



Oregon Maternal and Child Health Title V Strategy Webinar: Breastfeeding

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Welcome and webinar housekeeping

**Thank you for joining us today –
we really appreciate it!**

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll question

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

Purpose of the webinar

Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to improve Breastfeeding.
- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.
- Determine if we're missing any key strategies.

What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
 - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.

- **Local capacity** for implementing the strategies
 - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
 - Development of measures will follow once we have honed the list of strategies.
- **Technical Assistance for implementation**
 - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.
- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.
- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

MCH Title V Block Grant 3.0

The Maternal and Child Health Bureau (MCHB) is transforming Title V's work to align with Federal health care transformation.

- **Goals of the transformation: reduce burden, increase accountability, and maintain flexibility**

States are required to:

- **Conduct a 5-year needs assessment**
- **Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities**
- **Develop strategies and strategic measures to “move the needle” on the national priorities**
- **Align use of funds with these priorities and strategies**

Oregon's 2016-2020 Title V Priorities

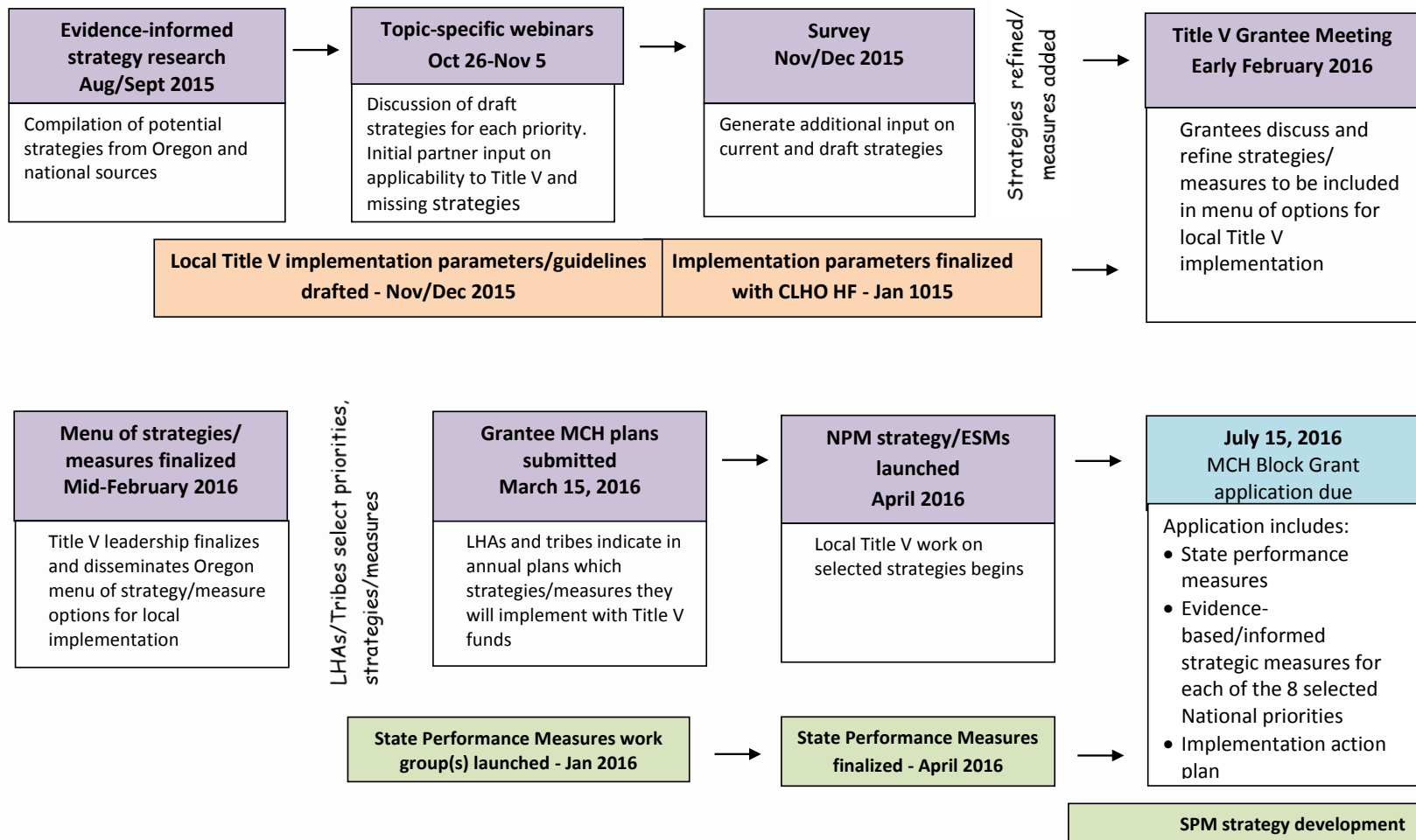
Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

State-specific priority areas:

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

Development and Launch of MCH Block Grant Strategies and Measures



Poll

How would you rate your knowledge of strategies to improve Breastfeeding?

- I know very little
- I know a moderate amount
- I am very knowledgeable in this area



