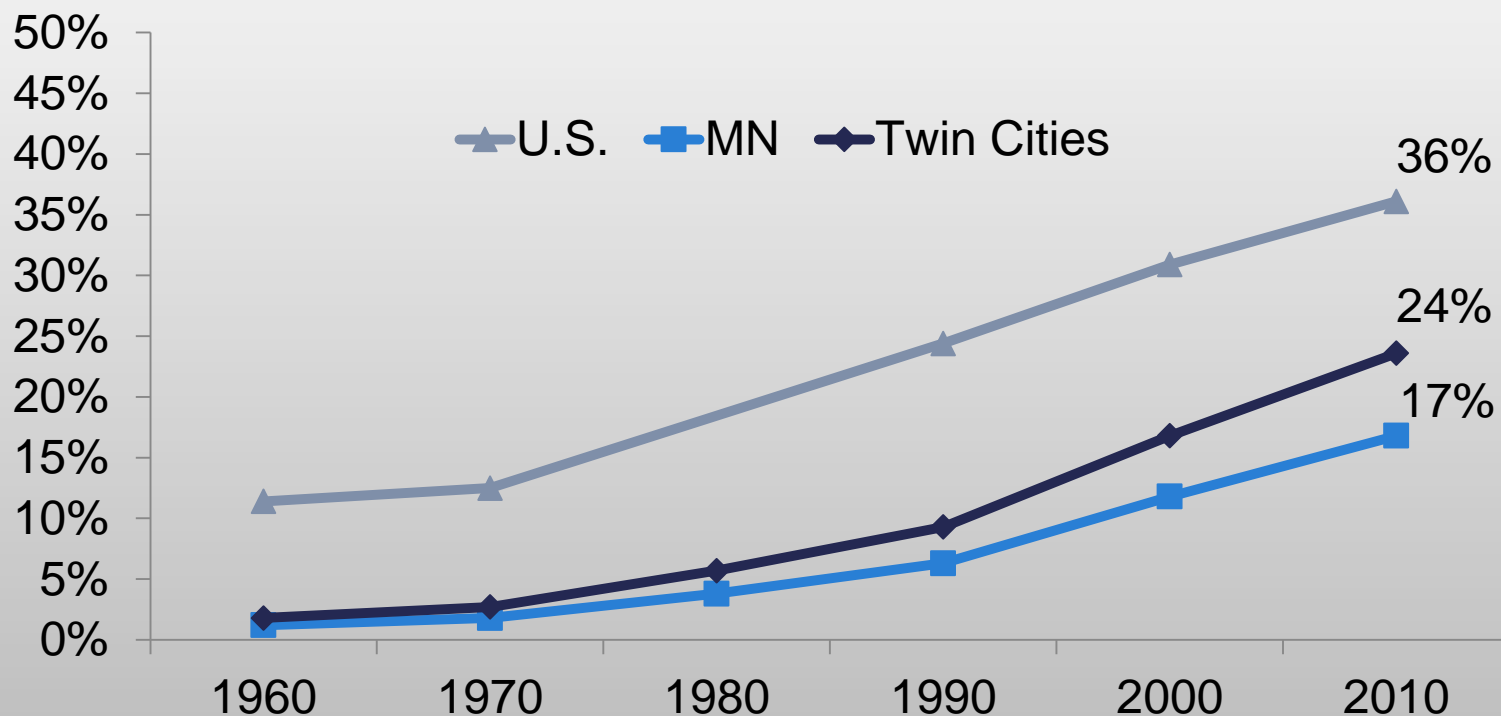
Geoffrey Vickers



Why is addressing disparities important?

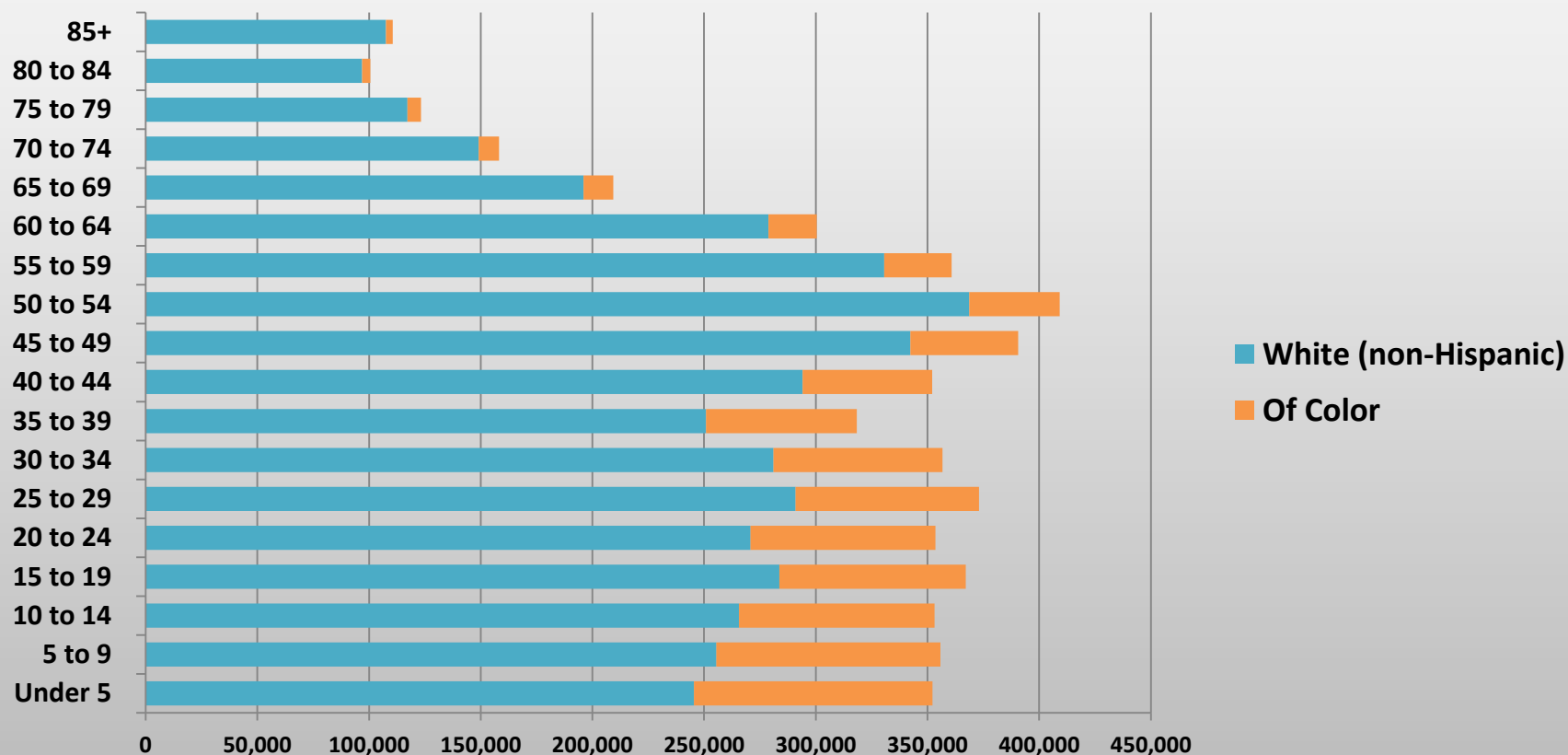
50 years of growing diversity

**Percent Of Color
1960-2010**



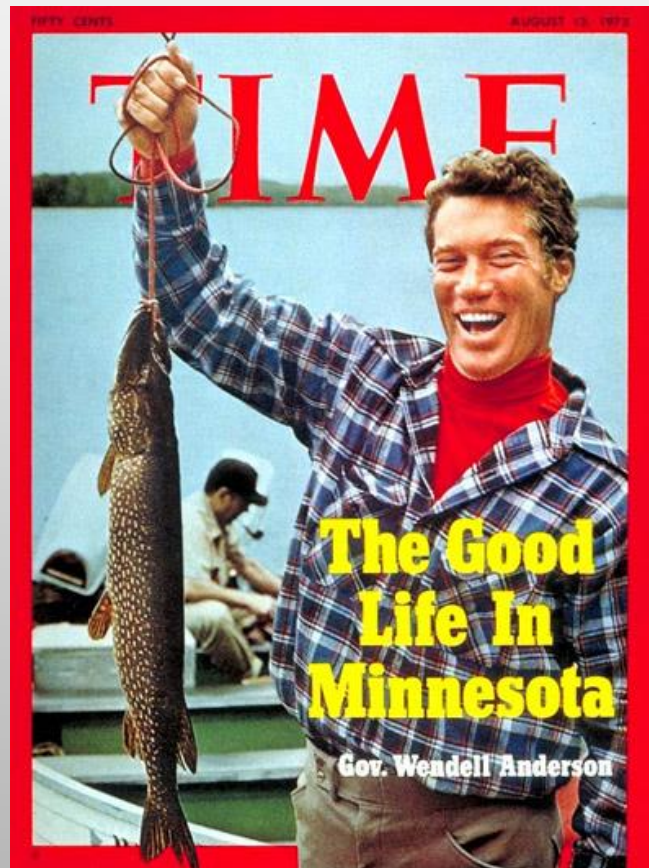
A portrait of Minnesota, 2011

White (non-Hispanic) and Of Color Population Minnesota, 2011



Source: 2011 Population Estimates, U.S. Census Bureau.

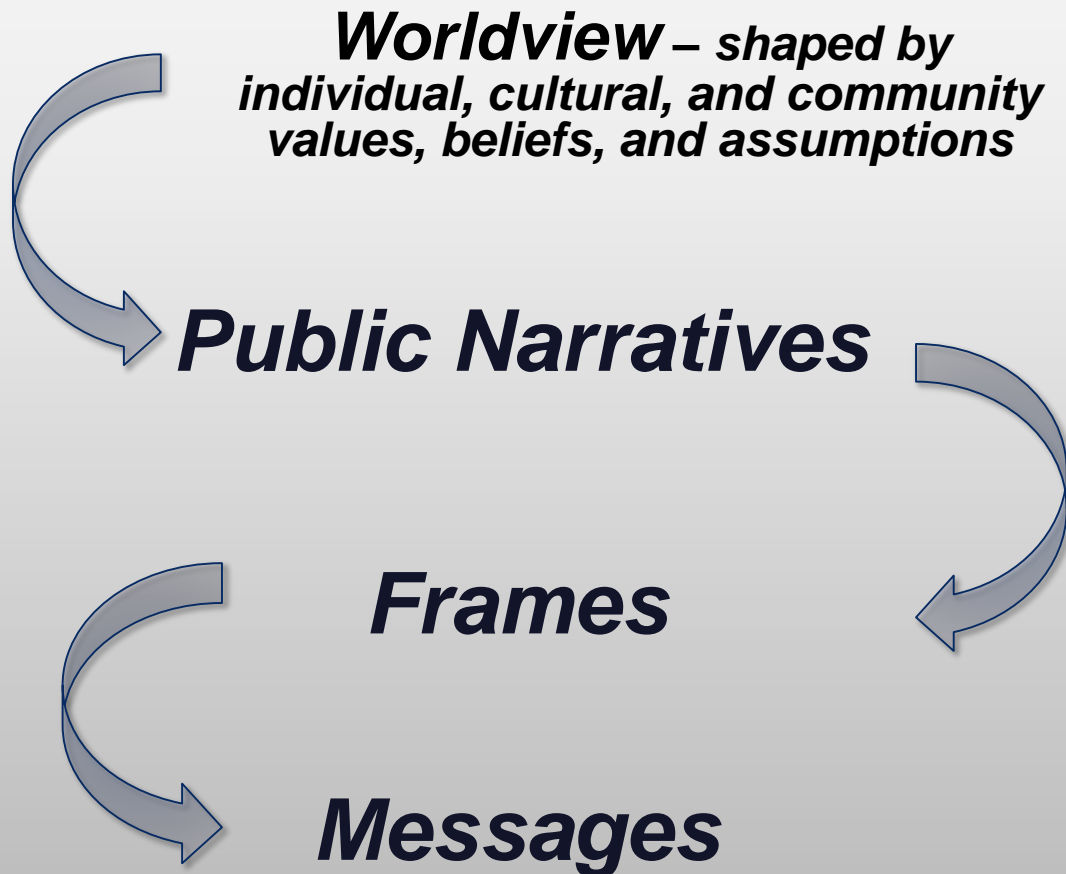
What Would It Take To Move Disparities from “Given” to “Intolerable” and Assure the “Good Life” for All Minnesotans?



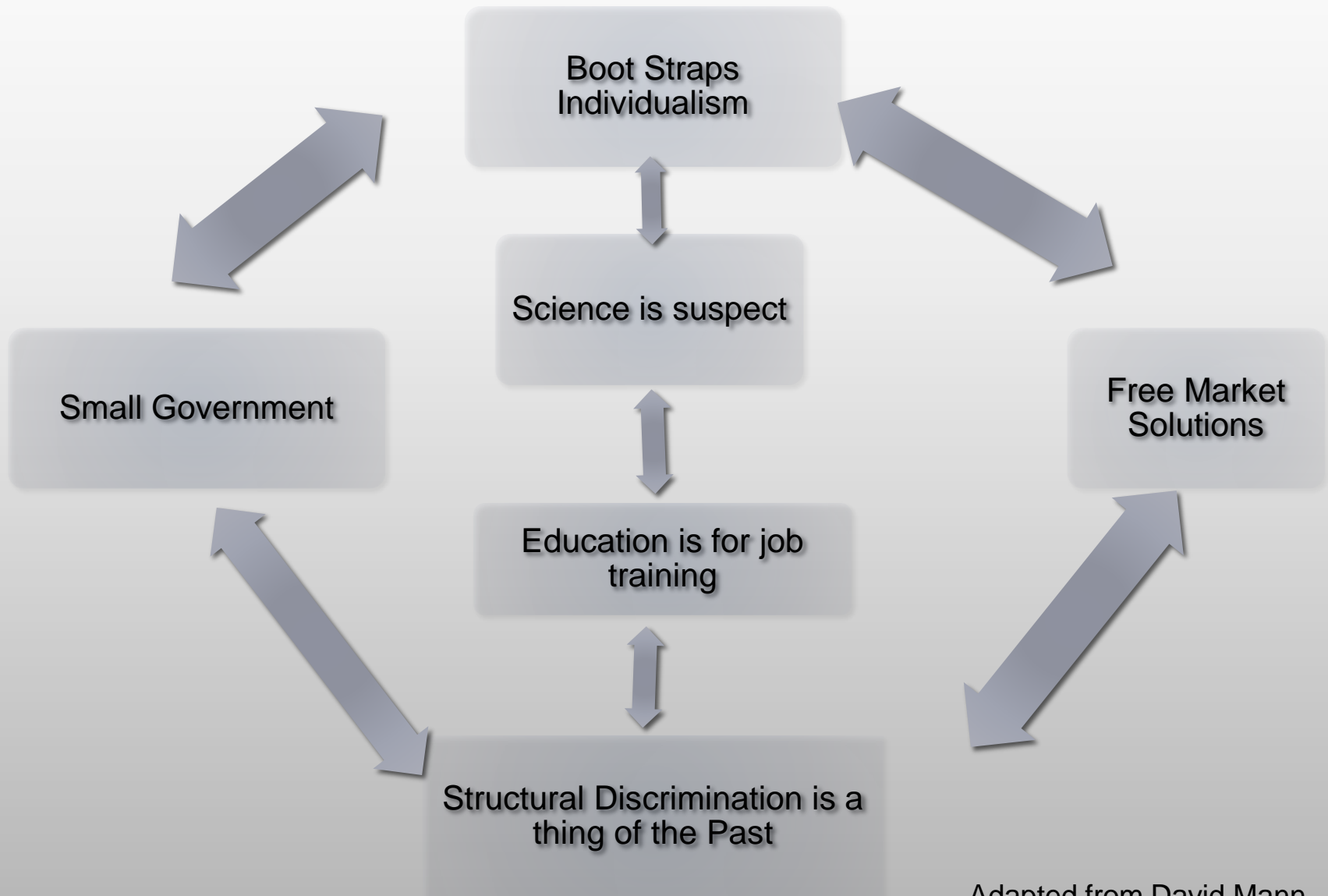
Advancing Health Equity: Achieving Optimal Health for All

- Expand the understanding about what creates health
- Assure the conditions that create health

Importance of Narrative



Themes of Dominant Worldview/Narrative



Adapted from David Mann

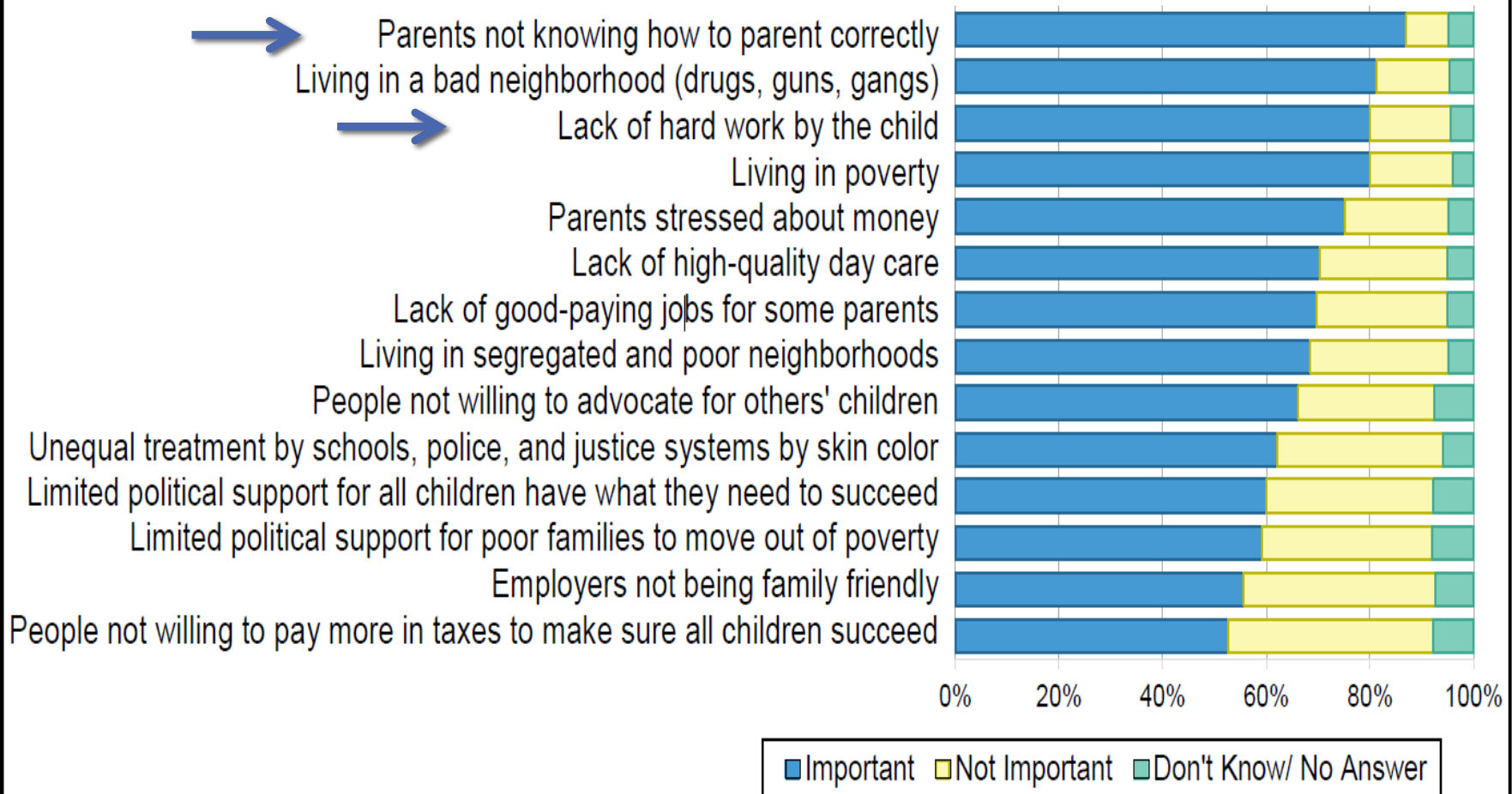
What's the common understanding of what determines health?

