Disclosure of Relevant Financial Relationships

2nd Perinatal Hospital Leadership Summit
May 6, 2014

As planners and speakers of the 2nd Perinatal Hospital Leadership Summit, the following physicians and their spouse/partner disclose that they do not have any relevant personal financial relationship with a commercial interest producing health care goods or services about this educational activity:

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- Dr. Eleanor Schwartz
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CREATING HEALTH FOR ALL MINNESOTANS
A CALL TO ACTION
FOR
BEST PRACTICES IN MOTHER-BABY CARE

Perinatal Hospital Leadership Summit
Crowne Plaza Minneapolis West
May 6, 2014

Edward P. Ehlinger, MD, MSPH
Commissioner of Health
Rabindranath Tagore
born on May 6, 1861

• Bengali poet, novelist, composer. Nobel Prize for literature in 1913.

• “The sparrow is sorry for the peacock at the burden of his tail.”

Minnesota Is a Healthy State

Source: United Health Foundation
Infant Mortality Rate in MN is 5th Best

Overall Infant Mortality

Ashley Schempf Hirai, PhD, MCHB
Racial/Ethnic Components of Excess Deaths*

- due to racial/ethnic composition
- due to higher NH Black IMR
- due to higher NH White IMR
- due to higher Hispanic IMR
- due to higher NH Other Race IMR

* Compared to All Other Regions

Ashley Schempf Hirai, PhD, MCHB

Rabindranath Tagore
born on May 6, 1861

• “The sparrow is sorry for the peacock at the burden of his tail.”

Source: MDH, Center for Health Statistics, Linked Birth/Infant Death Files

Morbidity and Mortality Weekly Report (MMWR) • August 9, 2013 / 62(31):625-628
Excess Black Deaths* by Gestational Age

* Compared to All Other Regions
^ US-born Black mothers

Ashley Schempf Hirai, PhD, MCHB

John F. Kennedy

- May 6, 1957 – awarded the Pulitzer Prize for Biography.
- Quoting Luke 12:48, he said, “To those whom much is given, much is expected.”
Advancing Health Equity Report
February 1, 2014

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

Infant Mortality Rates by Race
Minnesota Center for Health Statistics

[Graph showing infant mortality rates by race over time.]
Infant Mortality Black-White Disparity in MN is one of the highest in the US

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate Ratio</th>
<th>Population Attributable Fraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Regions</td>
<td>2.32</td>
<td>16%</td>
</tr>
<tr>
<td>OH</td>
<td>2.31</td>
<td>18%</td>
</tr>
<tr>
<td>MI</td>
<td>2.51</td>
<td>22%</td>
</tr>
<tr>
<td>IN</td>
<td>2.24</td>
<td>13%</td>
</tr>
<tr>
<td>IL</td>
<td>2.48</td>
<td>20%</td>
</tr>
<tr>
<td>WI</td>
<td>2.63</td>
<td>14%</td>
</tr>
<tr>
<td>MN*</td>
<td>3.05</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>2.43</td>
<td>18%</td>
</tr>
</tbody>
</table>

*US-born Black mothers

Congenital hearing loss

Days to Diagnosis

- Baby of black mother: 120 days
- Baby of white mother: 66 days

Percent Diagnosed within 3 months

- Baby of black mother: 37%
- Baby of white mother: 64%

Median days to hearing aid fitting

- Child of black mother: 71 days
- Child of Asian mother: 61 days
- Child of white mother: 51 days
Rabindranath Tagore
born on May 6, 1861

• Bengali poet, novelist, composer. Nobel Prize for literature in 1913.

• “You can't cross the sea merely by standing and staring at the water. Don't let yourself indulge in vain wishes.”

ADVANCING HEALTH EQUITY IN MINNESOTA

Report to the Legislature
February 2014
Minnesota’s vision for health

All people in Minnesota enjoy healthy lives and healthy communities.

- Capitalize on the opportunity to influence health in early childhood
- Strengthen communities to create their own healthy futures
- Assure that the opportunity to be healthy is available everywhere and for everyone

Healthy Minnesota 2020

Change the narrative about what creates health

- Disparities are not just because of lack of access to health care or to poor individual choices.

Factors determining health:
- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%

4/30/14
Determinants of Health

- Necessary conditions for health (WHO)
  - Peace
  - Shelter
  - Education
  - Food
  - Income
  - Stable eco-system
  - Sustainable resources
  - Social justice and equity

Healthcare is a Social Determinant

- “Social determinants usually identified as influencing health and health equity include those such as housing, employment and education. Growing evidence shows that health systems are themselves social determinants. …health systems have ‘upstream’ influence as well, extending even to impacts on the broader socio-political environment.”
Healthcare is a Social Determinant

• “...when appropriately designed and managed, health systems can address health equity...when they specifically address the circumstances of socially disadvantaged and marginalized populations, including women, the poor and other groups excluded through stigma and discrimination...and they may be influential in building societal and political support for health equity.”

• The World Health Organization’s Commission on the Social Determinants of Health

How to capitalize on the opportunities for infants?