Breastfeeding Performance Measure

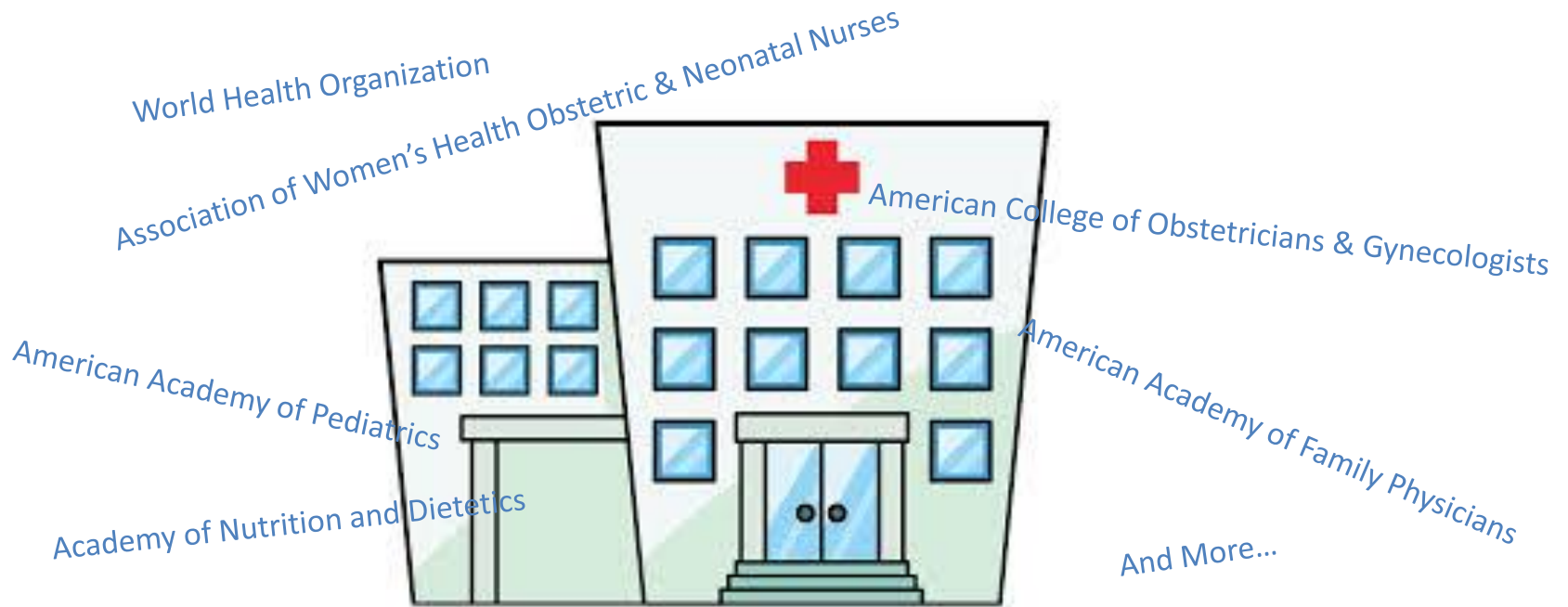
Measured by:

- A. Percent of infants who are ever breastfed**
- B. Percent of infants breastfed exclusively through 6 months**



RECOMMENDATIONS

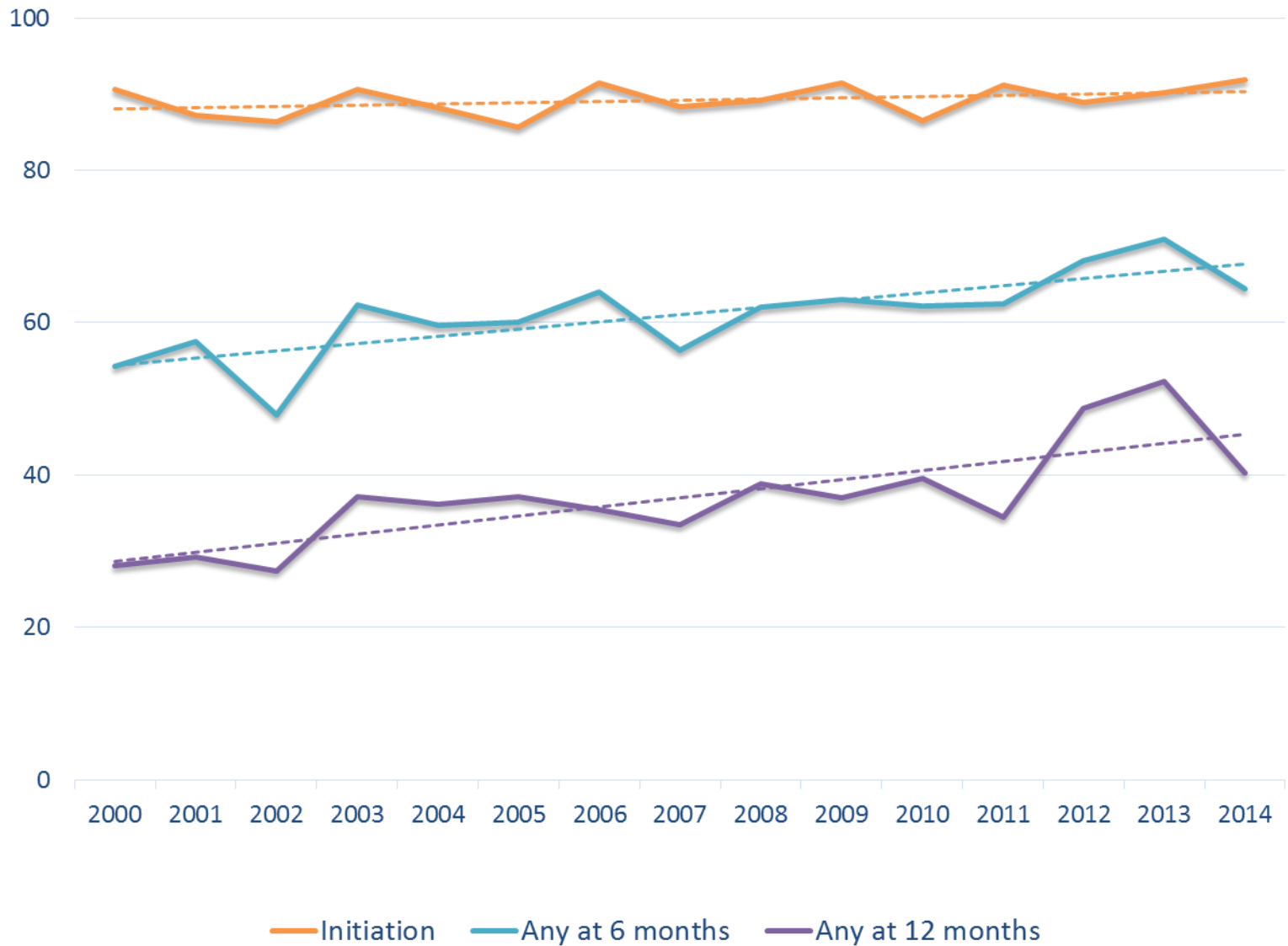
- Exclusive breastfeeding for 6 months
- Continued breastfeeding for 1 year
- Breastfeed as long as mutually desired