- Access to insurance and high quality health care
- Personal choices about physical activity, diet, and substance use

Breakthrough Initiative Survey 10/14

Raising of America/Unnatural Causes

Public Perceptions of Narratives on Why Children Struggle



Racial Disparity in Breastfeeding Rates

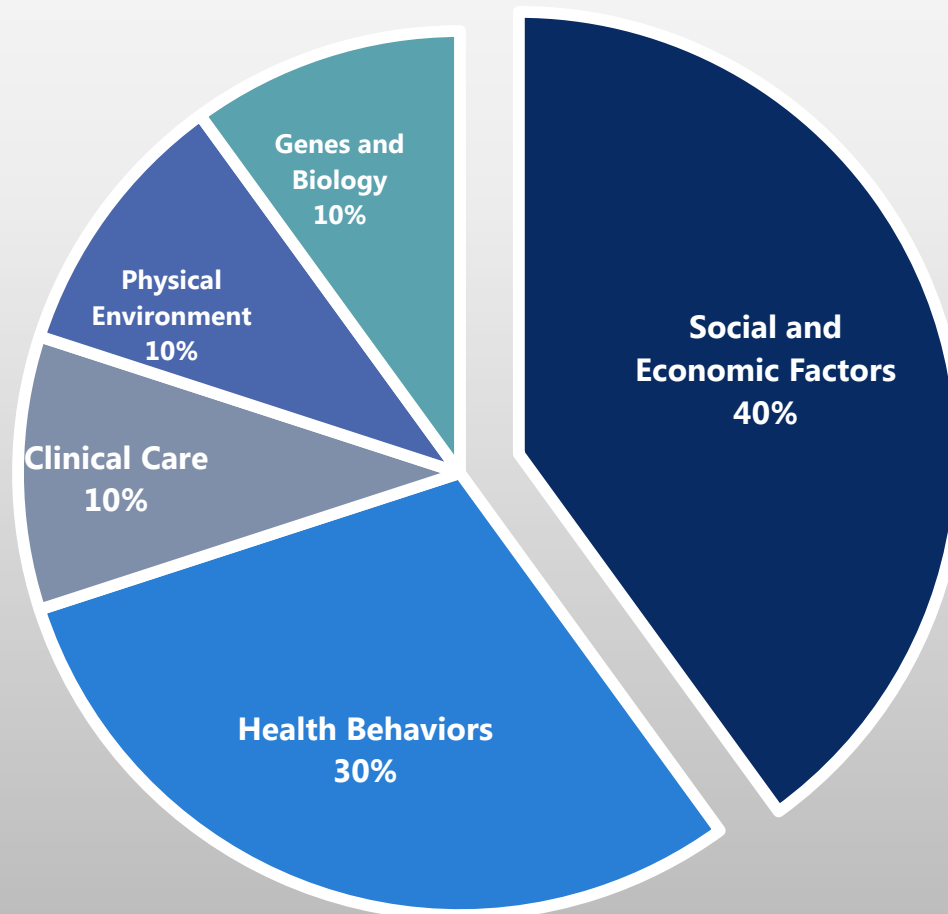
Reduced at Baby-Friendly Hospitals

- Disparities in breastfeeding rates in low income and women of color
- Biased view that there is a “cultural” reason
 - “that’s their culture, they always supplement”
 - “they don’t breastfeed”
- The Research says otherwise....
- Babies born in Baby-Friendly Hospitals have higher BF rates across all income and ethnicities **

**Merewood, et al J Hum Lact 2007 May; 23(2) and Merewood, et al Pediatrics 2005 Sep;116(3)

What Really Creates Health?

Determinants of Health



Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

Communities of Opportunity

- Parks
- Walking/Biking paths
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transportation
- Vibrant healthy homes
- Home ownership

Good Health Status

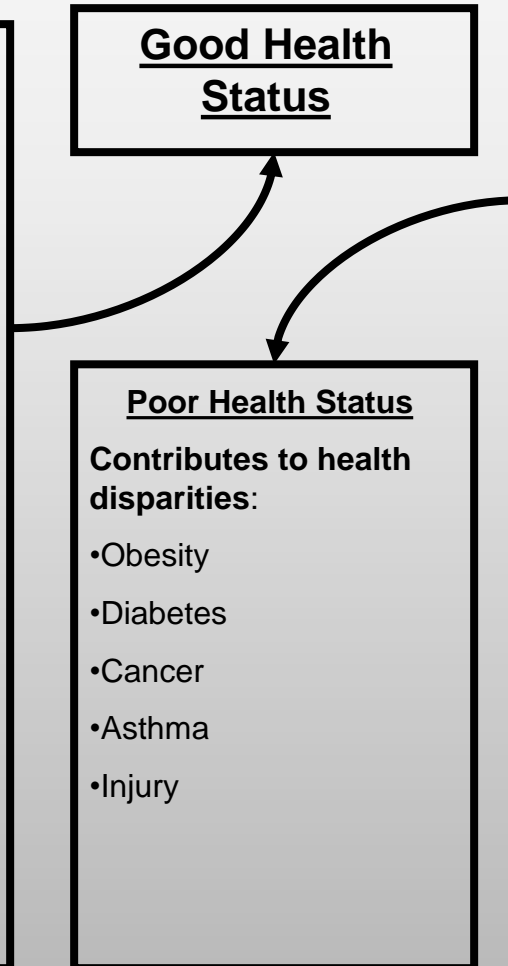
Poor Health Status

Contributes to health disparities:

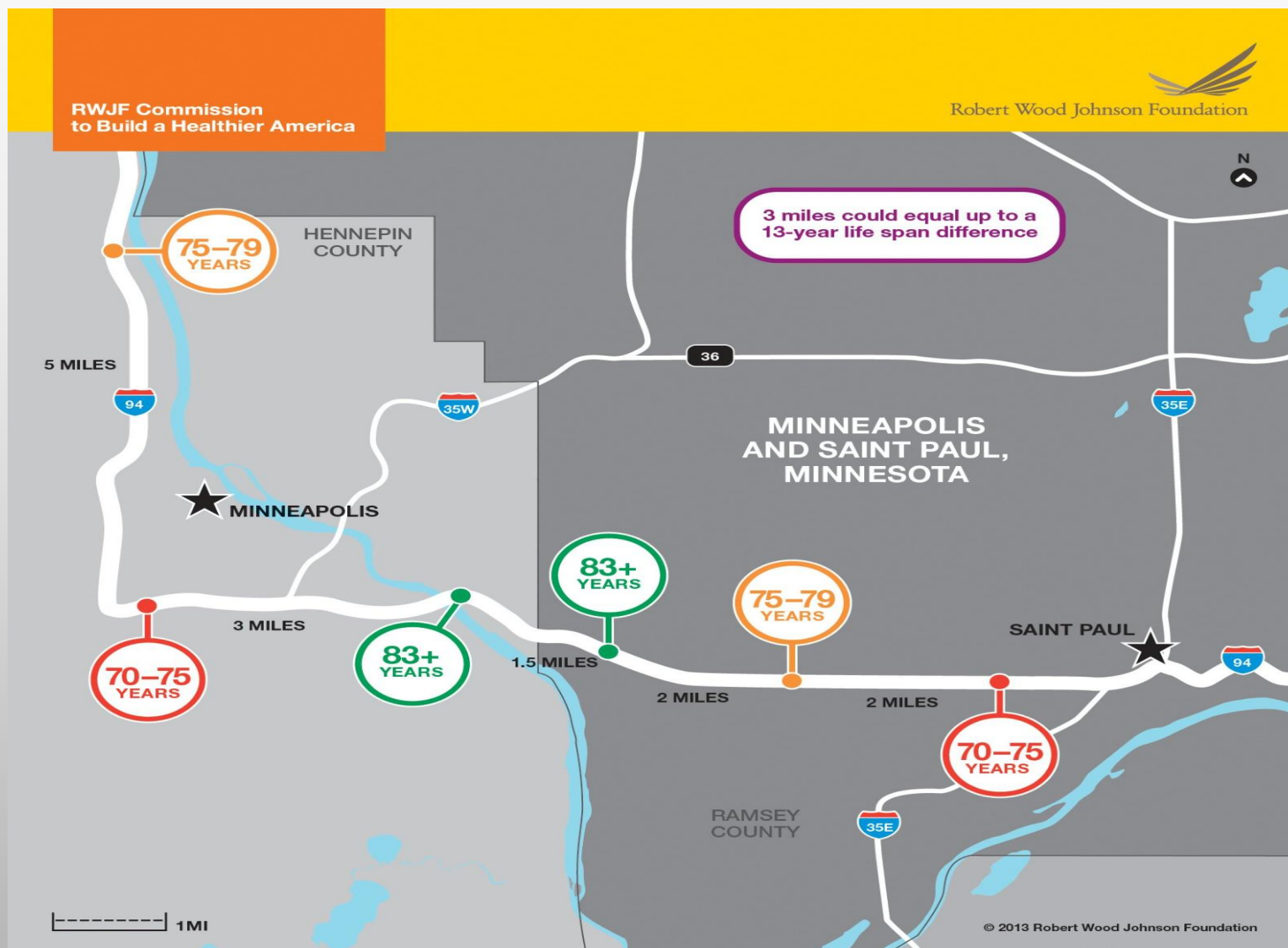
- Obesity
- Diabetes
- Cancer
- Asthma
- Injury

Low- Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Increased Pollution and Toxic Waste Sites
- Limited Public Transportation
- Increased crime
- Poor housing stock
- Rental housing/foreclosure

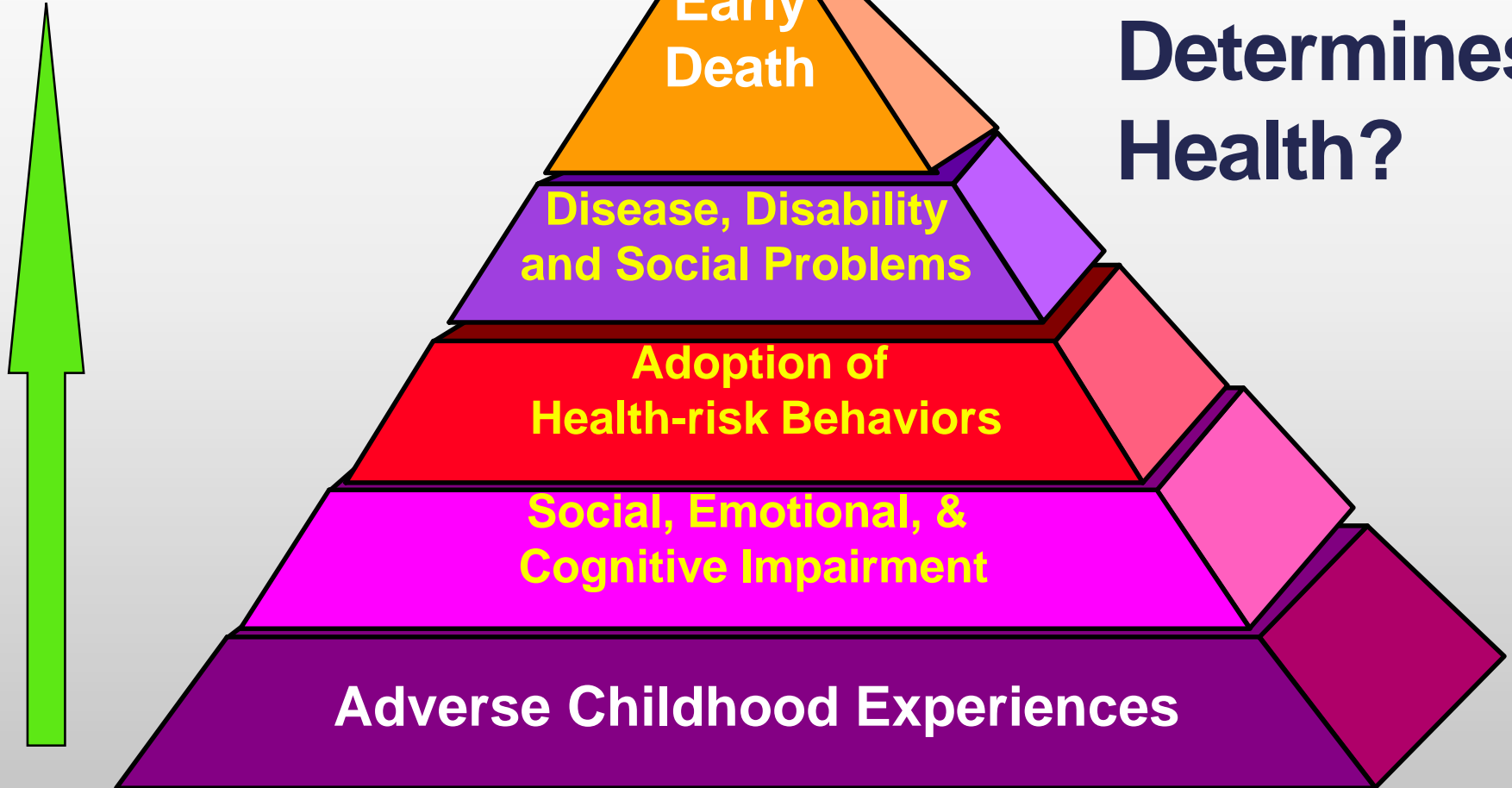


Life Expectancy in Twin Cities – Δ 13 years



Death

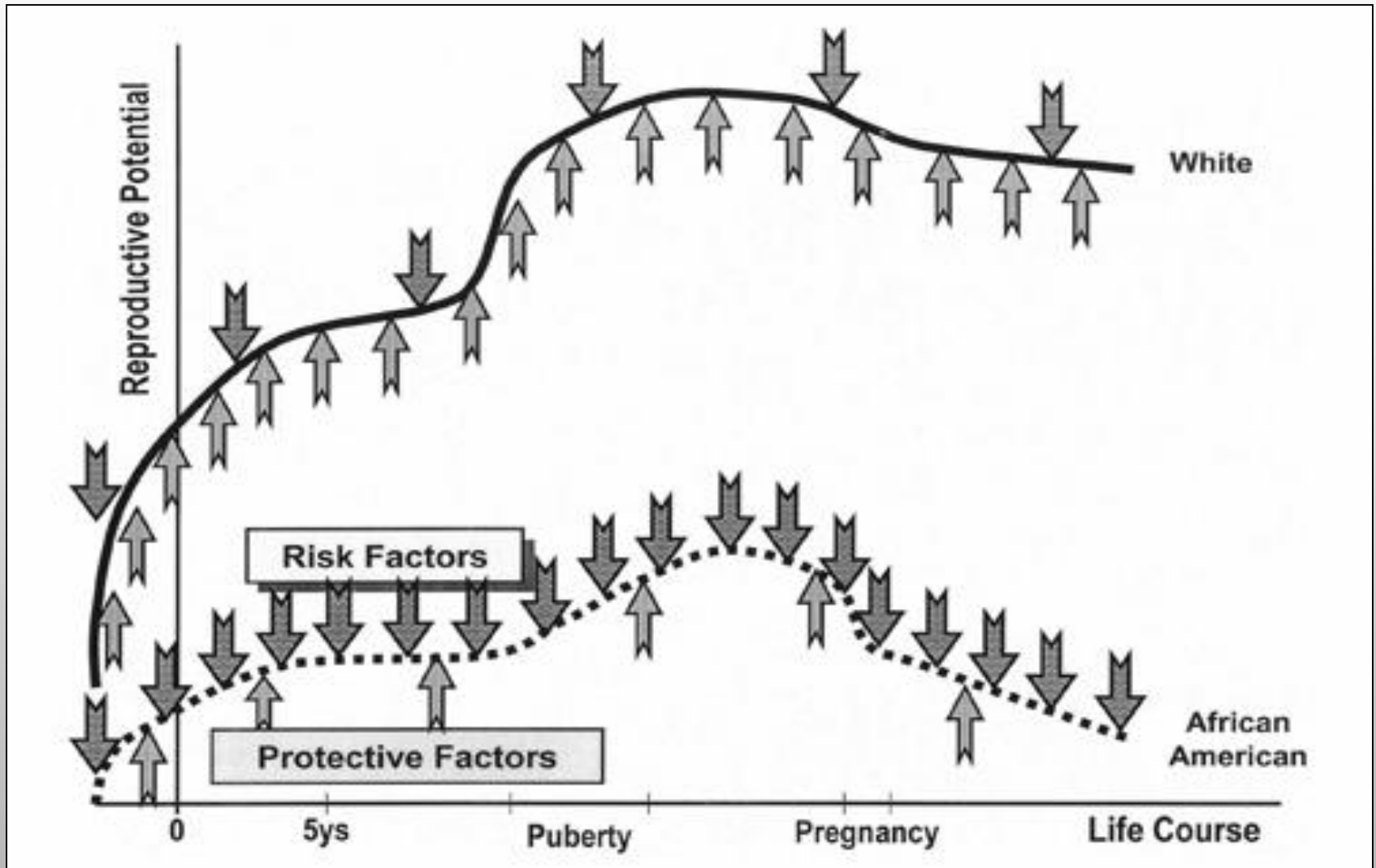
**What
Determines
Health?**



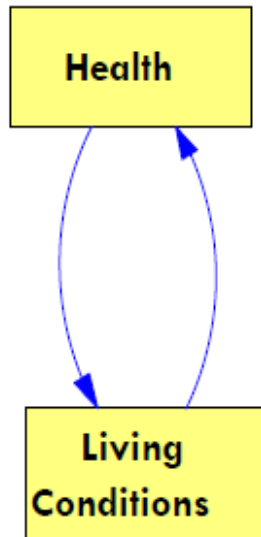
Conception

Adverse Childhood Experiences: childhood abuse and neglect growing up with domestic violence, substance abuse or mental illness in the home, parental discord, crime, incarceration.

The Life Course Perspective



Health is not determined solely by medical care and personal choices.



Health is determined mostly by living conditions.

The Real Narrative About What Creates Health Inequities

- Disparities are not just because of lack of access to health care or to poor individual choices.
- **Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.**
 - Especially, populations of color and American Indians, GLBT, and low income
 - Structural Racism

What Would It Take To Assure Optimal Health for All?