Improve Birth Outcomes
• Reduce premature births
• Reduce early elective inductions

Improve breastfeeding rates
• Address barriers
  • Knowledge
  • Support
  • Employment & Child Care
  • Hospital Maternity Care practices
CollIN
Collaborative Improvement & Innovation Network


Healthy Babies are Worth the Wait
http://www.health.state.mn.us/divs/cfh/program/prematurity/

Infant Mortality State Plan
Breastfeeding as a Public Health issue

“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…

Benefits of Breastfeeding

• Improves health outcomes in babies – short and long-term
• Improves health outcomes in mothers
• Saves money
Risks of Not Breastfeeding

Excess Risk Associated with Not Breastfeeding (%)

- Otitis Media: 100
- Diarrhea and vomiting: 178
- Pneumonia: 257
- Asthma and wheezing: 67
- Childhood obesity: 32
- Type 2 DM: 64
- ALL: 23
- AMI: 18
- SIDS: 56
- NEC: 138
- Breast Cancer (mother): 4
- Ovarian Cancer (mother): 27

Adapted from Surgeon General’s Call to Action. [http://www.surgeongeneral.gov/topics/breastfeeding/](http://www.surgeongeneral.gov/topics/breastfeeding/)

Breastfeeding... saves money

Reduces cost of care in baby's 1st year of life
- 25% fewer ear infections
- 60% less 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

Breastfeeding Rates - 2013

US

MN

Healthy People 2020 Goals

Ever BF 6 mo 12 mo Excl BF 3 mo Excl BF 6 mo

77 74 61 23 16

49 49 34 26

27 38 47 24

77 49 27 16

49 38 47 24

27 38 47 24

74 49 23 16

49 38 47 24

27 38 47 24

72 49 23 16

49 38 47 24

27 38 47 24

74 49 23 16

49 38 47 24

27 38 47 24

74 49 23 16

49 38 47 24

27 38 47 24


Exclusively Breastfed* at 4 & 8 Weeks, Statewide by Race/Ethnicity:

Minnesota Pregnancy Risk Assessment Monitoring System (PRAMS) 2009-10

Percent

4 Weeks Breastfeed Only

8 Weeks Breastfeed Only

Hispanic

Other Race

American Indian

Foreign born Black

African American

White

Overall

Minnesota Department of Health, Division of Community and Family Health, Maternal and Child Health

This data was made possible by grant number IU01DP003117 from the Centers for Disease Control and Prevention.

*Includes mother who ever breastfed

*p<0.05 African American vs Foreign born Black

<30 respondents were Asian; data not reported.
Breastfeeding Initiation by Race/Ethnicity in Minnesota WIC


What Is the Baby-Friendly Hospital Initiative?

- International hospital designation in Maternity Care
- Implies clinical excellence in hospital care similar to a Trauma Center or Magnet status
- 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 AAP in 2009
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

Baby Friendly Hospital Initiative:
Increases exclusive breastfeeding rates

Philip et al. PEDIATRICS 2001, 108:677-681
Exclusive Breastfeeding Rates at MN Hospitals after Ten Steps

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

- 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.

Baby Friendly: Global and Local

- **20,000** hospitals in **150** countries are designated Baby-Friendly (9/2013)
- 7% of US birth hospitals certified Baby-Friendly
  - **167** / **2420** birth hospitals in the U.S. (9/2013)
- In Minnesota **2/97** birth hospitals are Baby-Friendly certified
  - Mayo-Austin Medical Center Jan 2011
  - U of MN Amplatz Children’s Hospital Feb 2012
  - Soon to be others
    - 16 hospitals engaged in Baby-Friendly program with letter of intent signed by CEO
    - HCMC & Regions have CDC grant

Racial Disparity in Breastfeeding Rates Reduced at Baby-Friendly Hospitals

- Disparities in breastfeeding rates in low income and women of color – many years
- 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)**
Baby-Friendly Reduces Racial Disparities

Figure 2. Exclusive Breastfeeding by Ethnicity; Non-Baby-Friendly Versus Only Baby-Friendly Hospitals (2012)

Sigmund Freud
born May 6, 1856

• Austrian psychoanalyst. Developed the concept of the subconscious mind; founded psychoanalysis.

• “Thought is action in rehearsal.”
Minnesota Mother-Baby 10 S.T.E.P.S. Program

Striving Towards Excellence in Perinatal Services

What:
- Call to Action by MDH
- Maternity Center quality improvement program

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

How:
- Implementation of WHO best practice mother-baby care
- Ten Steps to Successful Breastfeeding in all MN maternity centers
- Voluntary participation in Baby-Friendly Hospital Initiative OR adoption of 10 steps in hospitals & birth centers across Minnesota
- Assistance from MDH and MN Breastfeeding Coalition

“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

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Ed.ehlinger@state.mn.us
MDH-Supported Initiatives to Reduce Health Disparities

- Back to Sleep Campaign → Safe to Sleep Campaign
- Abinouji Leech Lake Tribal Health Infant Mortality Conference (2010)
- African American Infant Mortality Summit (2013)
- Infant Mortality Reduction Plan Stakeholders’ Meetings (2013)
- Eliminating Health Disparities grants

**Perinatal Hospital Leadership Summit (2013 & 2014)**
- MN Medicaid Family Planning Waiver
- Child Care Back to Sleep law (2013)
- Healthy Babies are Worth the Wait campaign
- MN Prematurity Coalition
- And more…