Excess Health Risks Associated with NOT Breastfeeding

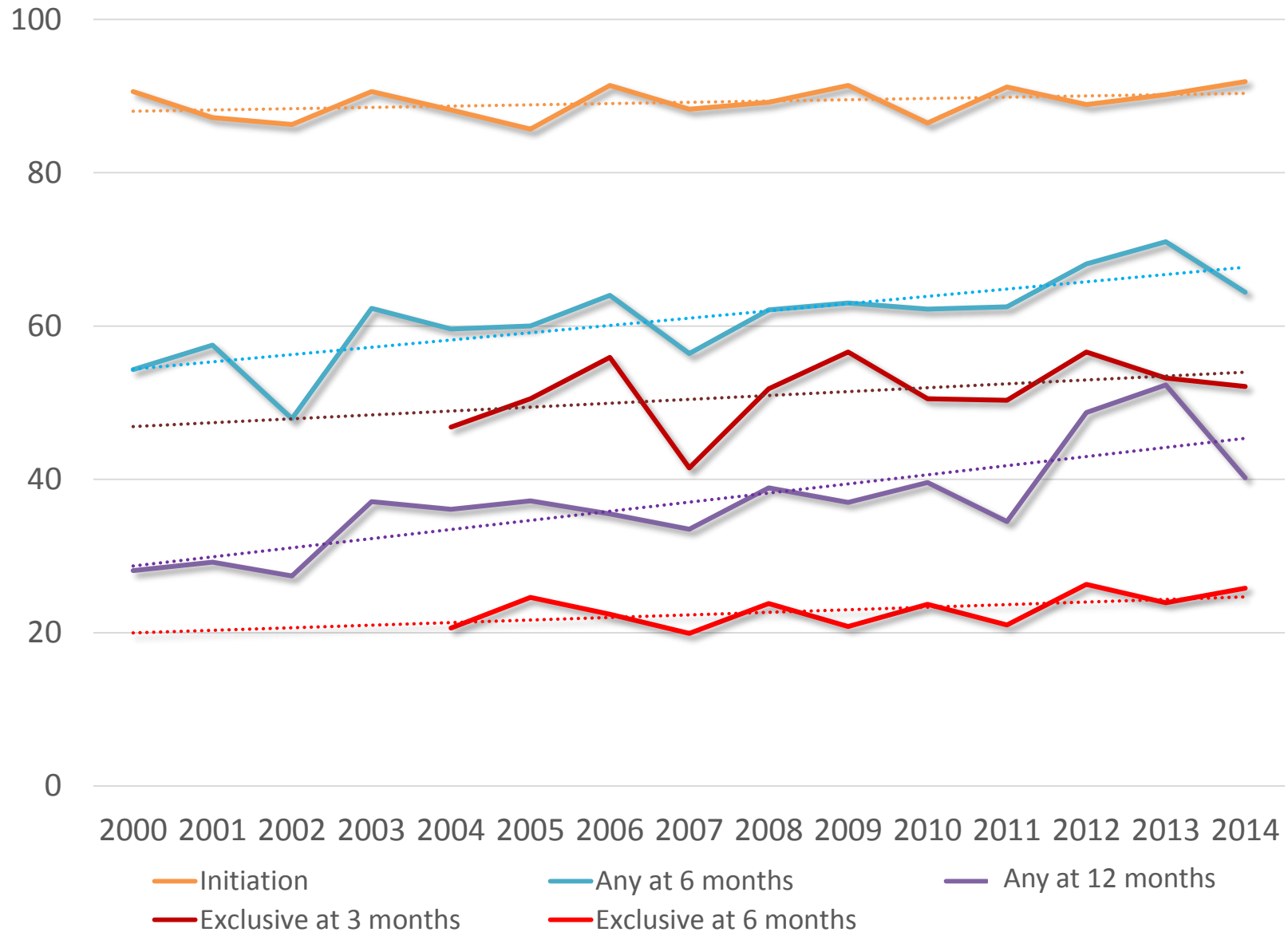
OUTCOME	EXCESS RISK %
<i>Among full-term infants:</i>	
Acute ear infection	100
Eczema	47
Diarrhea and vomiting	178
Hospitalization for lower respiratory tract diseases, 1 st year	257
Asthma with family history	67
Asthma with no family history	35
Childhood obesity	32
Type 2 diabetes mellitus	64
Acute lymphocytic leukemia	23
Acute myelogenous leukemia	18
Sudden infant death syndrome	56
<i>Among preterm infants:</i> Necrotizing enterocolitis	138
<i>Among mothers:</i> Breast cancer	4
Ovarian cancer	27