- **Change the narrative about what creates health**
 - Health is not determined by just clinical care and personal choices
 - Health is determined by mostly physical and social determinants
 - Determinants are created & enhanced by policies and systems that impact the physical and social environment

To change the narrative start with a broad and inclusive definition of health

- *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* WHO 1948
- *"Health is a resource for everyday life, not the objective of living."* Ottawa Charter for Health 1986

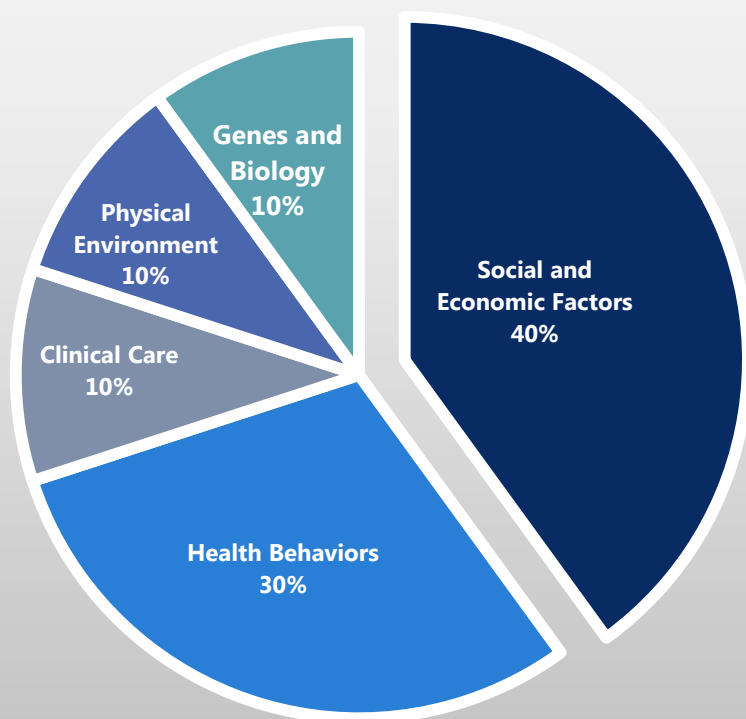
Assess Individual Health in Context of Community Health

Community Indicators for Health and Quality of Life



Consider What Creates Health

Determinants of Health



• Necessary conditions for health (WHO)

- ☀ Peace
- ☀ Shelter
- ☀ Education
- ☀ Food
- ☀ Income
- ☀ Stable eco-system
- ☀ Sustainable resources
- ☀ Mobility
- ☀ Health Care
- ☀ Social justice and equity

Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

The Challenge:

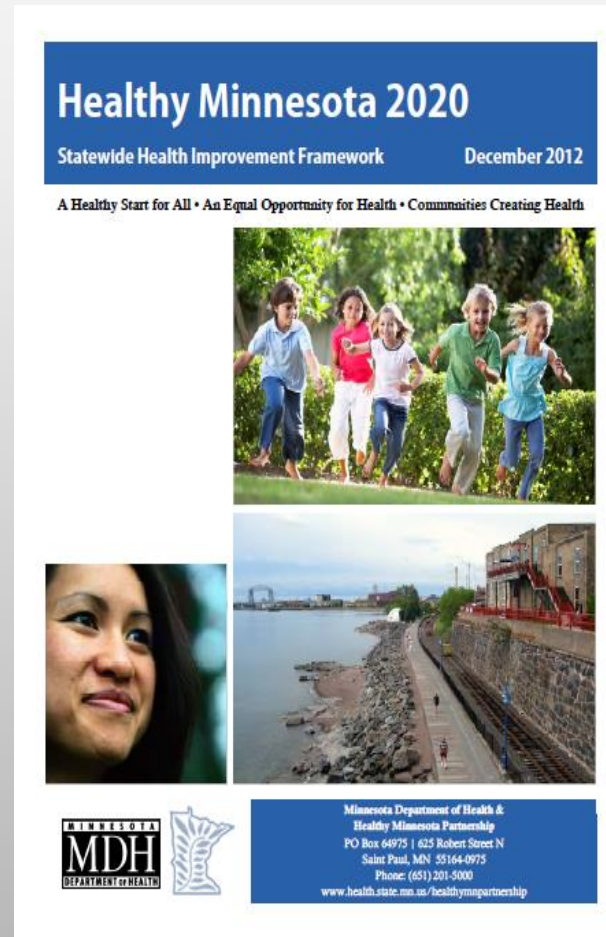
Expand the understanding about what creates health

- Make a discussion about what creates health part of the 2016 U.S. presidential, senate, and house campaigns, and state legislative, gubernatorial, and local office campaigns

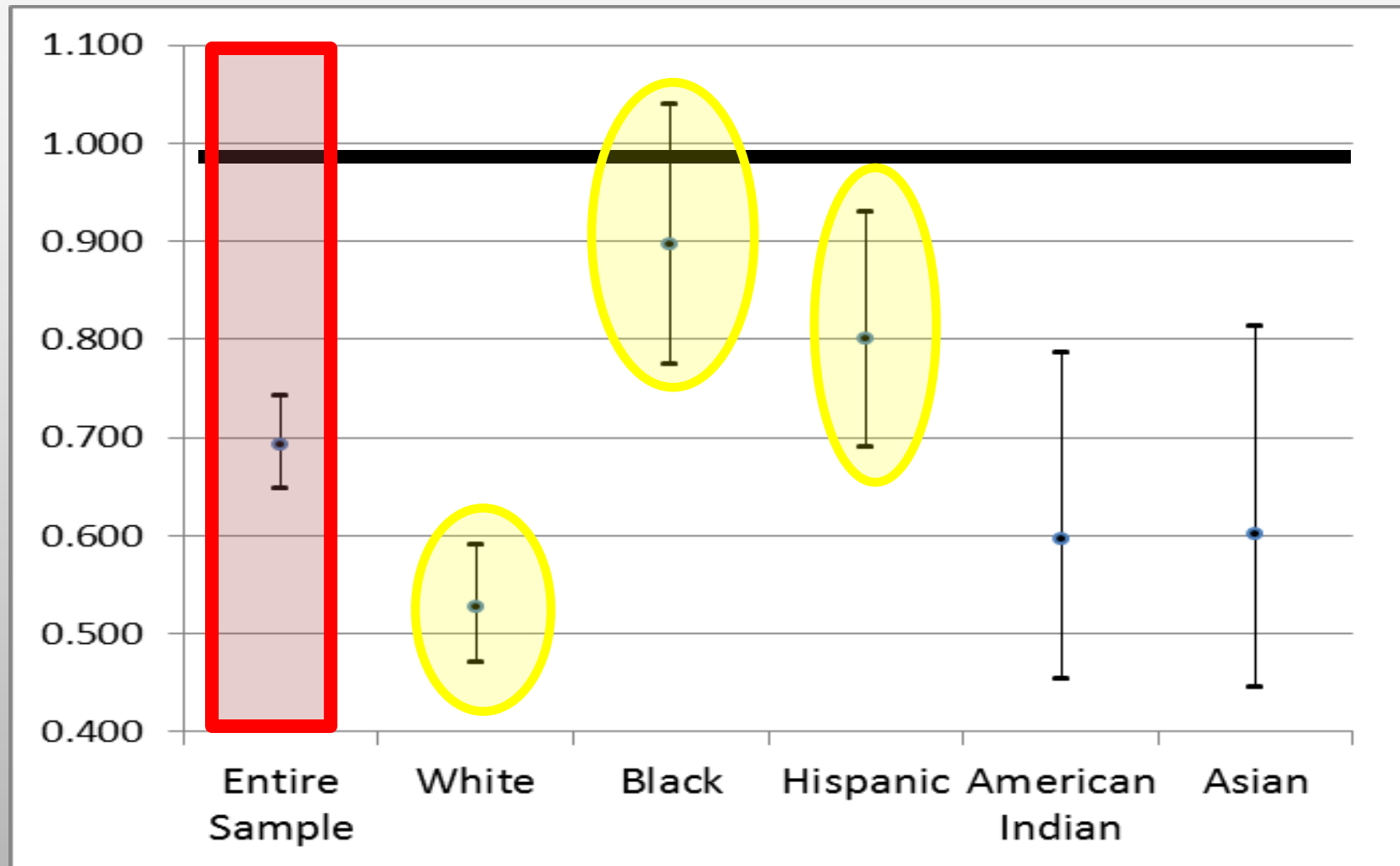
Expand the understanding about what creates health

- Develop a strategy to change the narrative about what creates health.
- Develop state public health plans to identify and address conditions that create health.
- **Have all organizations consider their role in addressing the conditions that create health**

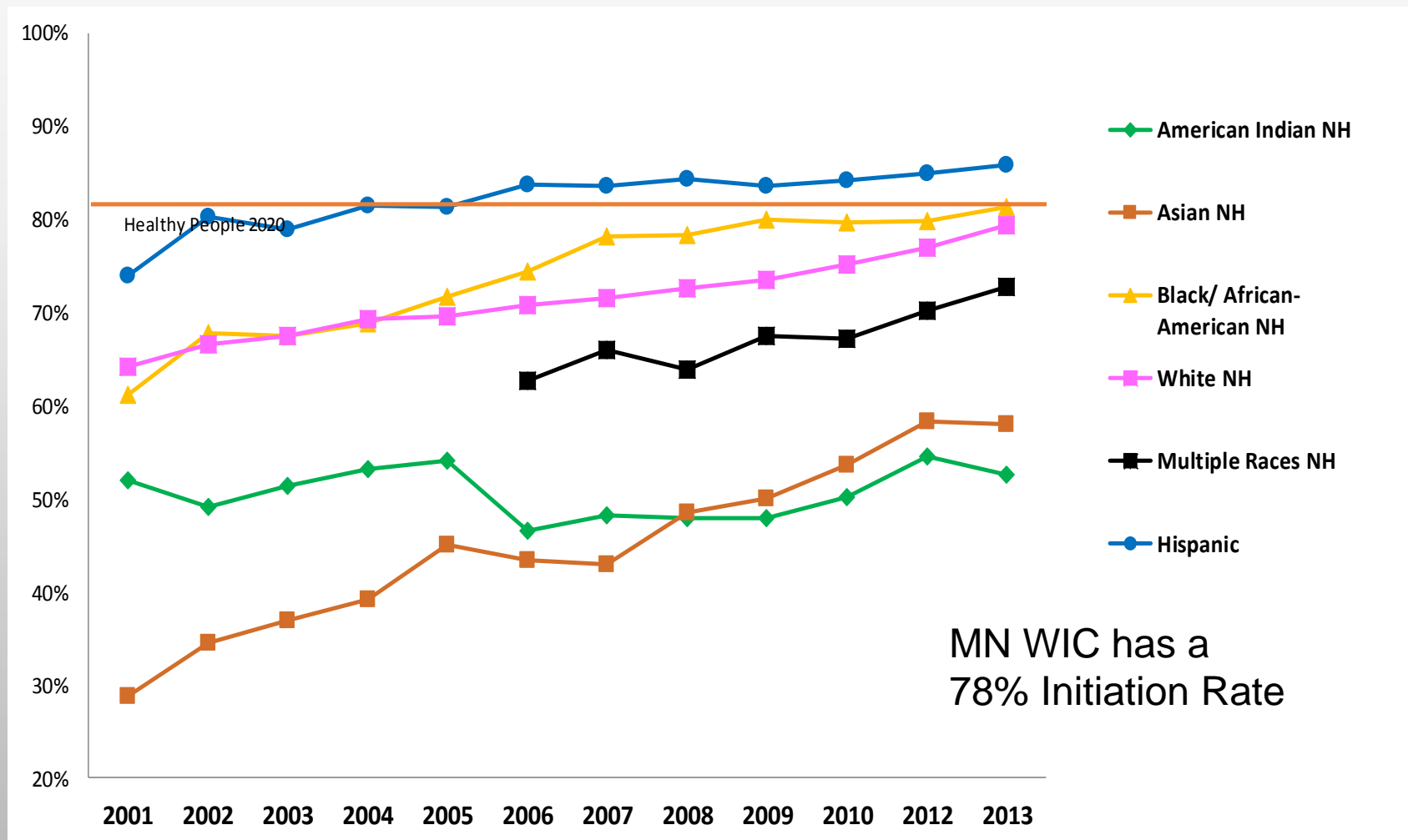
Assure the conditions that create health



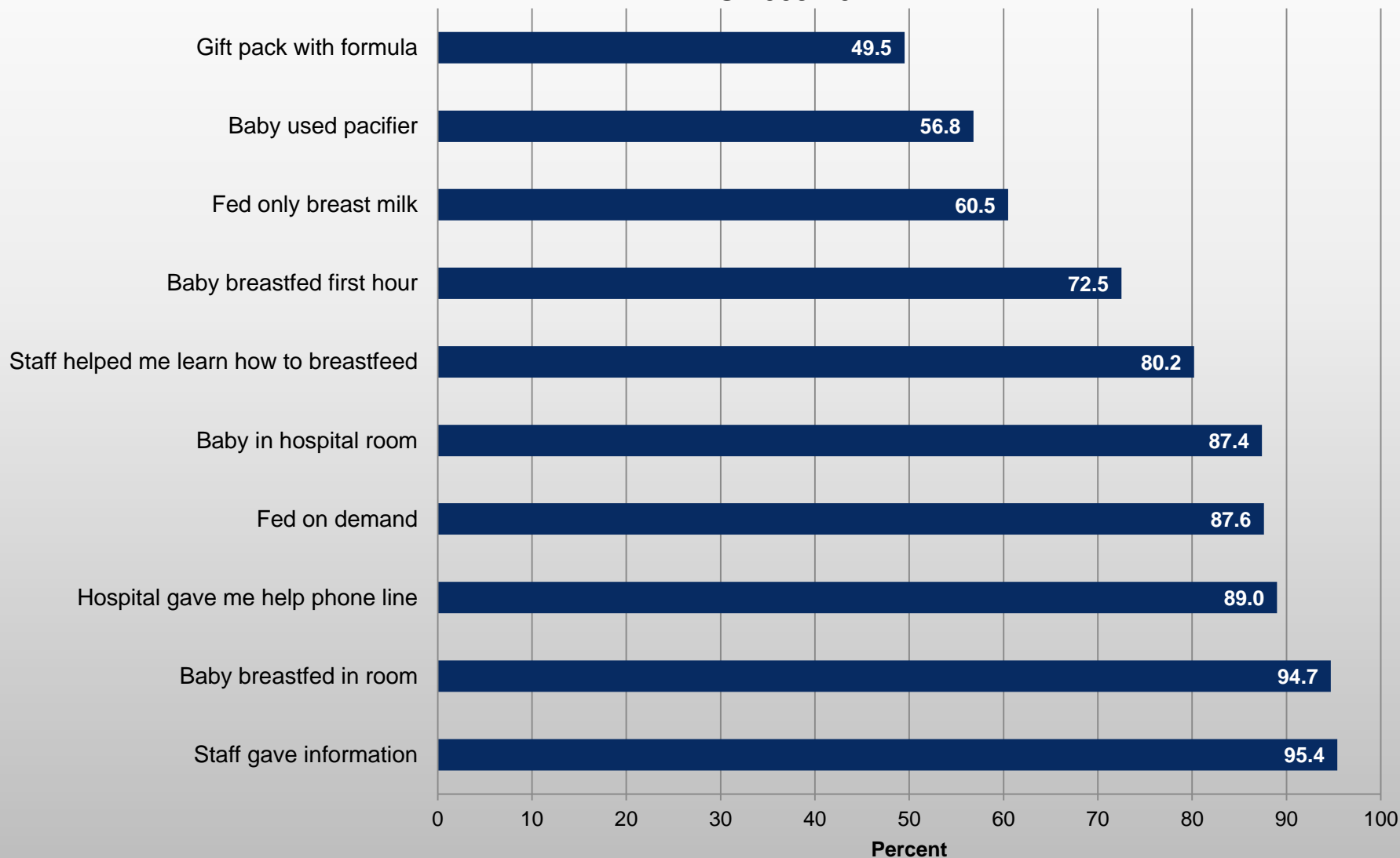
Ratio of odds of obesity at age 4, breastfeeding ≥ 6 mos versus never breastfeeding, by race/ethnicity



Breastfeeding Initiation by Race/Ethnicity in Minnesota WIC



Hospital Practices Where Baby Born MN PRAMS 2009-2011



Formula Introduction in the Hospital Decreases Breastfeeding Duration in MN WIC Infants

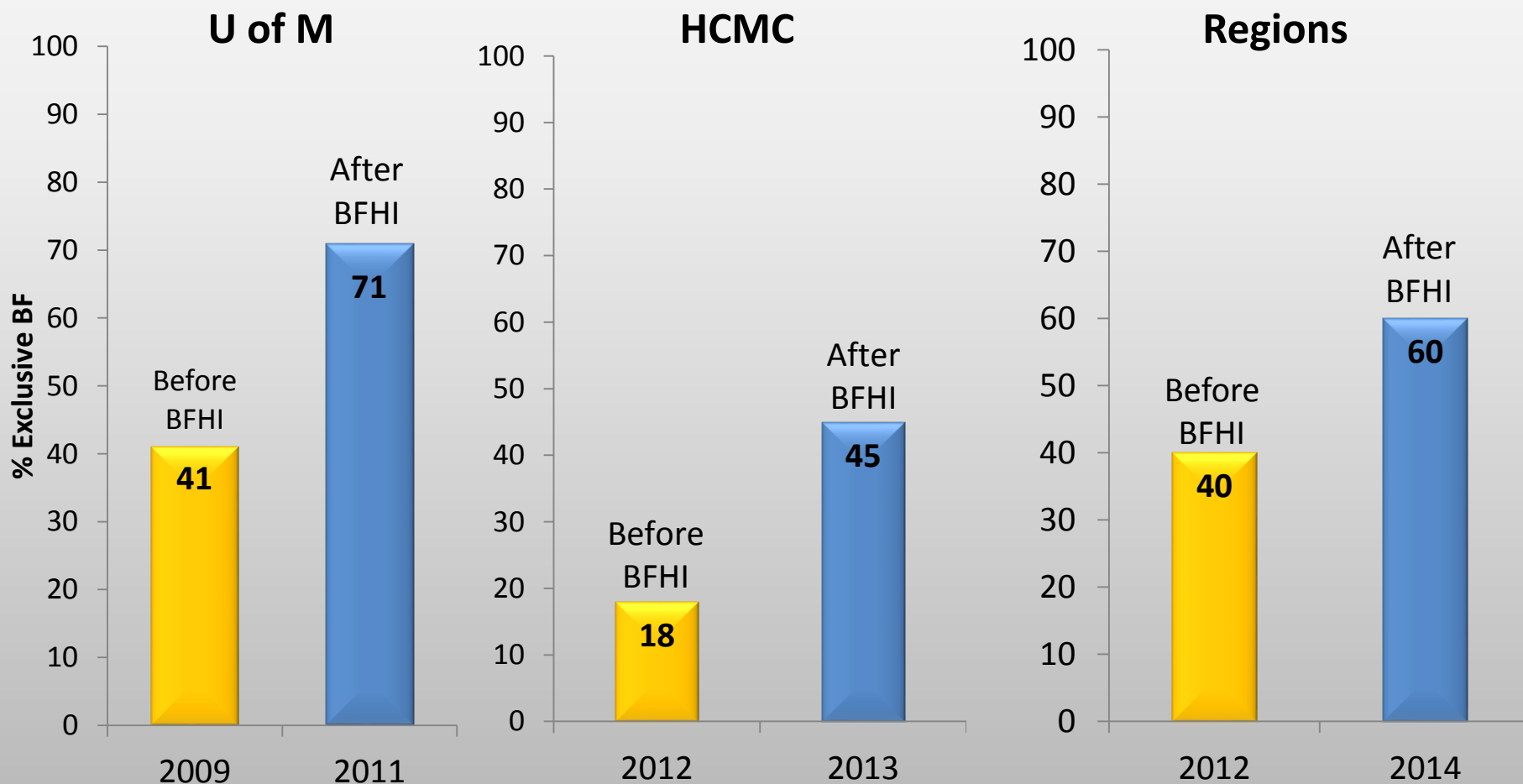


Minnesota Department of Health WIC 2011

- 50% of Minnesota WIC infants received formula while in the hospital.
- Infants fed formula in the hospital were **144%** more likely to have **stopped breastfeeding** by three months than those with no formula in the hospital.

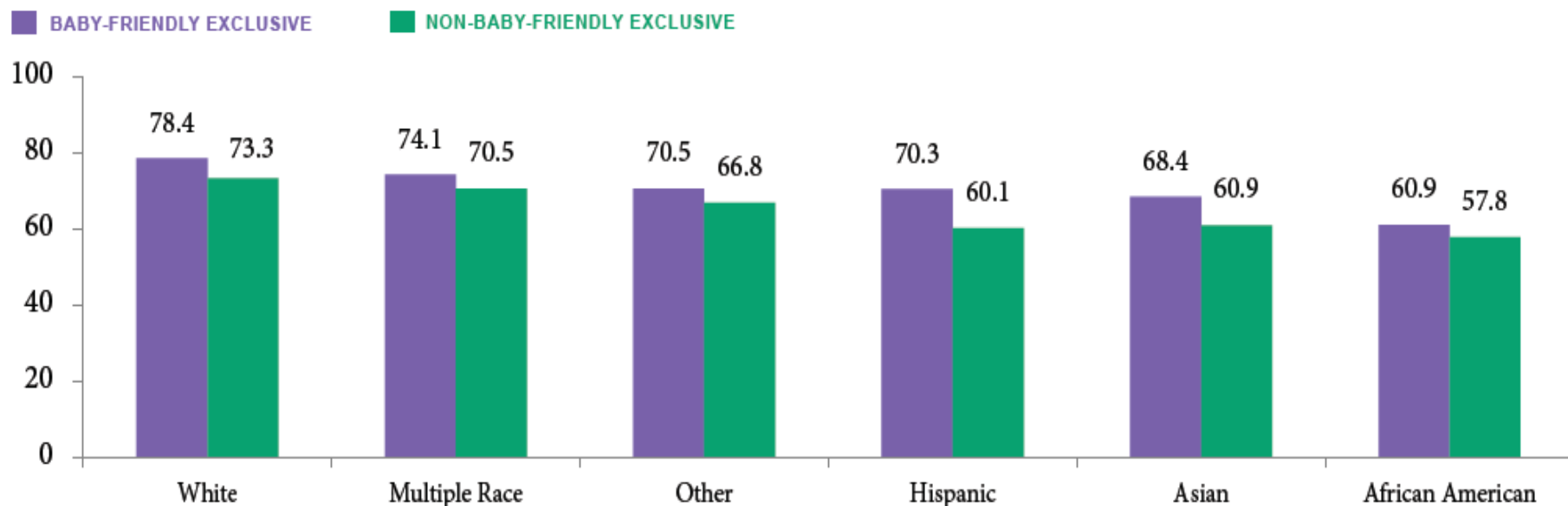
Minnesota WIC Summary Statistics Supplemental Report- Breastfeeding: July 2009 – June 2010. Additional analysis by Karl Fernstrom, MPH candidate UofM SPH.

Exclusive Breastfeeding Rates at MN Hospitals after Ten Steps



Baby-Friendly Reduces Racial Disparities

Figure 3. Exclusive Breastfeeding by Ethnicity; Baby-Friendly Versus Non-Baby-Friendly Hospitals (2013)



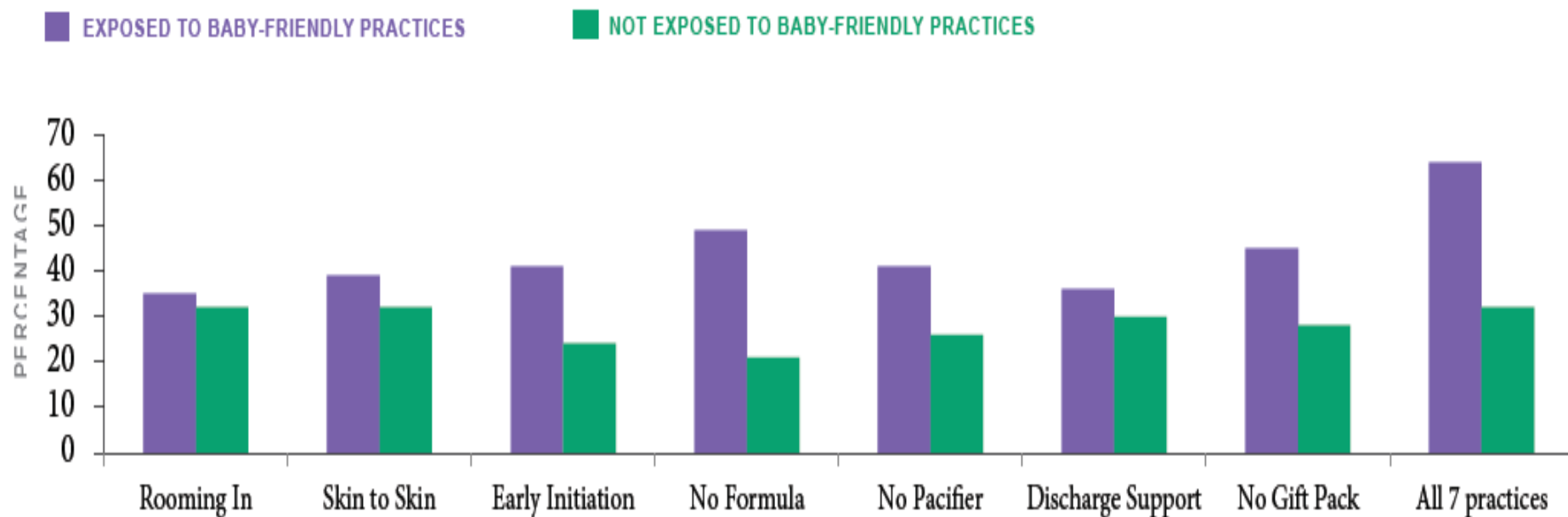
Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data, 2013.

Bringing Breastfeeding Home: Building Communities of Care. California Fact Sheet: 2013 Data. CA WIC Assn. and UC Davis Human Lactation Center.

<http://www.calwic.org/storage/documents/FactSheets2014/statefactsheet2014FINAL.pdf>

Practices Increases Exclusivity

Figure 2. Mothers Reporting Exclusive Breastfeeding at 3 Months of Age, by Hospital Experience (2010)



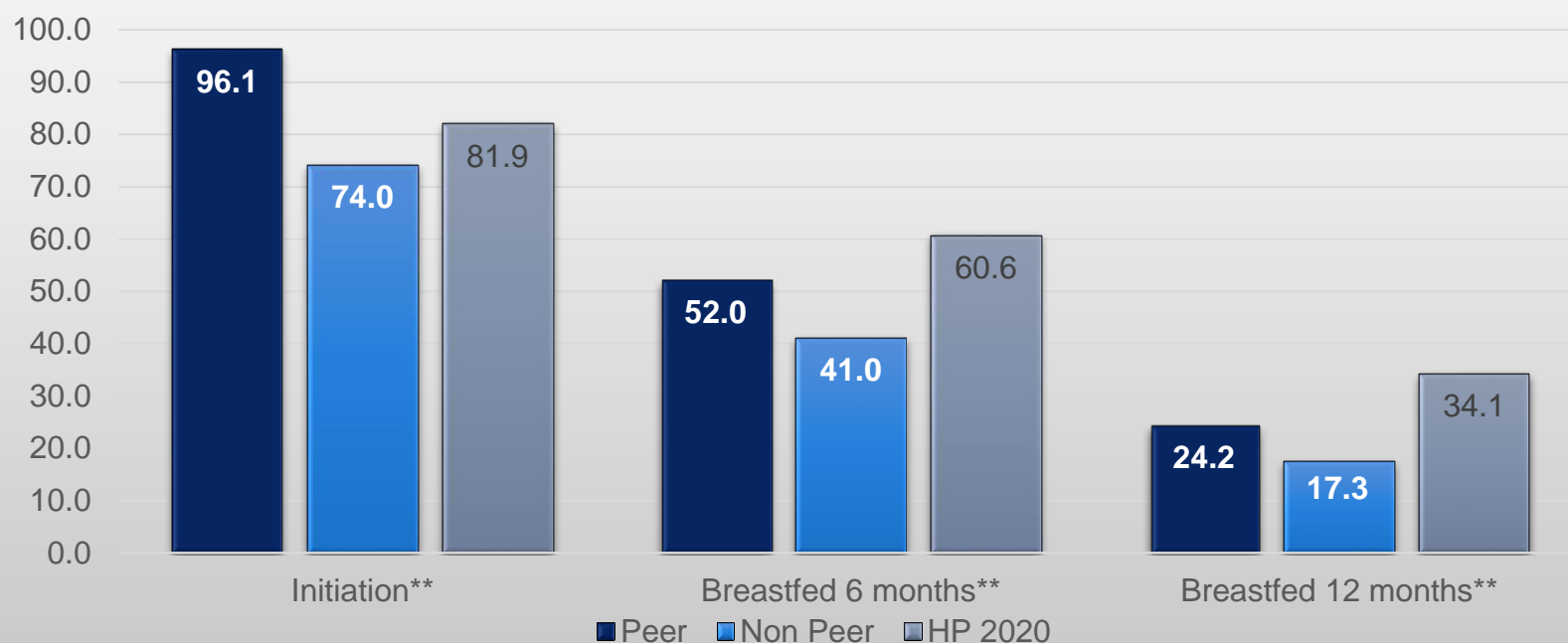
Source: Maternal and Infant Health Assessment Survey, 2010 (www.cdph.ca.gov/MIHA)

Baby-Friendly: Global and Local

- **20,000** hospitals in **150** countries are designated Baby-Friendly
- **12%** of births occur in Baby-Friendly designated facilities
- **256** hospitals in 46 states & District of Columbia
- **7 of 97 Minnesota birth centers are Baby-Friendly certified – an increase of 5 hospitals in one year**
 - Mayo Clinic Health Systems - Austin Medical Center (Jan. 2011)
 - U of MN Children's Hospital (Feb 2012)
 - HealthEast – Woodwinds, St. John's & St. Joseph's (June - August 2014)
 - Regions Hospital (Jan. 2015)
 - Hennepin County Medical Center (Feb. 2015)

Breastfeeding Initiation & Duration

MN WIC Peer Program Participants Compared with Non Peer Participants



MN WIC 2012 data. Women participating in peer services have significantly longer duration rates compared to those not participating in peer services.

MN WIC duration was calculated as percentage of those initiating breastfeeding. HP 2020 goals are calculated as a percentage of all births. ** $p < 0.001$

How can we capitalize on the opportunities for infants to do better?

Improve Birth Outcomes

- Reduce premature births
- Reduce early elective inductions

Improve breastfeeding rates

- Address barriers
 - Knowledge
 - Support
 - Employment & Child Care
 - Hospital Maternity Care practices



What else can you do?

- Workplace policies around breastfeeding
- Moms Clubs within facilities
- Supporting other professionals who enhance breastfeeding
- Address the social determinants of health

Themes

Capitalize on the opportunity to influence health in early childhood

Assure that the opportunity to be healthy is available everywhere and for everyone

Strengthen communities to create their own healthy futures

Indicators

Prenatal care

Breastfeeding

Food security

On-time high school completion

Per capita income

Sense of safety

Small business development

Home ownership

Incarceration justice

Outcomes Social Determinants

Improved lifetime health

Reduced health disparities

More employment success

Healthier relationships

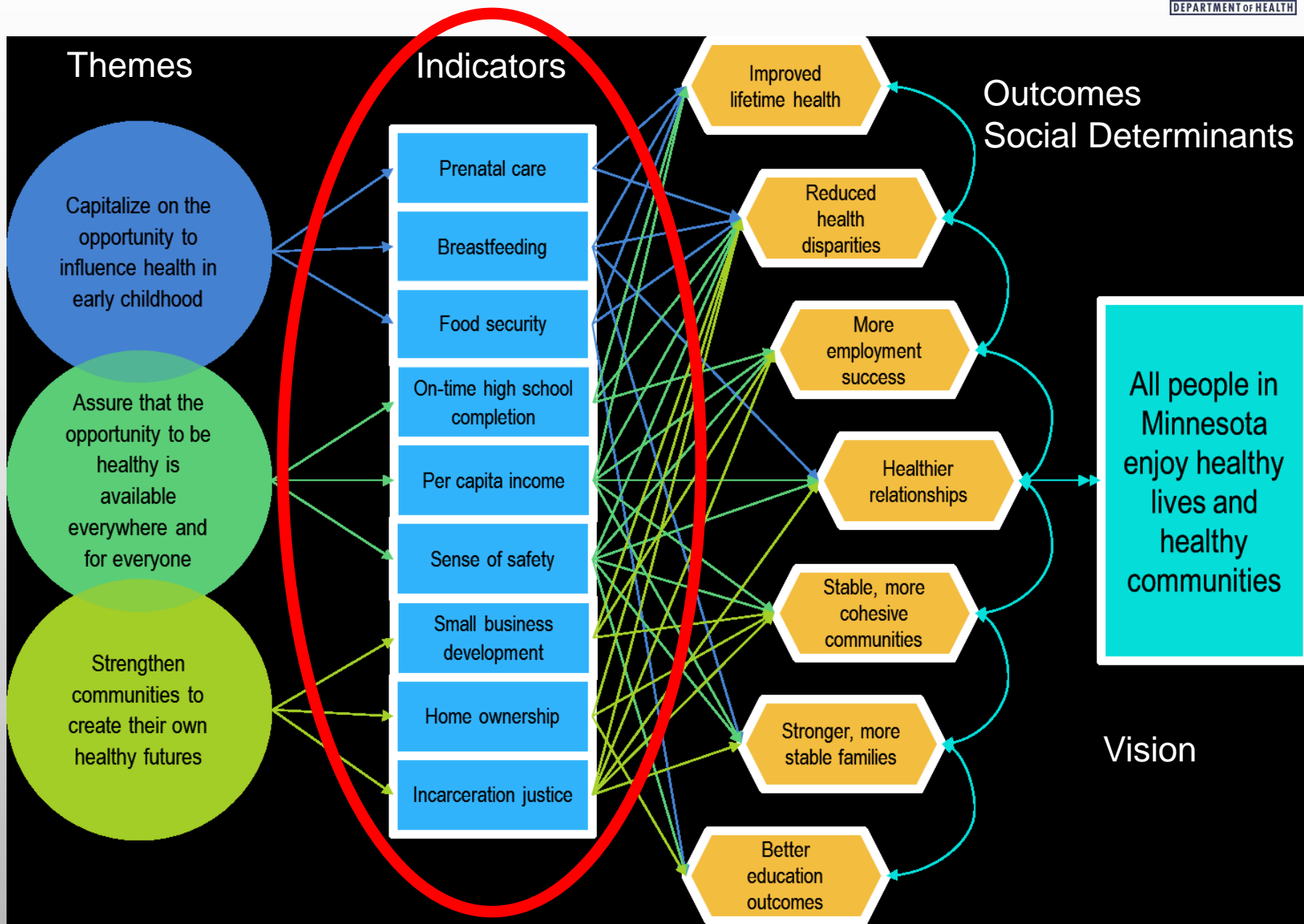
Stable, more cohesive communities

Stronger, more stable families

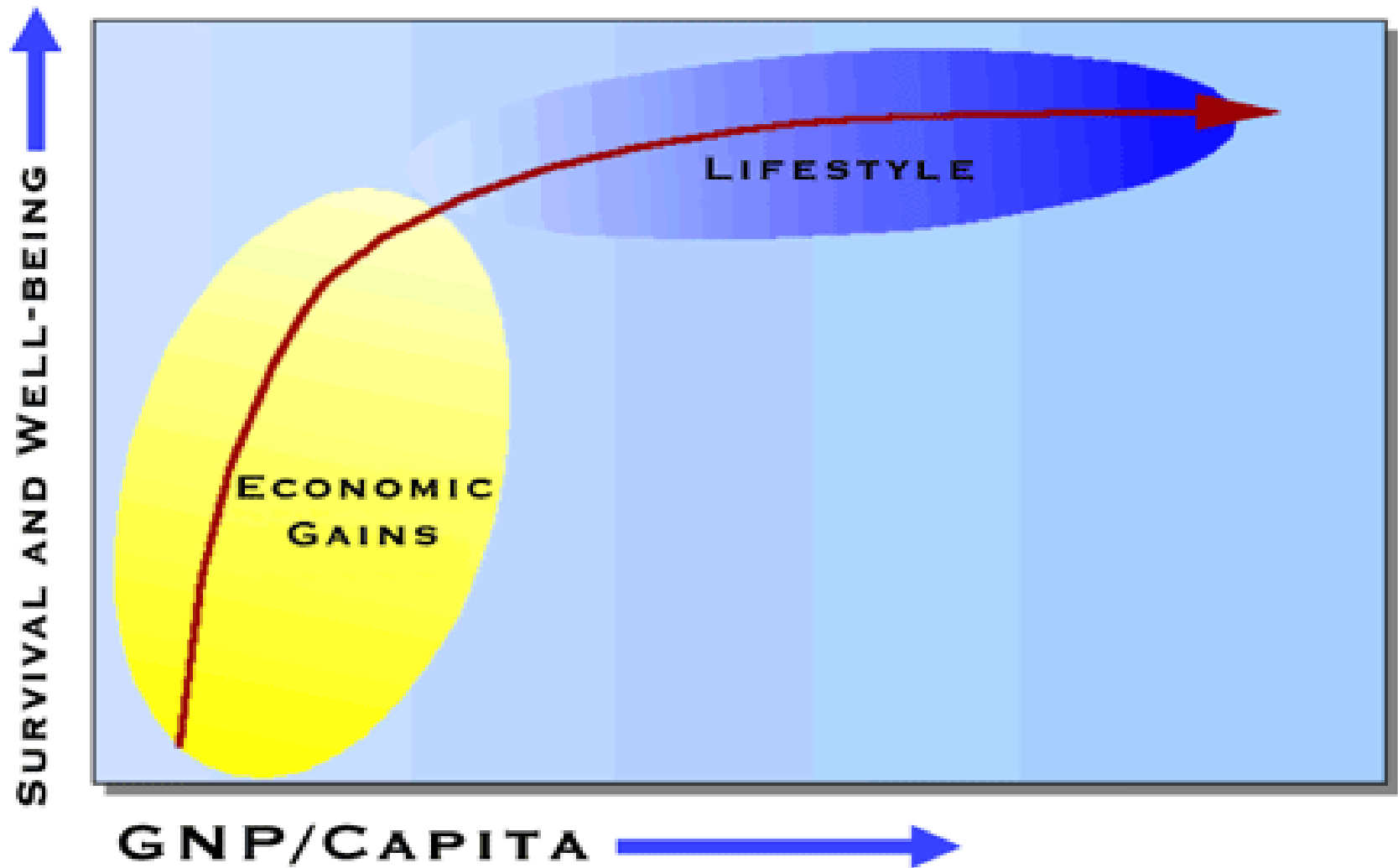
Better education outcomes

All people in Minnesota enjoy healthy lives and healthy communities

Vision



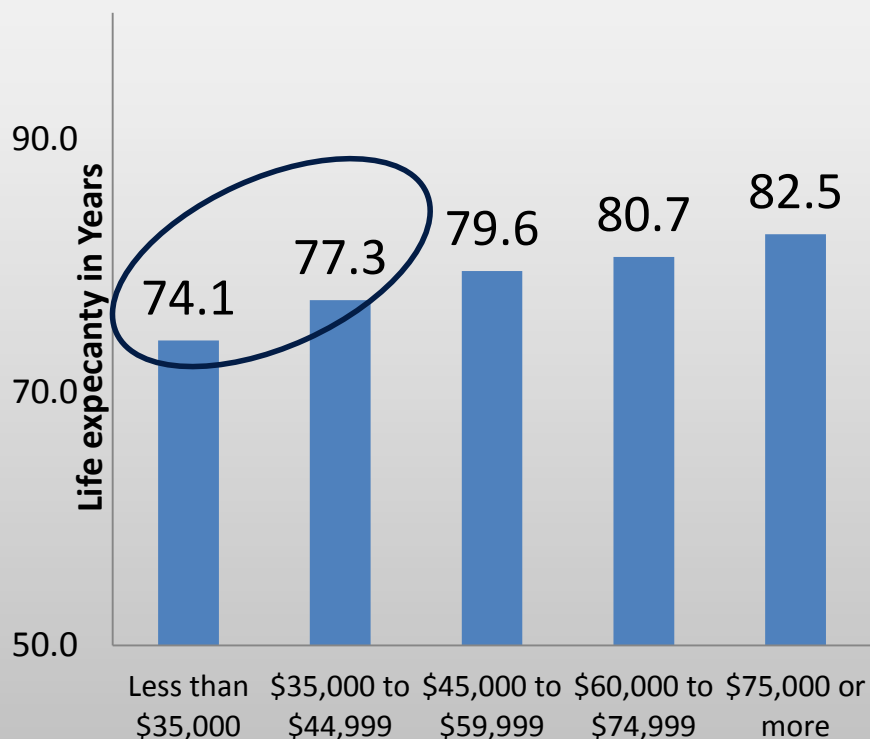
Well being increases as economic well being increases