Oregon Breastfeeding Rates, 2000-2014



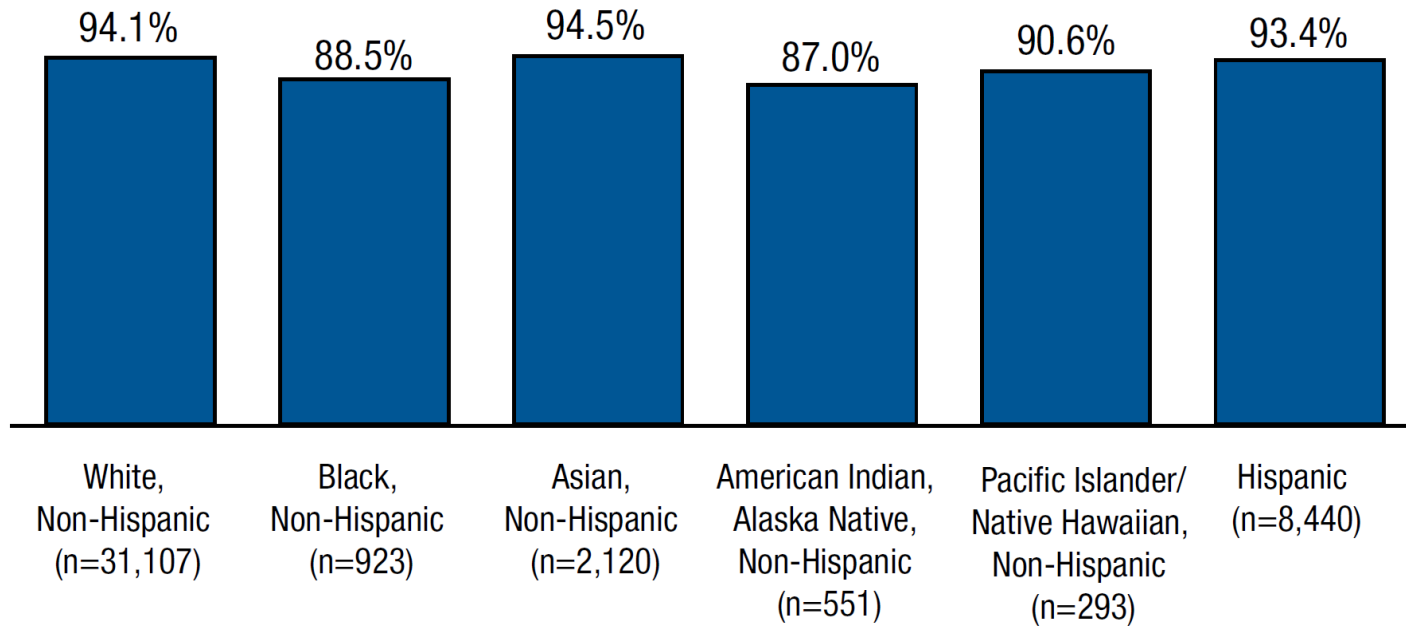
Source: National Immunization Survey

Oregon Breastfeeding Rates, 2000-2014



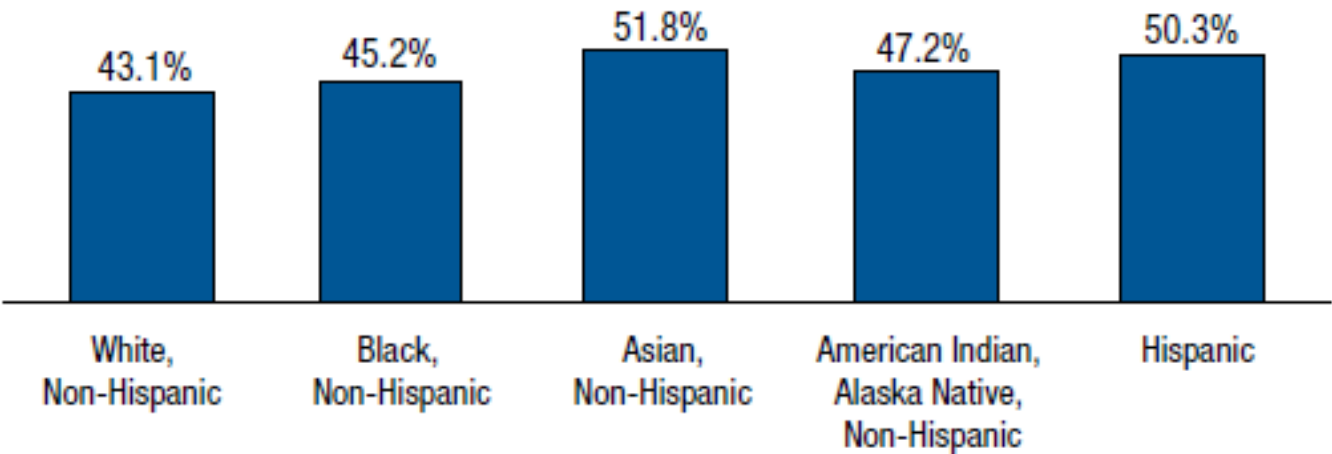
Source: National Immunization Survey

Percent of infants ever breastfed, by race/ethnicity, Oregon, 2013



Source: OHA Center for Health Statistics

Percent of infants exclusively breastfed at 6 months, by race/ethnicity, Oregon, 2009 births