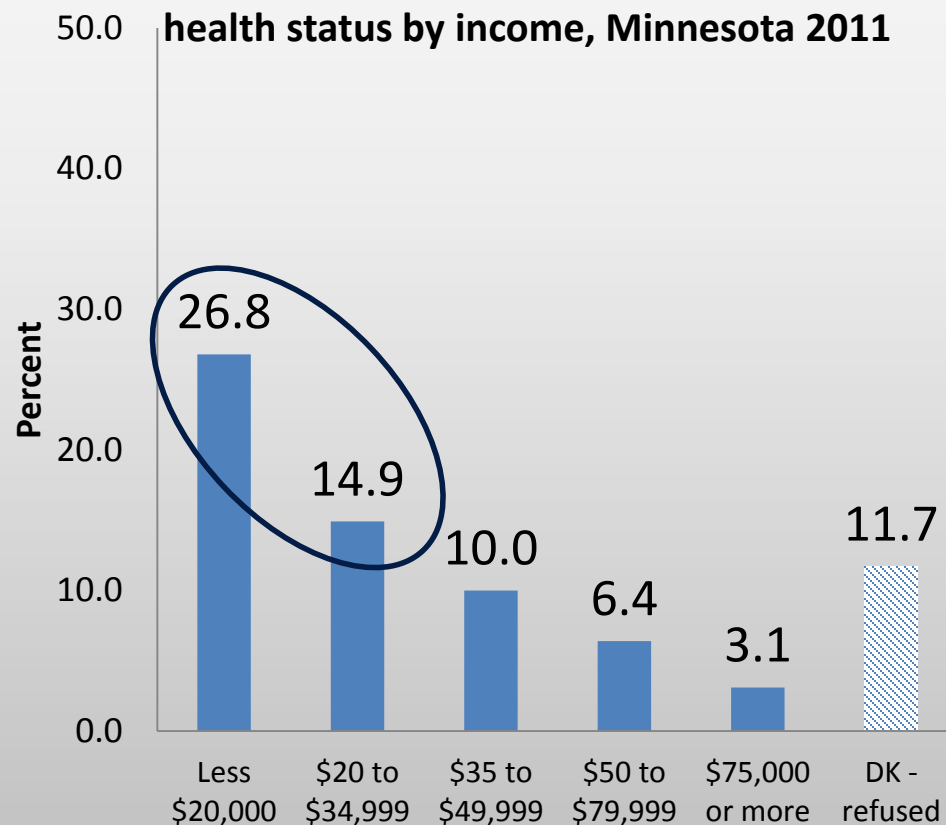
Source: R. Inglehart, 1997

White Paper: Income and Health

Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002



Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011



Source: The unequal distribution of health in the Twin Cities, Wilder Research www.wilderresearch.org
Analyses were conducted by Wilder Research using 1998-2002 mortality data from the Minnesota Department of Health and data from the U.S. Census Bureau (population, median household income, and poverty rate by ZIP code)

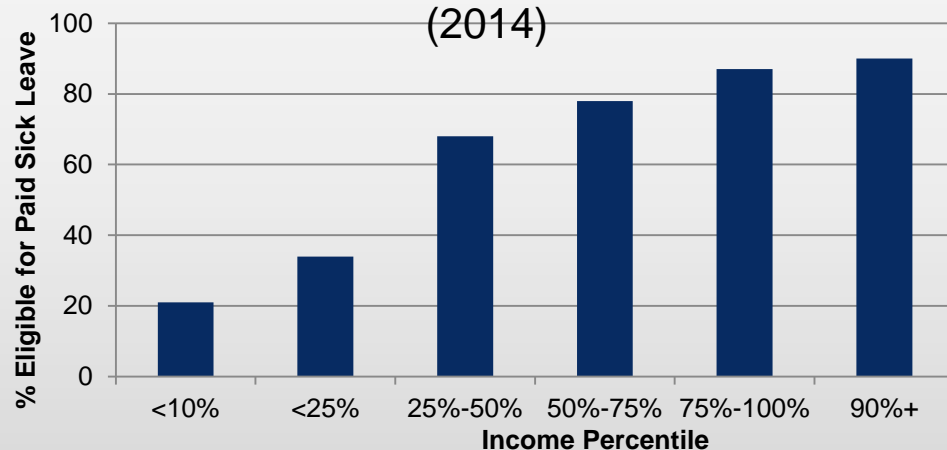
Source: 2011 Behavioral Risk Factor Surveillance System

Paid Parental and Sick Leave Linked to Improvements in:

- Infant mortality
- Health of infants and mothers
- Breastfeeding
- Vaccinations
- Well child check-ups
- Occupational injuries
- Routine cancer screenings
- Emergency room usage
- Days lost due to illness

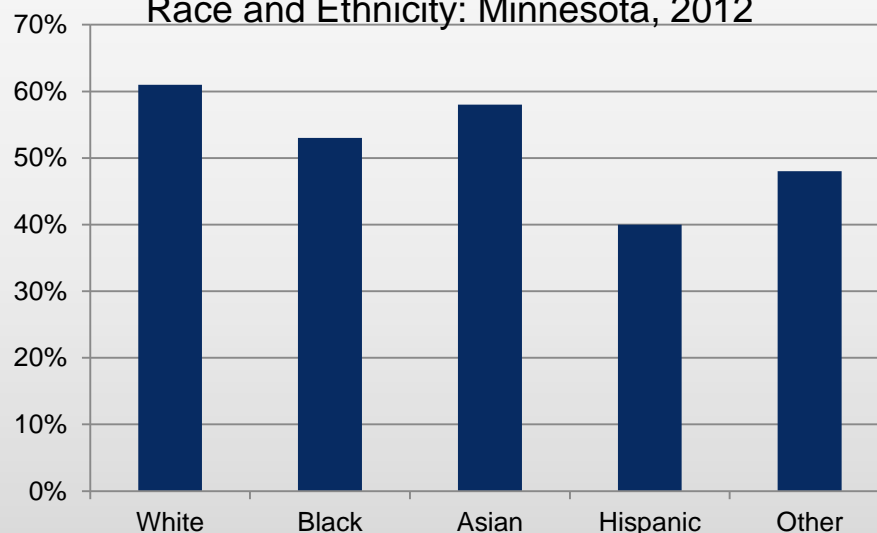
Disparities in Access to Paid Sick Leave

Access to Paid Sick Leave by Income -
Rates for All Civilian Employees, U.S.
(2014)



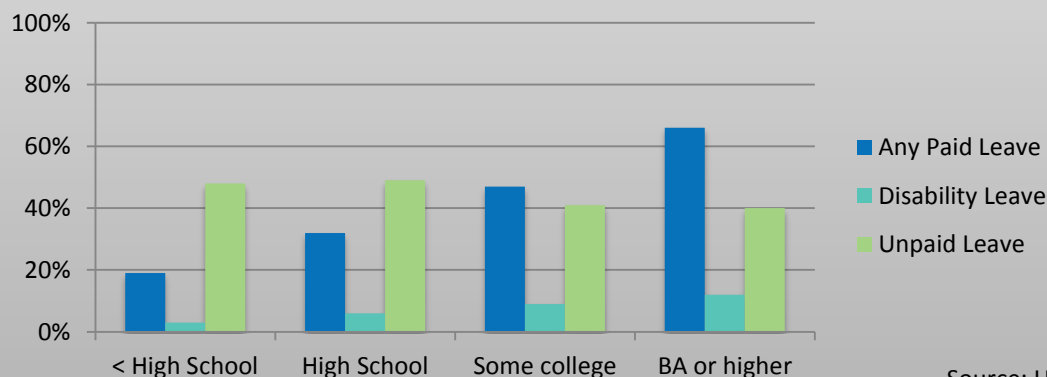
Source: U.S. Bureau of Labor Statistics

Access to Paid Sick Leave by
Race and Ethnicity: Minnesota, 2012



Source: Institute of Women's Policy Research

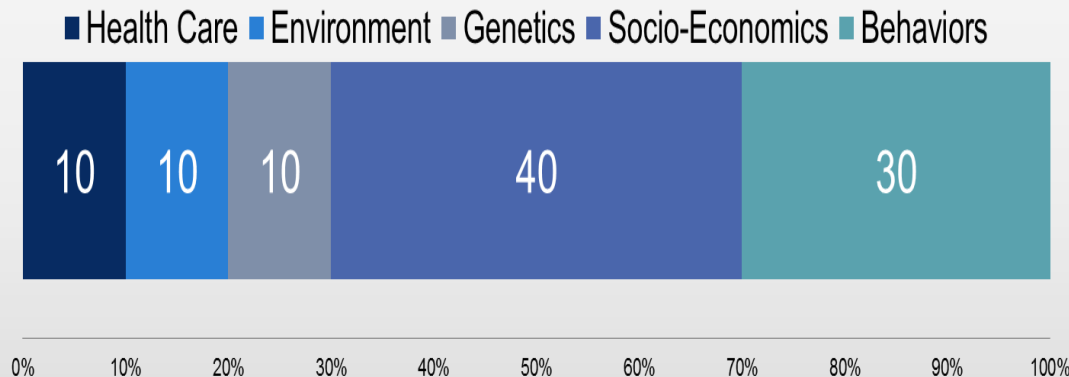
Mothers' Access to Paid Leave by Education:
U.S. 2006-2008



Source: U.S. Census

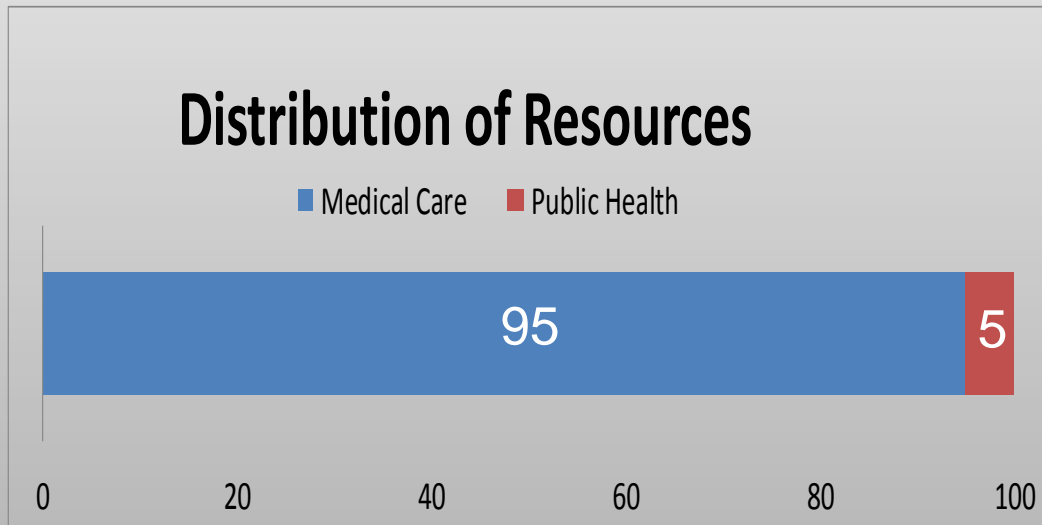
Rebalance our investment in health

Determinants of Health



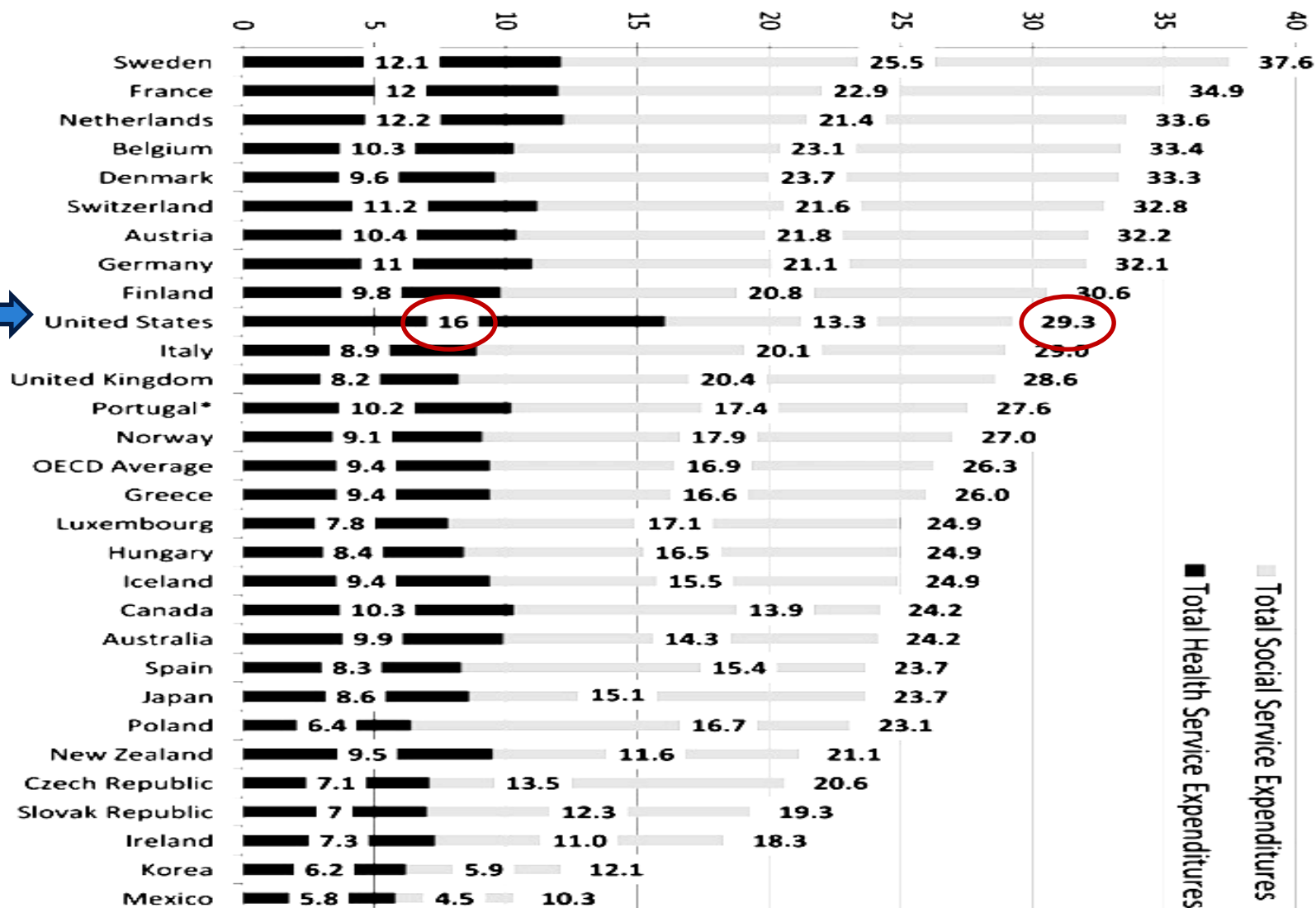
Distribution of Resources

■ Medical Care ■ Public Health

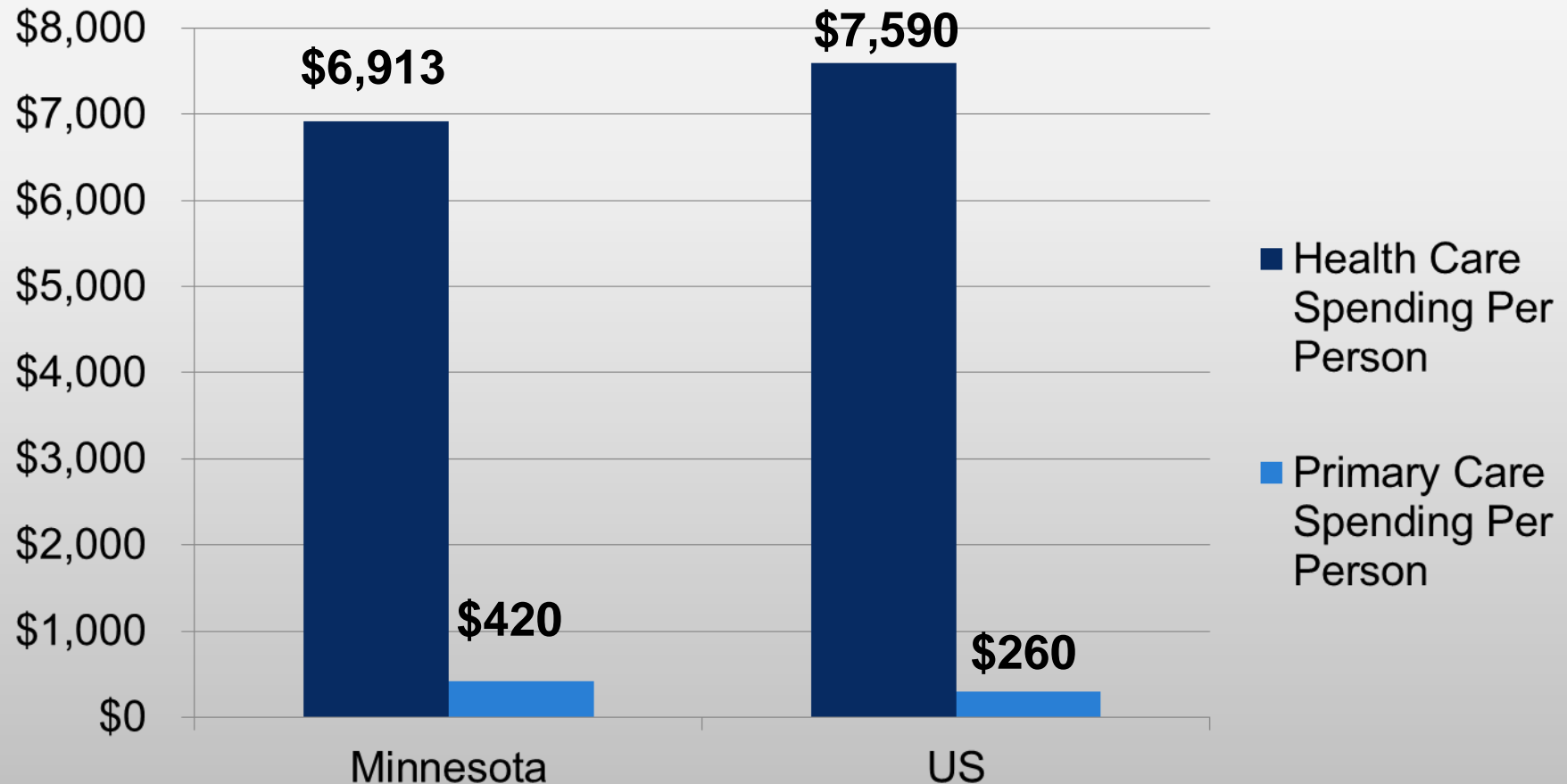


The U.S. suffers from a Prevention Deficit Disorder caused by the dominant public narrative about health.