Source: Pregnancy Risk Assessment Monitoring System-2

4 Domains for Breastfeeding (BF)

Community



Worksite



Health Care



Child Care

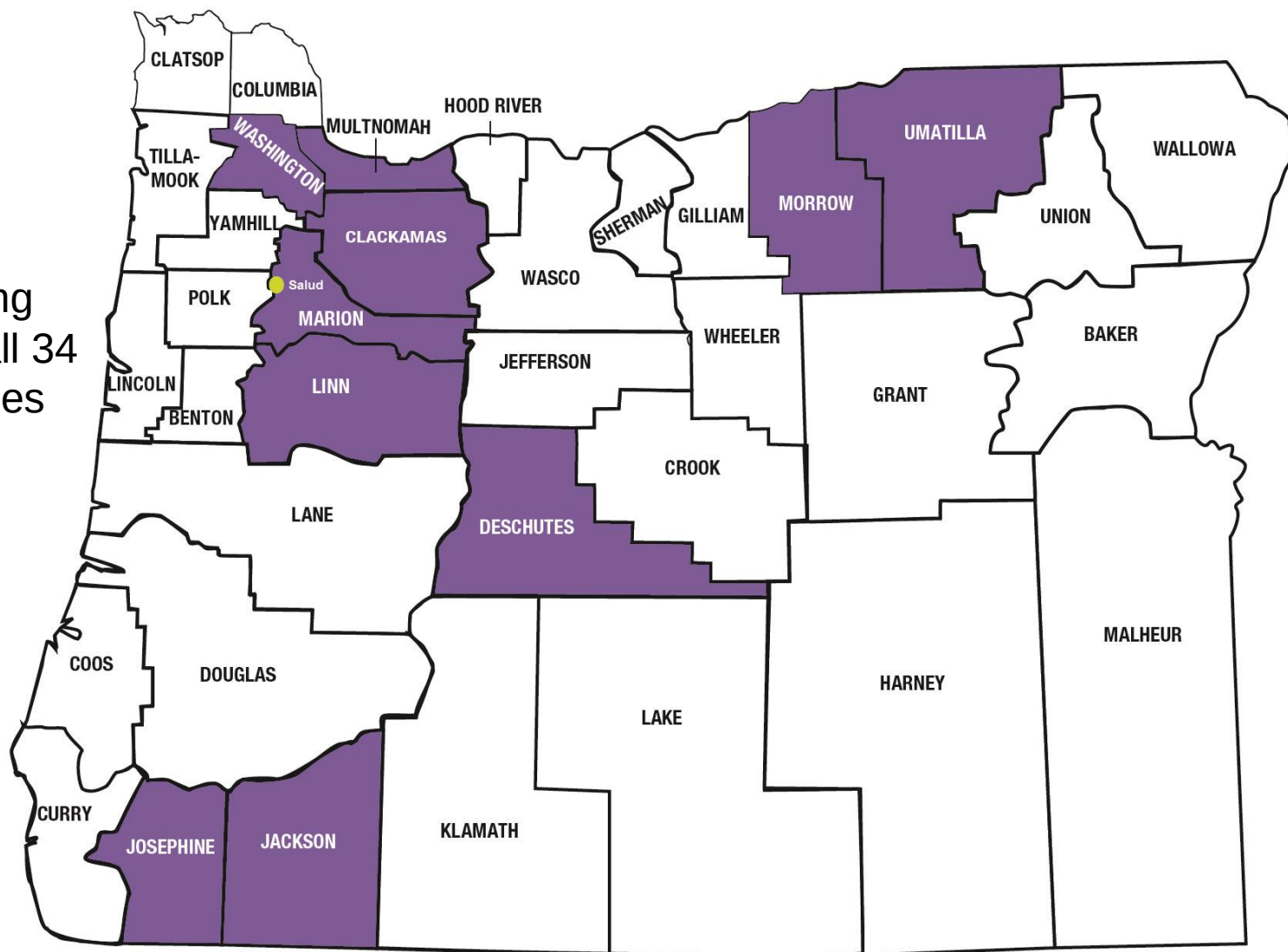
Community



- **Breastfeeding Support:**
 - Public health programs: WIC and Home Visiting programs
 - Peer support programs
 - IBCLC's—7.58 per 1000 live births
- **Breastfeeding Coalitions:**
 - Breastfeeding Coalition of Oregon serves as backbone to geographic and culturally specific coalitions throughout Oregon
- **Create networks that provide clinic-based, home & community BF support for moms**
 - 6 in 10 breastfeeding moms stop earlier than they want

WIC Breastfeeding Peer Counseling Programs

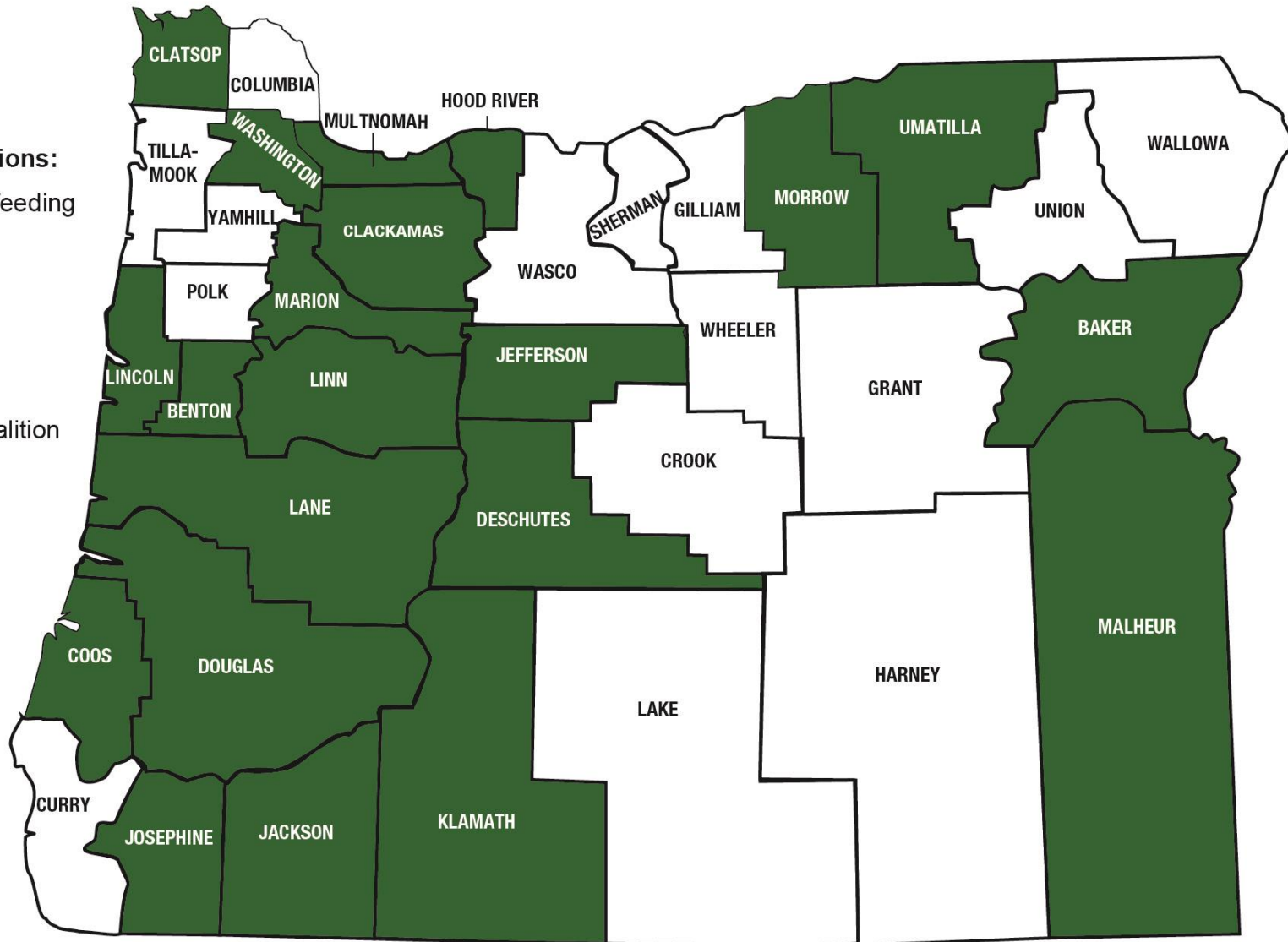
WIC—
prenatal &
postpartum
breastfeeding
support at all 34
local agencies



Oregon Breastfeeding Coalitions

Culturally specific coalitions:

- African American Breastfeeding Coalition of Oregon
- Asian-Pacific Islander Breastfeeding Coalition
- Oregon InterTribal Breastfeeding Coalition
- Latina Breastfeeding Coalition

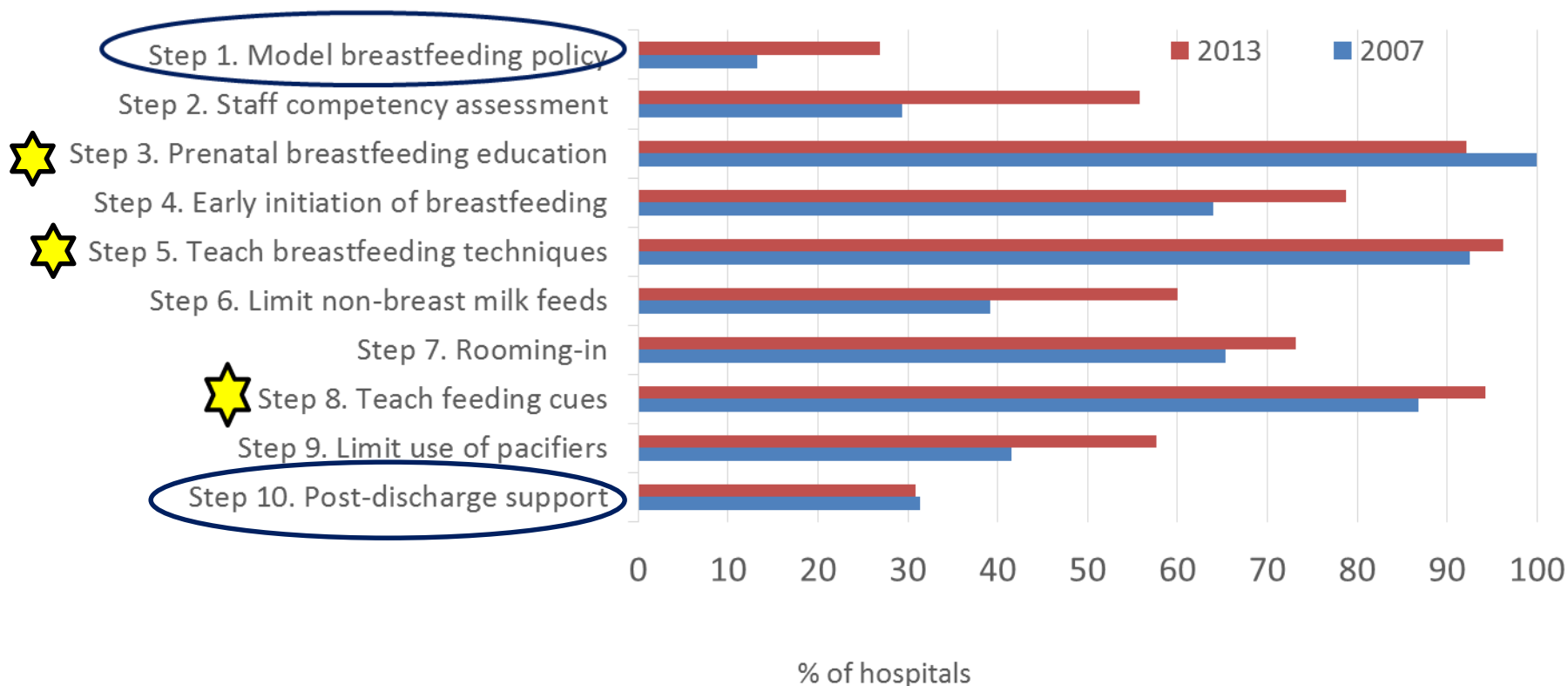


Health Care

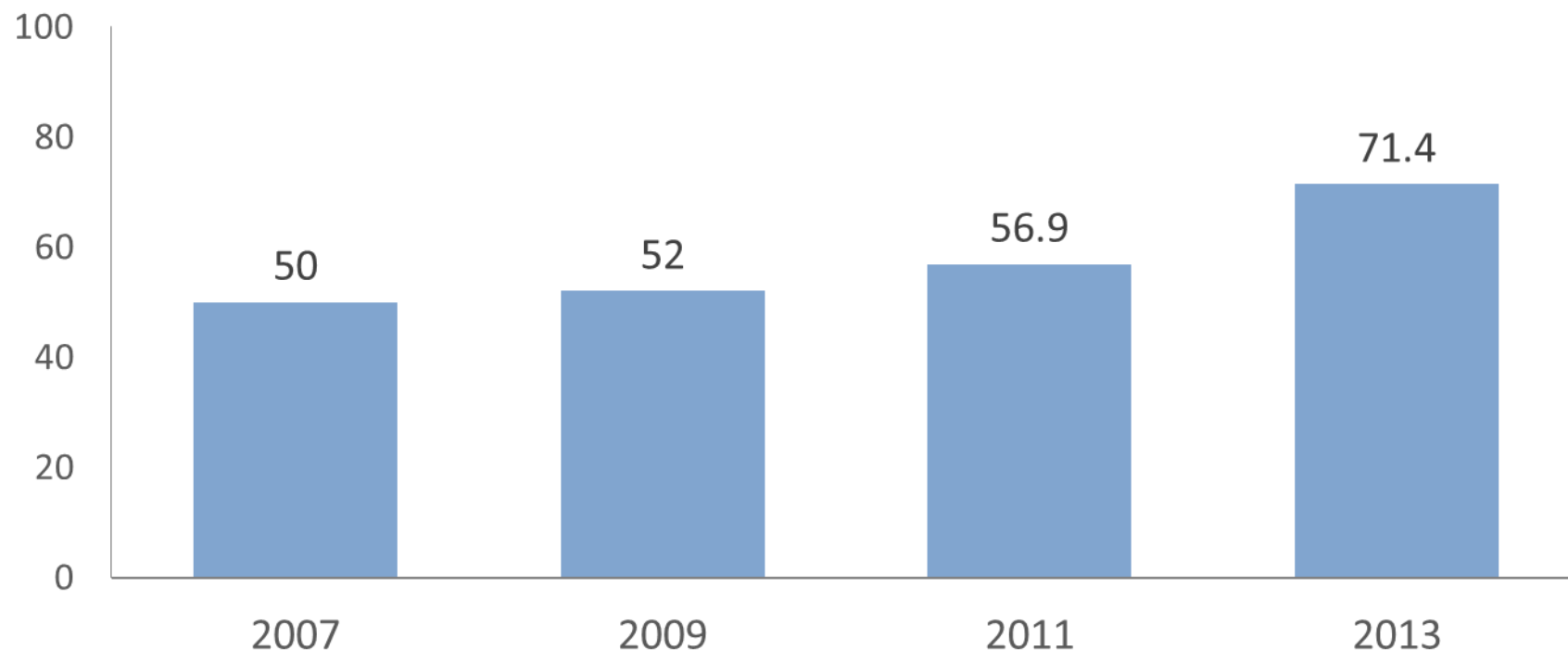


- Hospitals—implement the Ten Steps to Successful Breastfeeding / work towards Baby-Friendly designation
 - Baby-Friendly Hospital:
 - 2015—10 2007—5
- Implement evidence-based maternity care practices
 - mPINC score:
 - 2013—85 2007—74