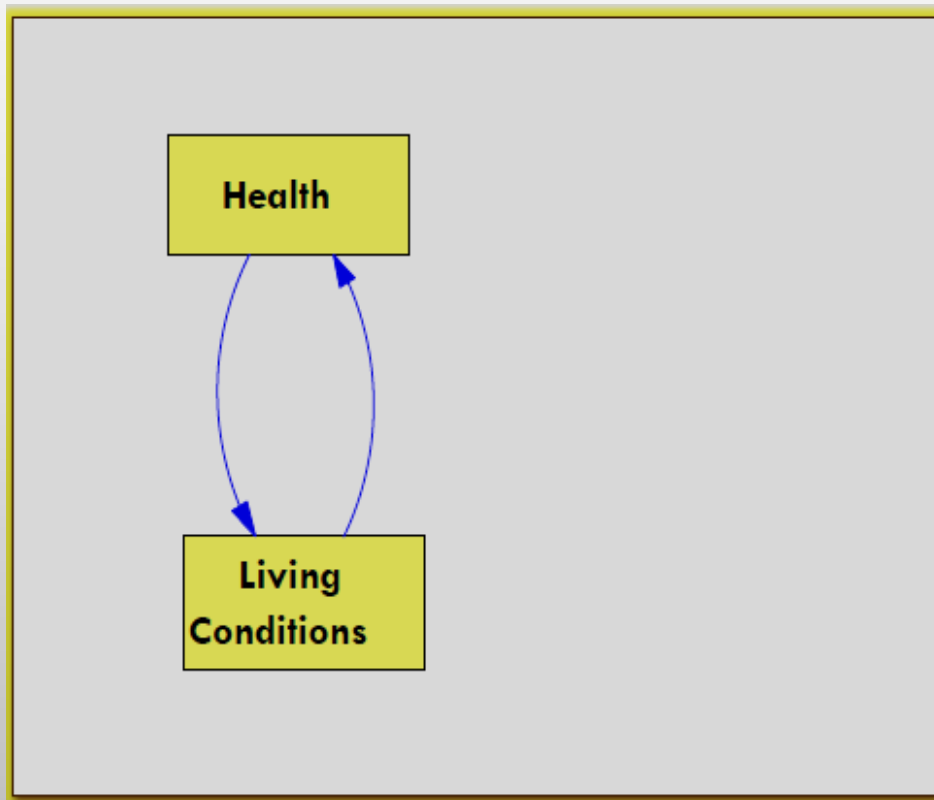
Expenditures as % of GDP



The U.S. underinvests in primary care

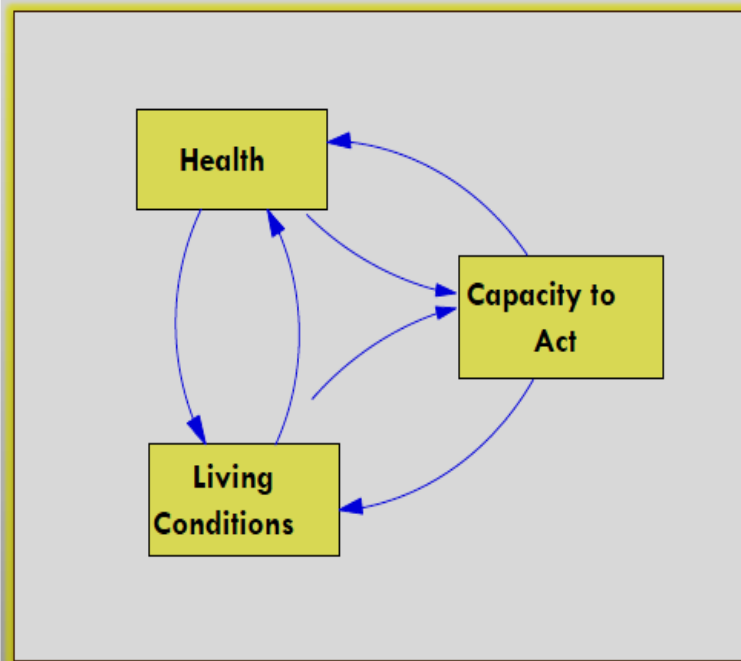


Strengthen community capacity to create their own healthy future



Health is not determined solely by medical care and personal choices but mostly by living conditions.

To Improve Living Conditions and Health: Organize the Capacity to Act (Power)



- Narrative:
 - Align the narrative to build public understanding and public will.
- People:
 - Directly impact decision makers, develop relationships, align interests.
- Resources:
 - Identify/shift the resources- infrastructure-the way systems and processes are structured.

Asking the Right Questions Can Help Empower Communities

- The central questions to examining **policies & processes** are:
 - ☐ *Who is at the decision-making table, who is not?*
 - ☐ *Who has the power at the table?*
 - ☐ *How should the decision-making table be set, and who should set it?*
 - ☐ *Who is being held accountable and to whom or what are they accountable?*

- *If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.*

- Antoine de Saint Exupéry, 1900-1944



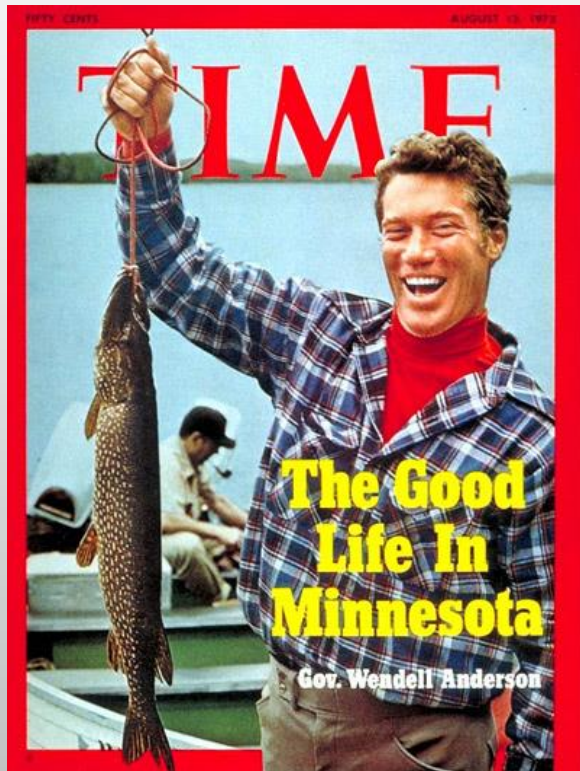
Asking the Right Questions Is a Path to Action for Change

- *What would it look like if equity was the starting point for decision-making?*
- *Our work would be different.*

Improving Public Health is not about swim lanes...



What Would It Take To Assure the “Good Life” for All Minnesotans?



- Expand the understanding about what creates health
- Assure the conditions that create health
- Optimize your professional and civic roles - because...

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

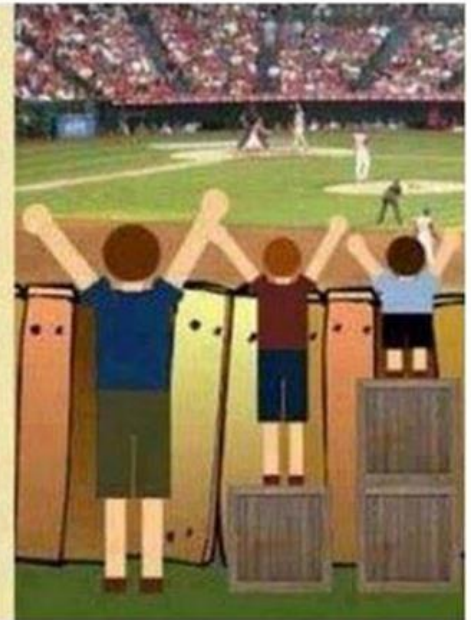
-Institute of Medicine (1988), *Future of Public Health*

Edward P. Ehlinger, MD, MSPH
Commissioner, MDH
P.O. Box 64975
St. Paul, MN 55164-0975
Ed.ehlinger@state.mn.us

Equality



Equity

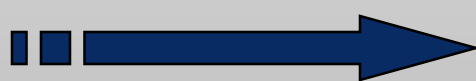


Hospitals that have achieved Baby-Friendly designation

- HealthEast
- St. John's Hospital in Maplewood
- St. Joseph's Hospital in St. Paul
- Woodwinds Health Campus in Woodbury
- Hennepin County Medical Center
- Mayo Clinic Health System in Austin
- Regions Hospital Birth Center in St. Paul
- University of Minnesota Health, The Birthplace in Minneapolis

Public Health: C.E.A. Winslow - 1920

- The science and art of :
 1. Preventing disease.
 2. Prolonging life, and
 3. Promoting health and efficiency through organized community effort for:

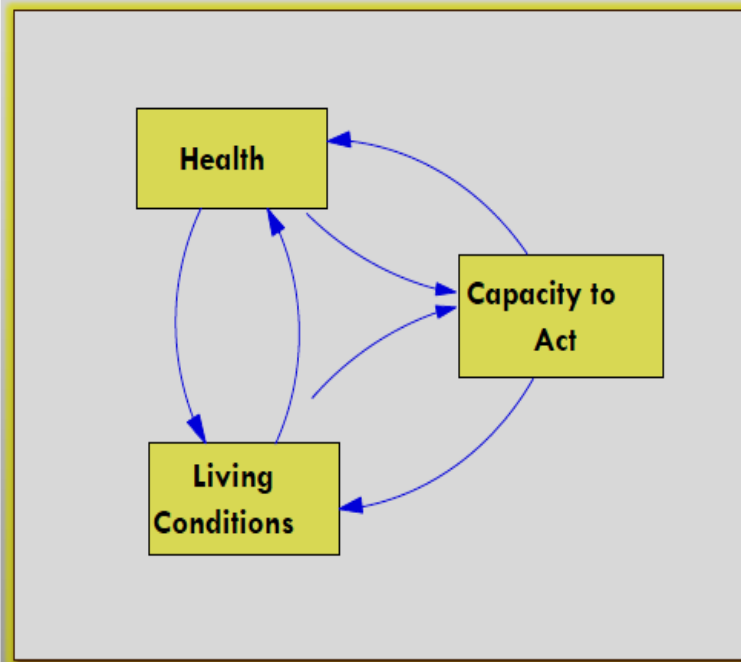


continued

Winslow - continued

- a. the sanitation of the environment,
- b. the control of communicable infections,
- c. the education of the individual in personal hygiene,
- d. the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and
- e. the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.

To Improve Living Conditions and Health: Organize the Capacity to Act



- Narrative:
 - Align the narrative to build public understanding and public will.
- People:
 - Directly impact decision makers, develop relationships, align interests.
- Resources:
 - Identify/shift the resources-infrastructure-the way systems and processes are structured.

Socio-Ecological (society)

Medical Model (individuals)

Biased
Behaviors
(Isms)

Diseased
Societal
Decision
Processes

Community
Death

Behavior

Disease

Death

??????

Policy
Advocacy

Comm.
Capacity
Building

Health
Education

Clinics

Emergency
Rooms

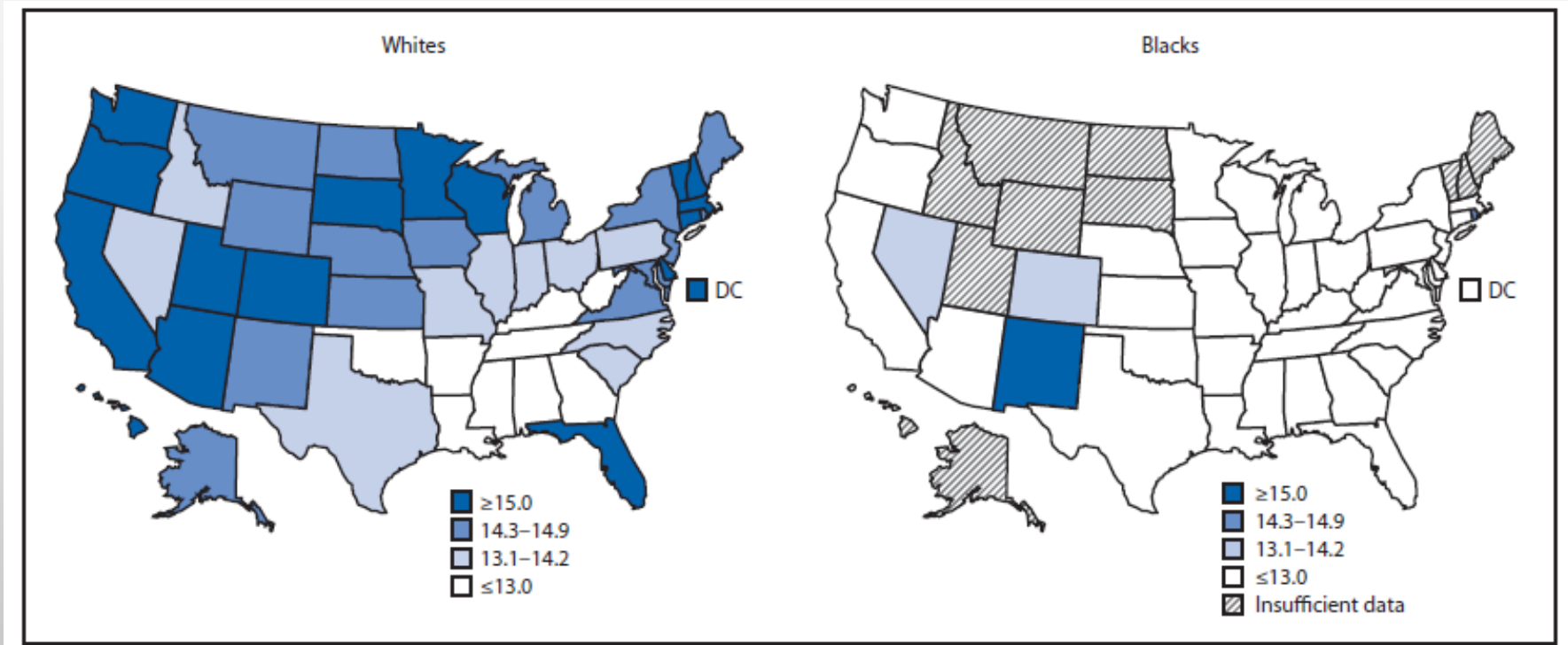
Policy and System Changes Related to Social Determinants of Health (selected)

- Marriage Equity
 - Ban the Box
 - Minimum Wage
 - Target Corporation Contracting Policy
 - Federal Transportation Policy
 - REL(D) data
 - Paid Leave – Family and Sick
 - Cabinet HiAP Approach
 - State Agency Policy
- Changes
- CIC (Big 10)/SHD Initiative
 - Others – depending on the opportunities
 - Data
 - Community energy
 - Partnerships

Disparities in Outcomes and Risk Factors

	White	Black	Hispanic	
Smoking (Percent of adult population)	18.0	22.2	16.9	
Binge Drinking (Percent of adult population)	21.8	19.4	15.9	
Drug Deaths (Deaths per 100,000 population)	9.5	17.7	6.8	
Obesity (Percent of adult population)	25.2	32.0	29.5	
Physical Inactivity (Percent of adult population)		20.6	26.9	
	33.9			
High School Graduation (Percent of incoming ninth graders)		92	66	70
Chlamydia (Cases per 100,000 population)	150	1450	364	
Diabetes (Percent of adult population)	7.2	8.8	9.6	
Poor Mental Health Days (in last 30 days)		2.8	3.8	4.0
Poor Physical Health Days (in last 30 days)		2.9	3.3	3.6
Infant Mortality (deaths/1000 live births)	4.4	9.0	5.3	
Cardiovascular Deaths (deaths/100,000 population)	183.4	189.2	112.6	
Cancer Deaths (deaths/100,000 population)	180.5	194.8	111.3	

State-specific healthy life expectancy in years at age 65 (2007-2009) by race



- Whites have a greater HLE than blacks in all states with sufficient data and the District of Columbia, except Nevada and New Mexico ⁷

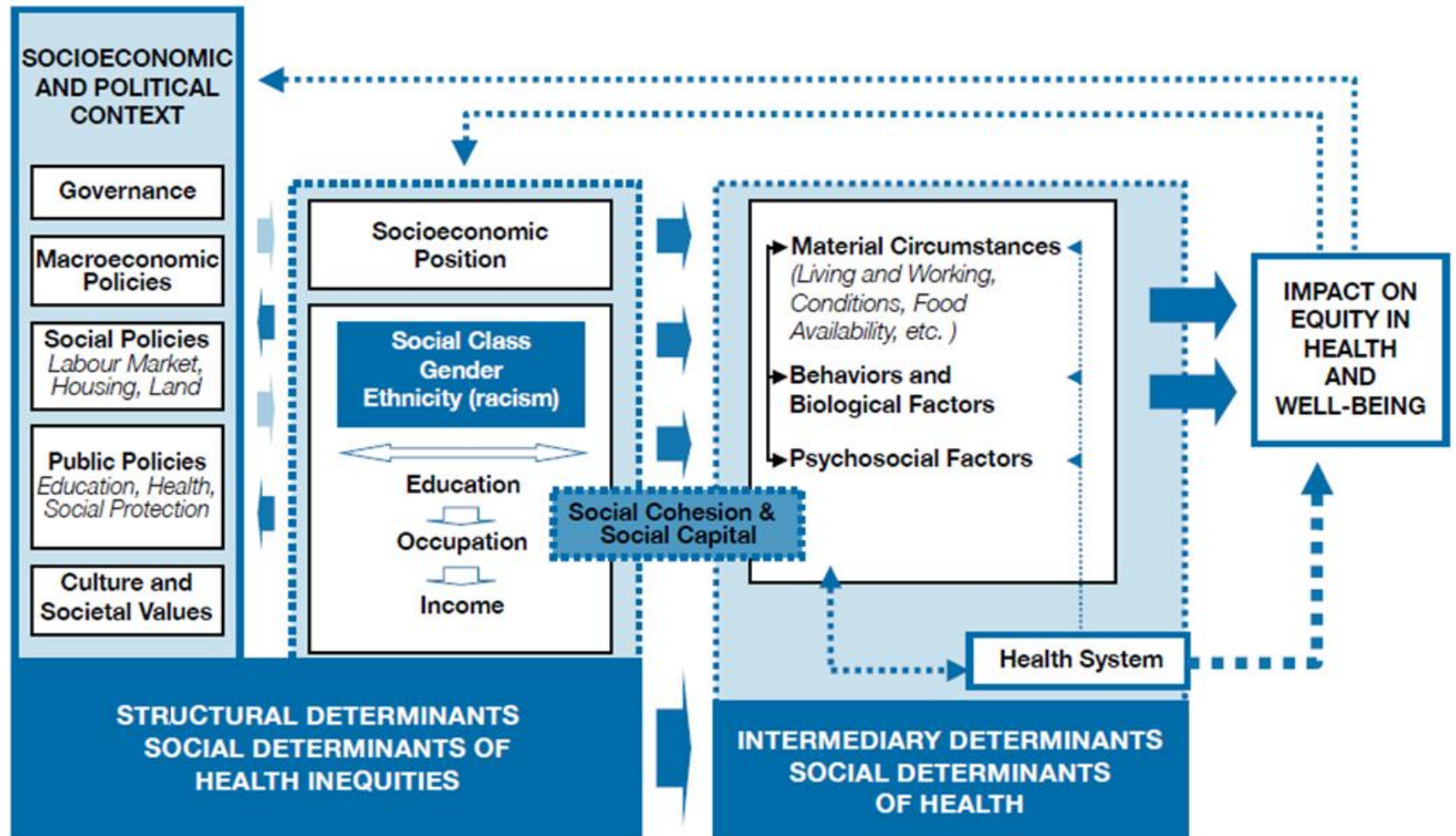
Strengthen community capacity to create their own healthy future

- Better integrate clinical care and public health – esp. around community-oriented primary care.
- Have health care adopt a public health focus

Strengthen community capacity to create their own healthy future

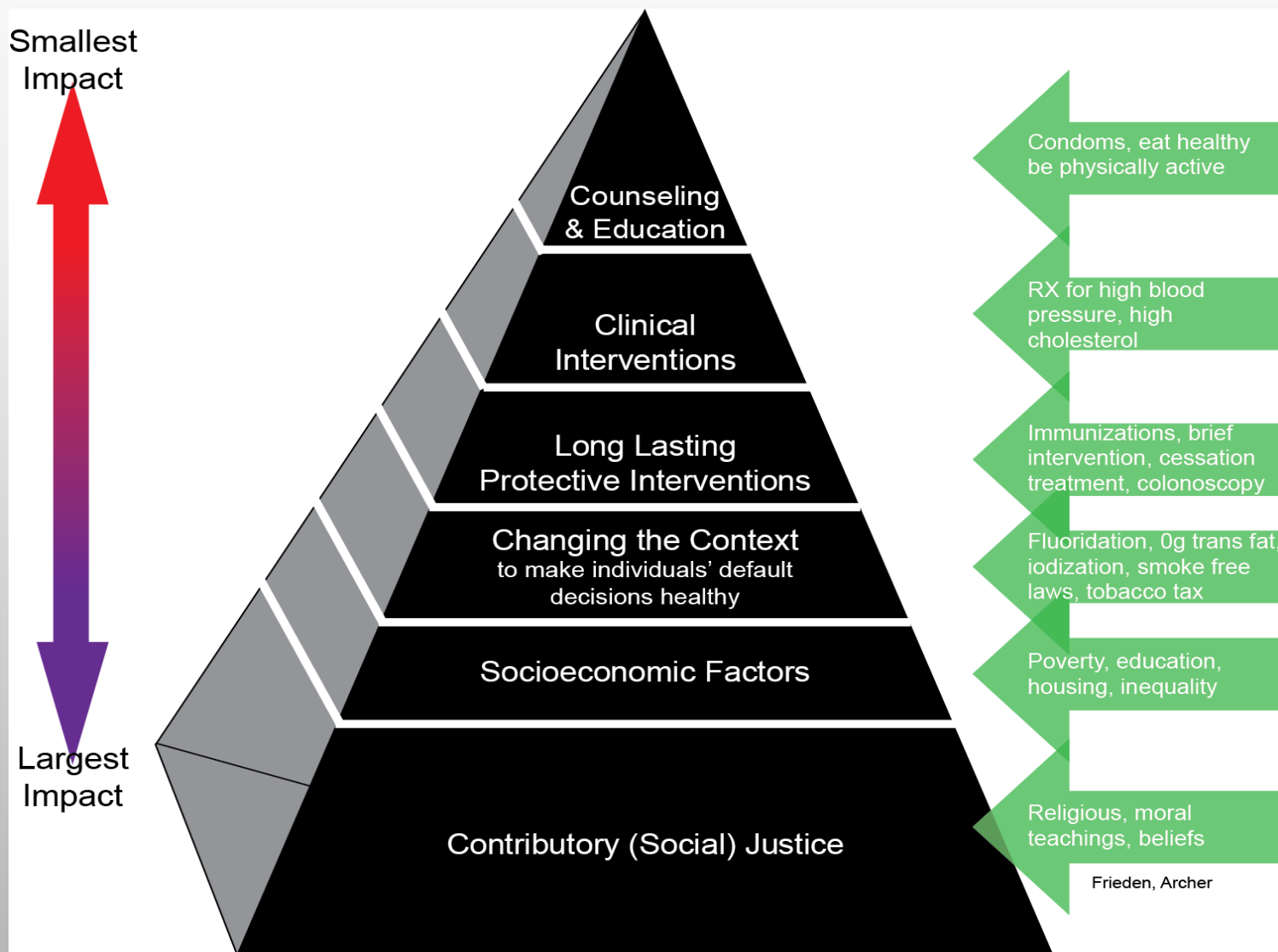
- Better integrate clinical care and public health – esp. around community-oriented primary care.
- Strengthen the state/local public health partnership
- Develop a proactive community engagement strategy
 - Community organizing

Promote a Health in All Policies approach with health equity as the goal



Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

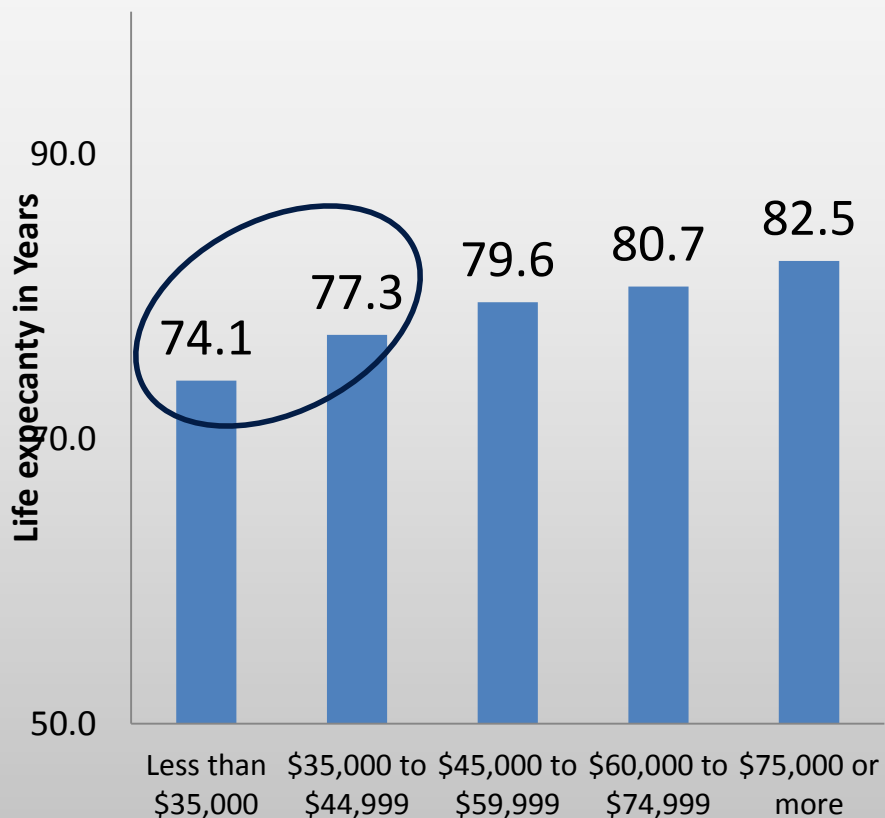
Factors that Affect Health



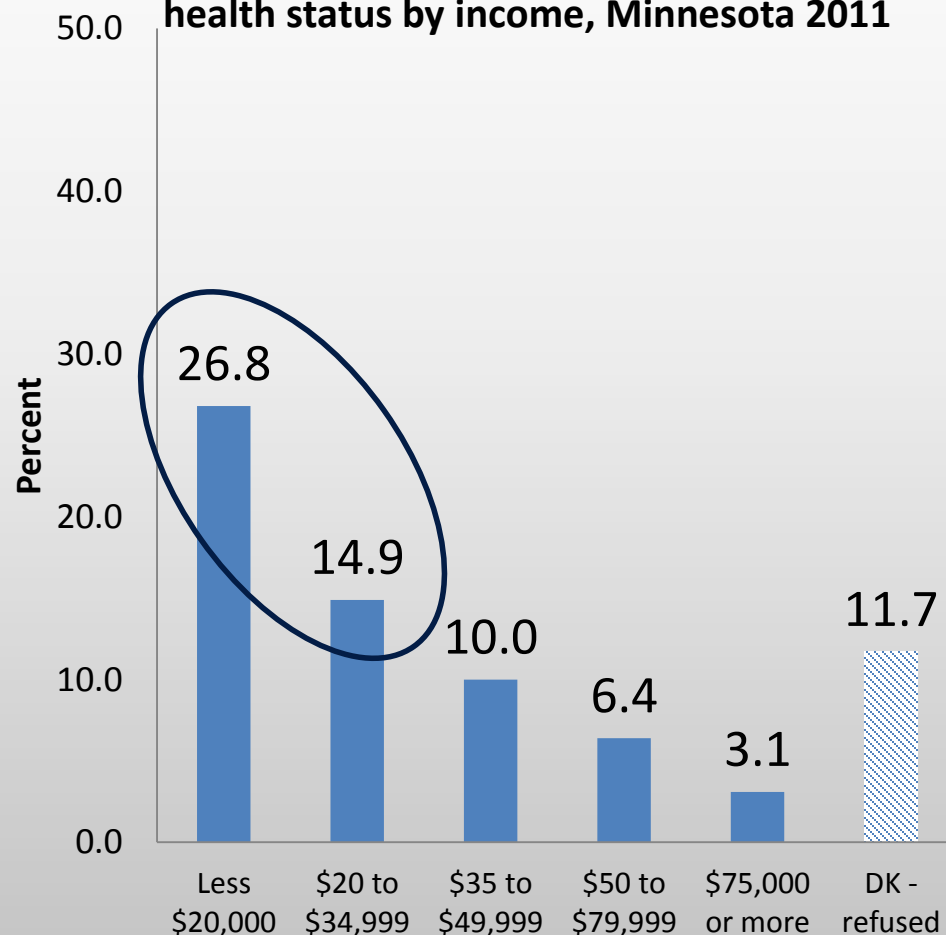
Promote a Health in All Policies approach with health equity as the goal – tools include:

- Collect REL(D) data
- Develop capacity to do Health impact Assessments and support others in doing HIAs
- Develop white papers, reports, commentaries on SDOH
- Organize those who create/influence policies
- Make Equity the central question.

Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002



Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011

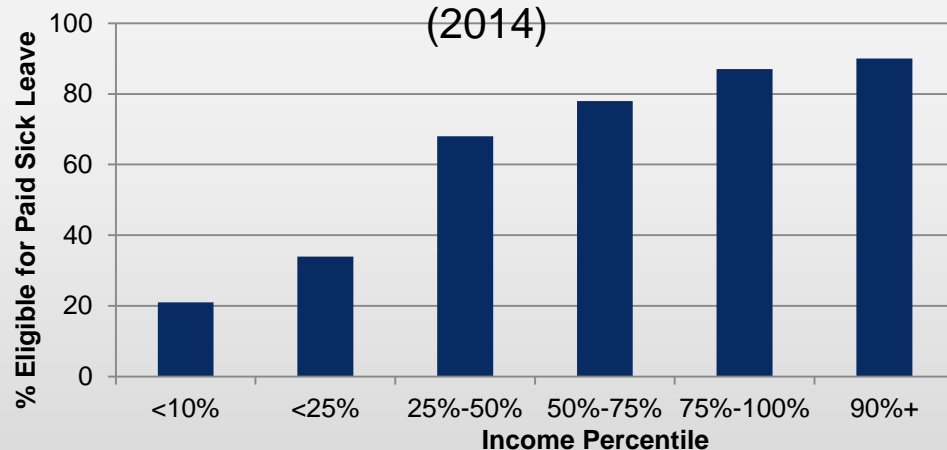


Paid Parental and Sick Leave Linked to Improvements in:

- Infant mortality
- Health of infants and mothers
- Breastfeeding
- Vaccinations
- Well child check-ups
- Occupational injuries
- Routine cancer screenings
- Emergency room usage
- Days lost due to illness
- Maternal depression

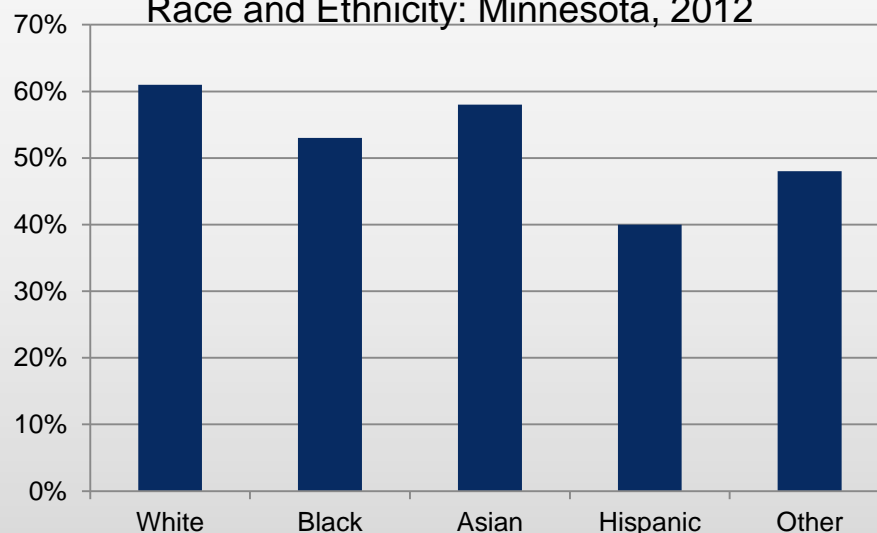
Disparities in Access to Paid Sick Leave

Access to Paid Sick Leave by Income -
Rates for All Civilian Employees, U.S.
(2014)



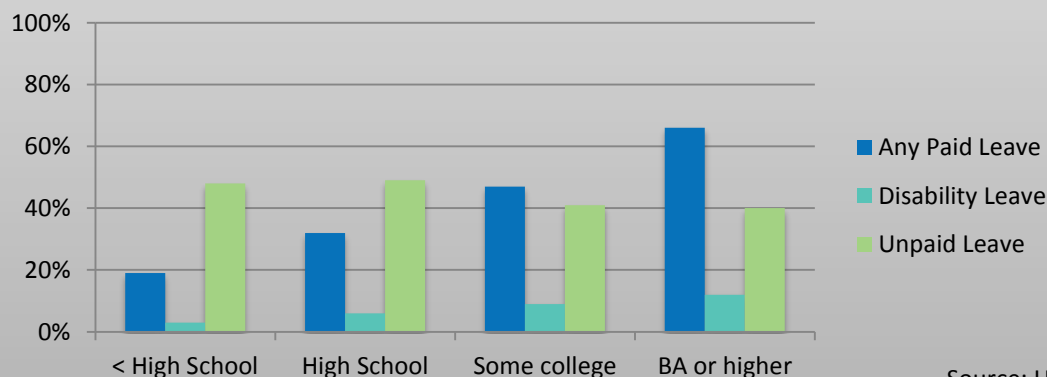
Source: U.S. Bureau of Labor Statistics

Access to Paid Sick Leave by
Race and Ethnicity: Minnesota, 2012



Source: Institute of Women's Policy Research

Mothers' Access to Paid Leave by Education:
U.S. 2006-2008



Source: U.S. Census

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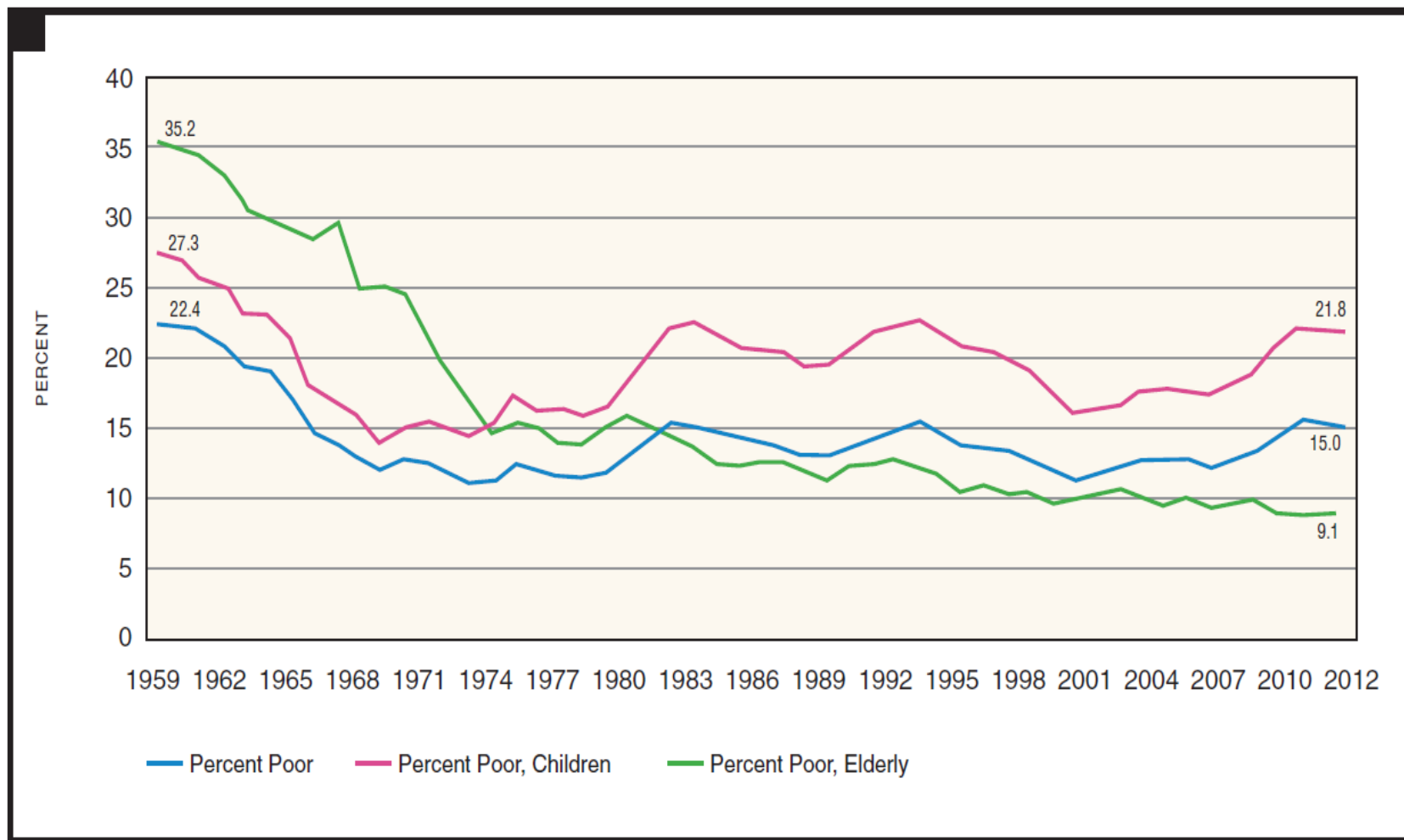
89th Congress Accomplishments

Health in All Policies approach

- Head Start
- Medicare and Medicaid
- The Voting Rights Act
- Job Corps
- VISTA
- Peace Corps
- School lunch program
- Food stamps
- Neighborhood health centers
- Older Americans Act
- Elementary & Higher Education Act
- Housing & Urban Development Act
- Vocational Rehabilitation Act
- The Freedom of Information Act
- Cigarette labeling and advertising act
- Public Works and Economic Development Act
- National Foundation on the Arts and the Humanities Act
- Immigration and Nationality Act
- Motor Vehicle Air Pollution Control Act,
- Highway Beautification Act,
- National Traffic and Motor Vehicle Safety Act
- National Historic Preservation Act,
- National Wildlife Refuge System Act,
- Department of Transportation Act,
- Etc.