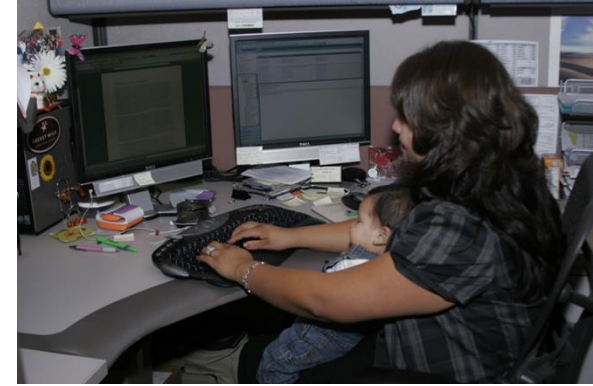
Percent of Oregon Hospitals Implementing the Ten Steps to Successful Breastfeeding



Percent of Oregon Hospitals Implementing More Than Half of the Ten Steps

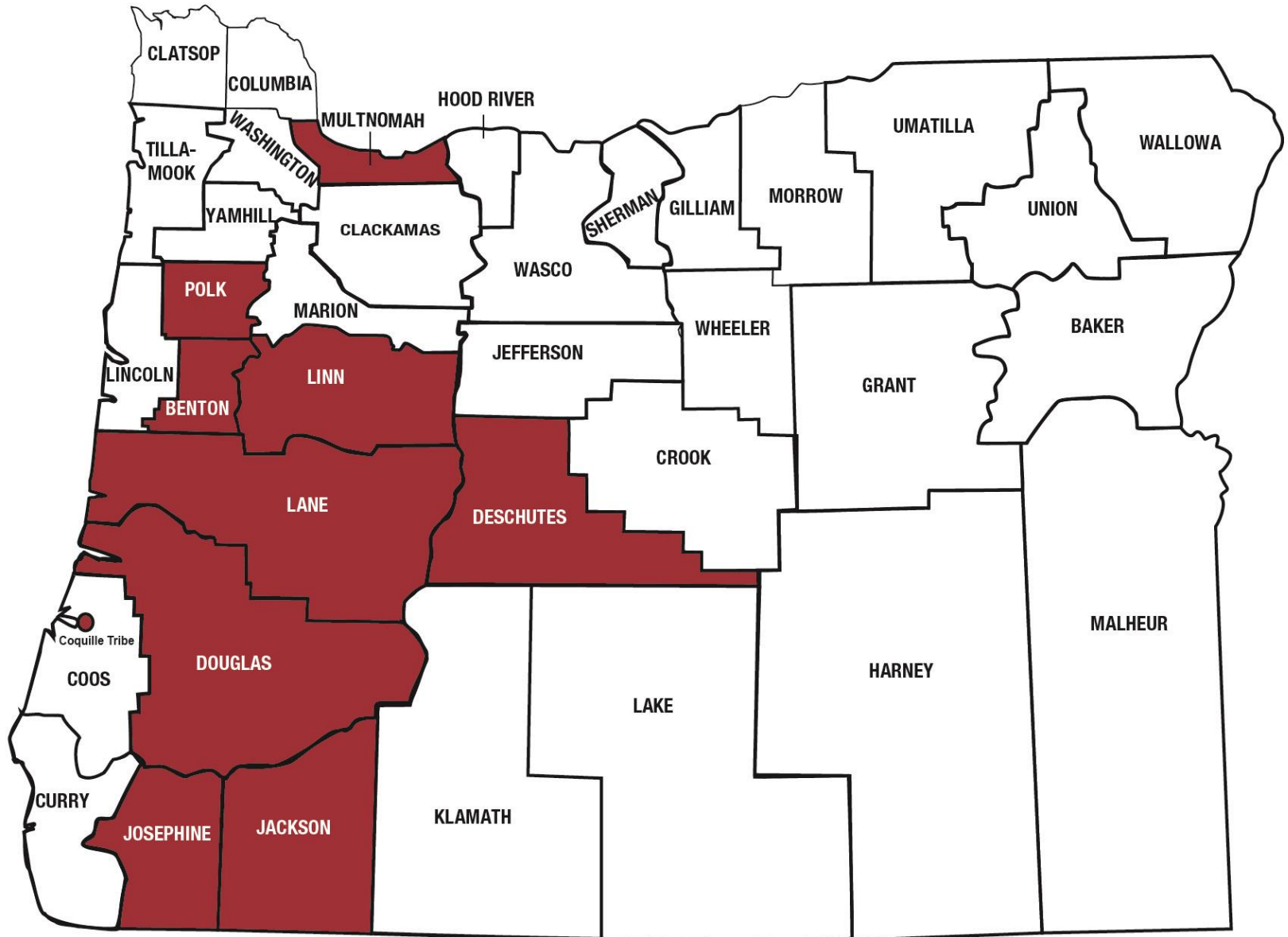


Worksite



- Workplace accommodation laws for BF address time & space
 - Oregon law 2007
 - Affordable Care Act 2010
 - ***Both laws apply in Oregon***
- Almost all Oregon women have legal protection but many women are unable to access benefits
 - Lack of awareness and employer non-compliance
 - Preliminary data: < 50% of employers are complying with the law

Healthy Communities—Worksite Wellness Lactation Accommodation



Child Care



- Oregon Licensing Regulations:
 - *Formula, breast milk, and food provided by the parent(s) shall be clearly marked with the child's name and refrigerated if required;*
- USDA Child & Adult Care Food Program (CACFP) meal pattern:
 - Breast milk is reimbursable for infant meal pattern
 - Regulations for breast milk storage aligns with national recommendations