Poverty Trends 1959 - 2012

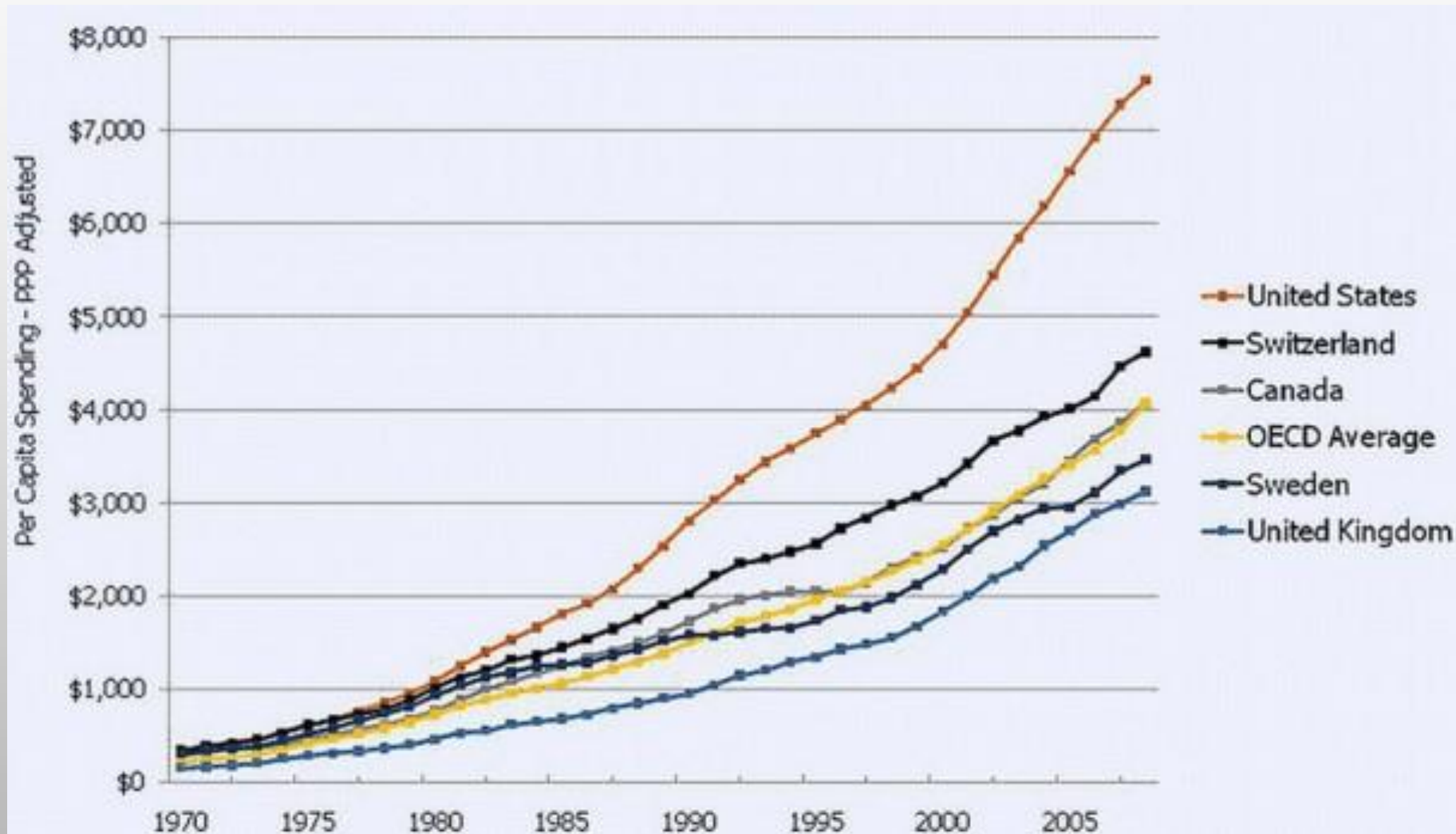
FIGURE 1. Trends in Official Poverty



Source: U.S. Census Bureau, Historical Poverty Tables

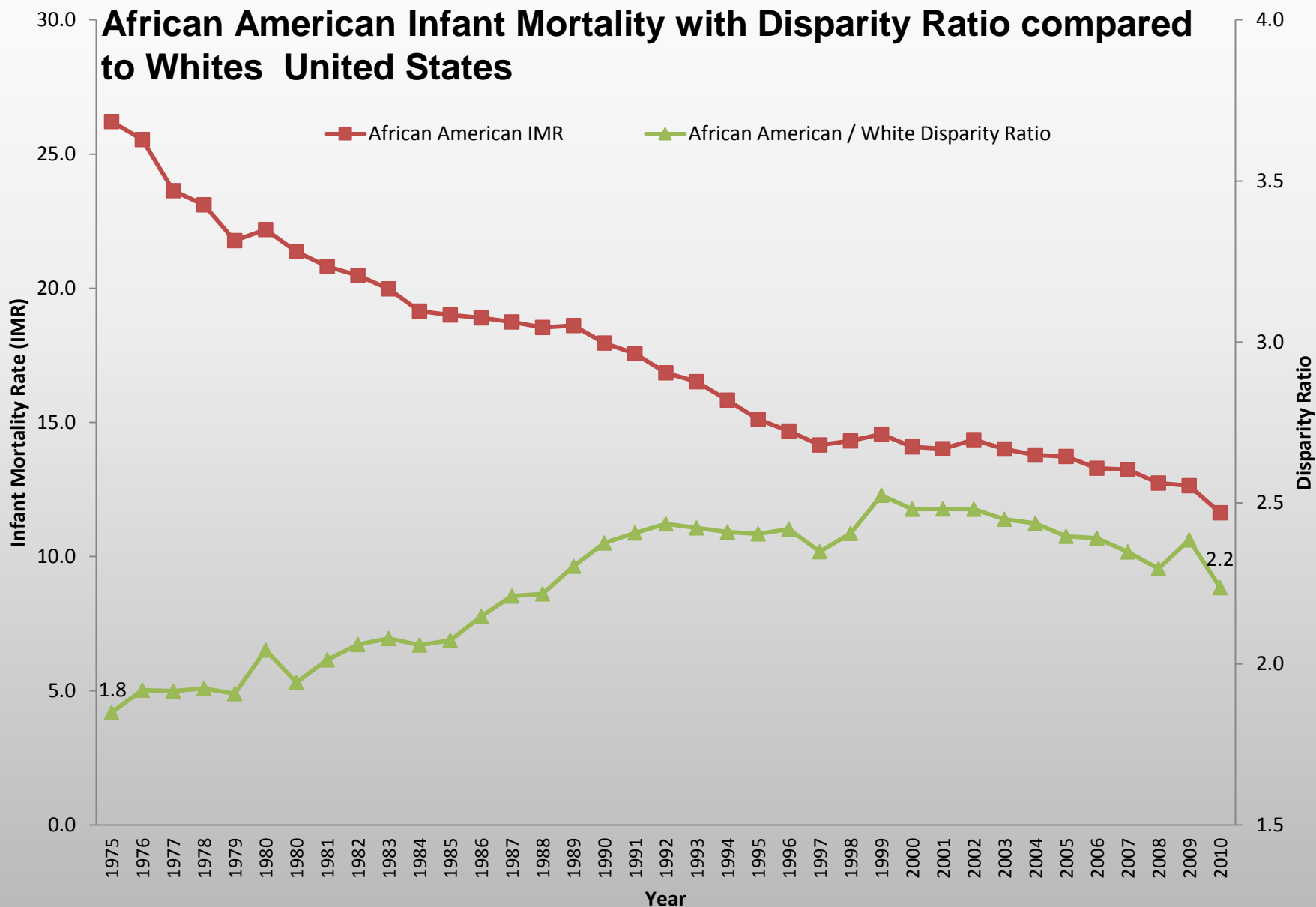
Average Health Care Spending per Capita, 1970-2009

Adjusted for differences in cost of living



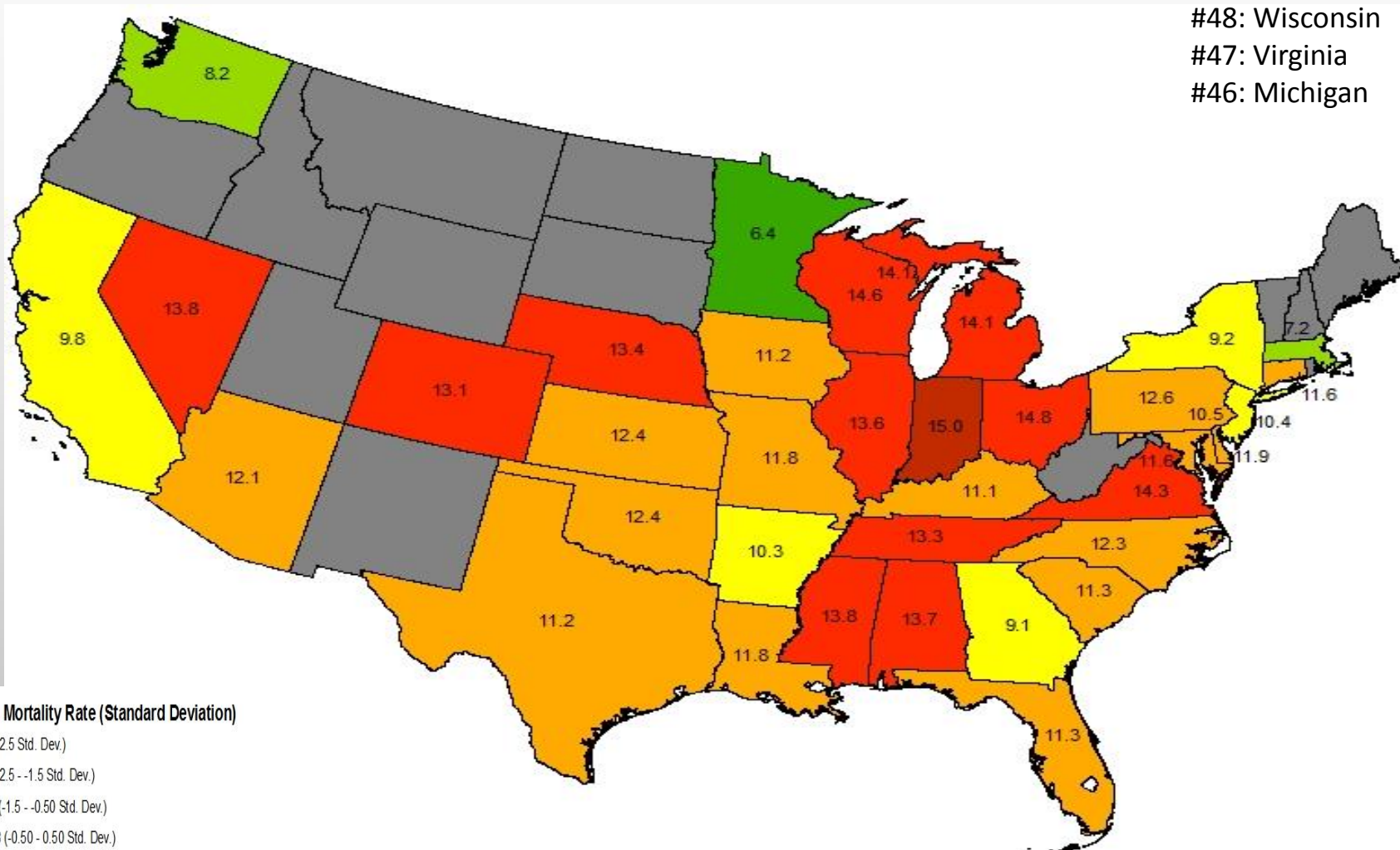
Source: OECD Health Data 2011 (June 2011)

African American Infant Mortality with Disparity Ratio compared to Whites United States

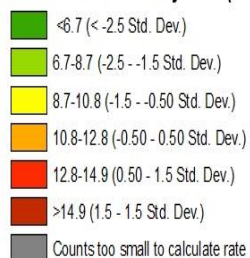


2010 Black Infant Mortality Rate, United States

#50: Indiana
#49: Ohio
#48: Wisconsin
#47: Virginia
#46: Michigan



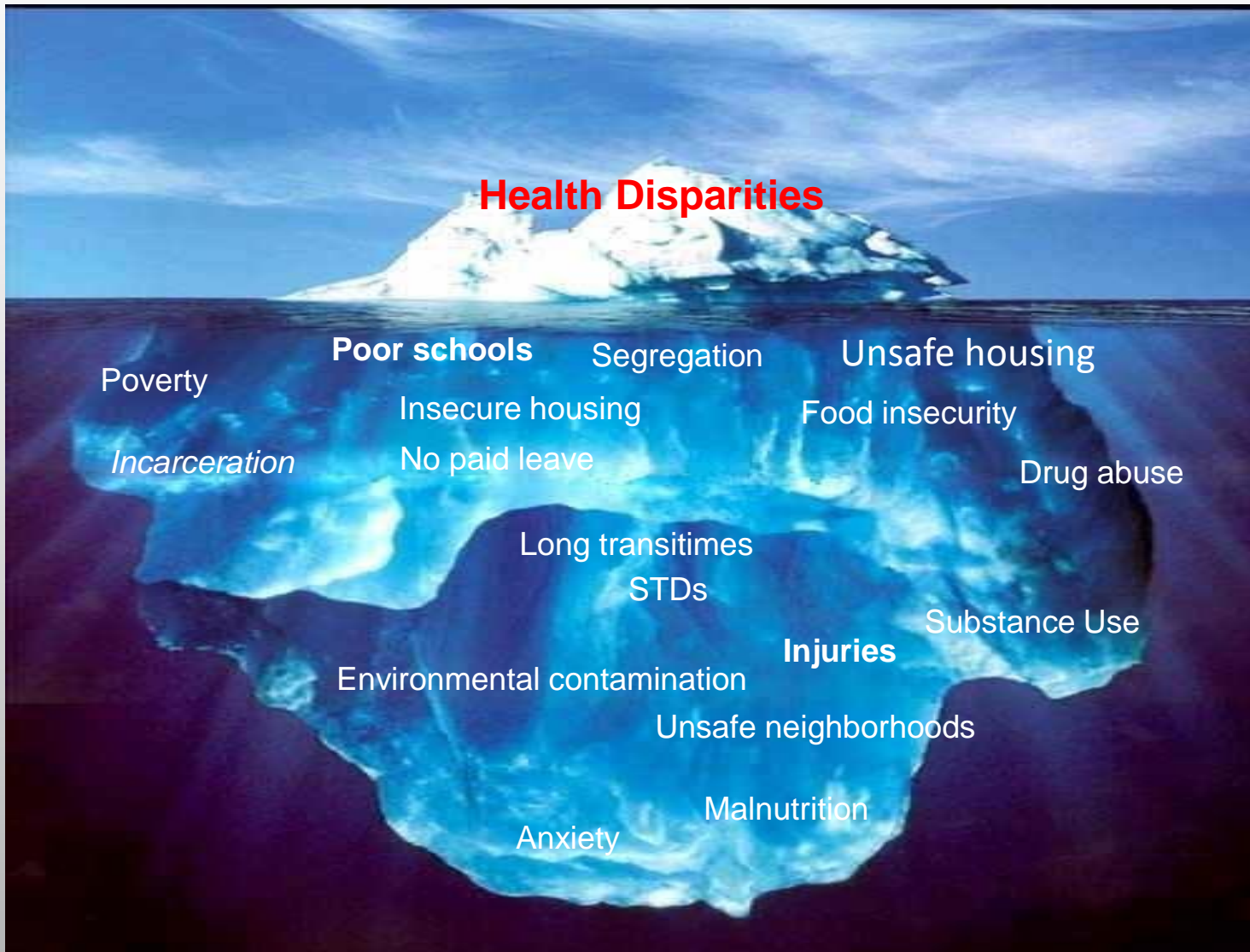
Black Infant Mortality Rate (Standard Deviation)




National Rate: 11.6

Source: National Center for Health Statistics

Health Disparities are the tip of the Disparities iceberg




MDH Breastfeeding Friendly Recognition Program



Minnesota
Department of
Health

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Breastfeeding

- [Home](#)
- [About](#)
- [Breastfeeding your Baby](#)
- [FAQ for Moms](#)
- [Information for Professionals](#)
- [Breastfeeding Friendly](#)
- [What's Happening in MN](#)

Related topics

- [WIC Breastfeeding Support](#)
- [SHIP](#)
- [Statewide Health Improvement Initiatives](#)
- [Early Childhood](#)

Breastfeeding Information for Maternity Centers


Hospital maternity care practices affect breastfeeding initiation, duration, and exclusivity and can have a lasting impact on a child's health.


Story: Helping raise healthy babies

Through the support of SHIP, nurses and other staff from several hospitals across Minnesota received breastfeeding training in order to help new mothers and their infants.


The training, held annually since 2010, is a one day continuing education event with SHIP covering registration fees for staff from participating hospitals and public health agencies. The trainings emphasize 10 simple steps to successful breastfeeding and specifically include a focus on mothers' and newborns' barriers to breastfeeding...

[more Raising strong babies with breastfeeding guidance for new moms](#)
(PDF: 181KB/1 page)



 Share This

Are you eligible for WIC?
[Find out](#)



Breastfeeding Friendly

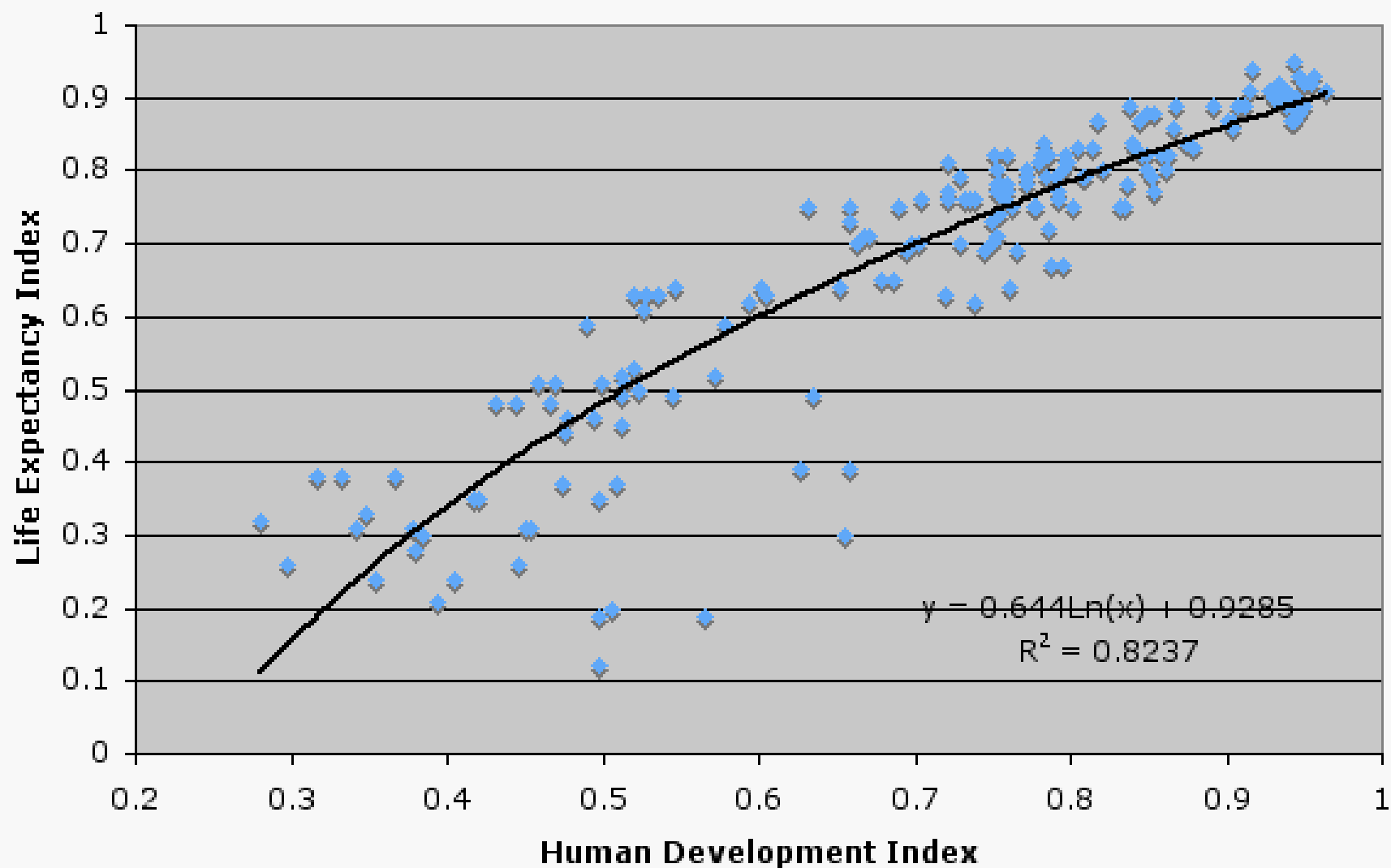
Be recognized as Breastfeeding Friendly

Information is important, but new mothers need support from many circles. Health care, childcare professionals, employers and health departments around the state are working to make breastfeeding the norm. Find out how you can help:

- Maternity centers
- Childcare
- Workplaces
- Health departments

Mothers

Human Development Index Vs. Life Expectancy Index



- I also wanted to let you know that we will be recognizing the hospitals that achieved Baby-Friendly designation at the Summit. I hope to have materials for them to pick up at the Summit – at least their certificates and a few other items. The hospitals are:
 - HealthEast
 - St. John's Hospital in Maplewood
 - St. Joseph's Hospital in St. Paul
 - Woodwinds Health Campus in Woodbury
 - Hennepin County Medical Center
 - Mayo Clinic Health System in Austin
 - Regions Hospital Birth Center in St. Paul
 - University of Minnesota Health, The Birthplace in Minneapolis
 -
- They are already on the MDH website at:
<http://www.health.state.mn.us/divs/oshii/bf/recognition.html>
-
- Your mention of their achievement at the end of your talk would be appreciated. I hope to get certificates for you to sign over to you in the next day.