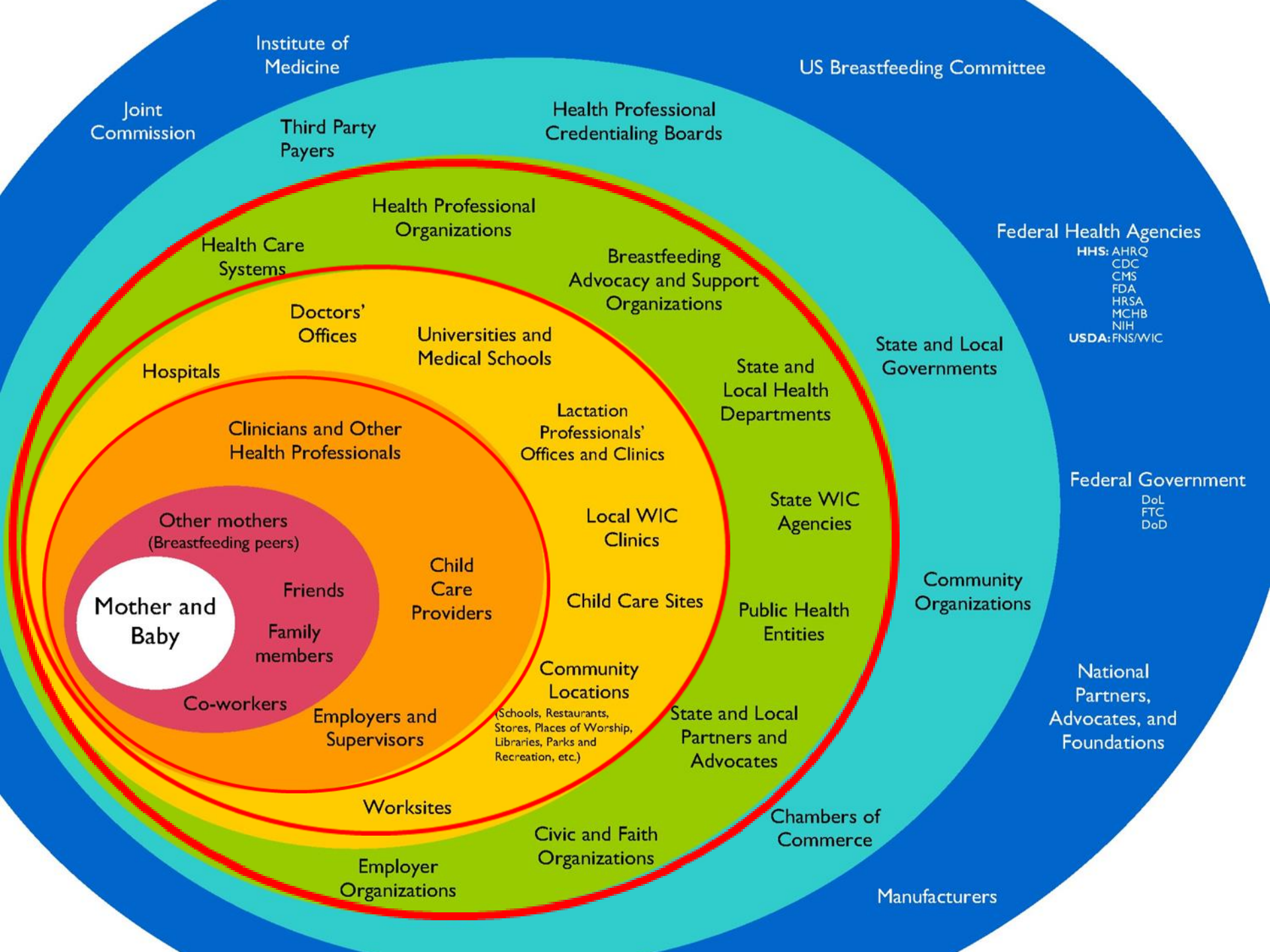


- Quality Rating Improvement System (QRIS)
- Professional Development
- As employer

How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
 - Review of the literature and evidence base
- Oregon Title V research consultant:
 - Review of the literature and Johns Hopkins evidence review
 - Review of local public health plans and reported activities
 - Interviews with State Title V Priority leads
- State Title V leads:
 - Consultation with other state public health programs and partners
 - Review of Consultant list of strategies
 - Refinement with SMEs and local co-leads

Note: The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.



Evidence-Informed Strategies

Community



Worksite



Health Care



Child Care

Community



1. Increase the number of fathers and family members (especially grandmothers) who learn about the importance of breastfeeding
2. Fill unmet needs for peer support of BF
3. Social marketing for promotion & benefits of BF

Community: Potential Action



2. Fill unmet needs for peer support of BF:

State Title V supports community-based organizations to promote and support BF among underserved populations. Support could be assessment, training and planning for sustainability.

Local public health supports and collaborates with community-based organizations and hospitals to support creation of mother-to-mother support groups.

Health Care



4. Education & training of health care providers about BF
5. Improve the rate of BF among clients of public health programs through quality improvement initiatives
6. Education of pregnant women about BF
7. Increase the availability of BF support from professionals
8. Promote implementation of Baby-Friendly Hospital initiative

Health Care: Potential Action

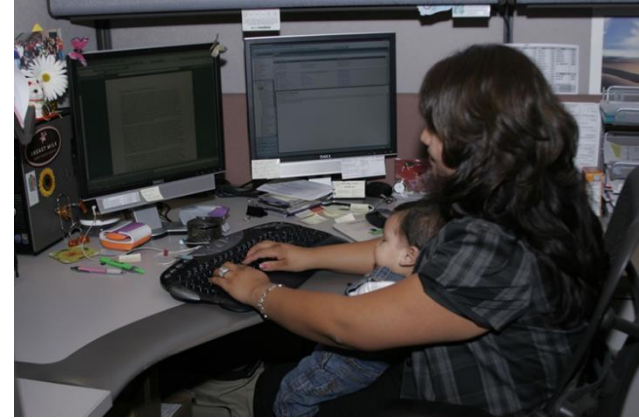


7. Increase the availability of BF support from professionals:

State Title V to foster and support partnerships to increase the number of racial and ethnic International Board Certified Lactation Consultants (IBCLCs) to provide breastfeeding counseling. Assist local agencies with the capacity to precept and mentor lactation interns.

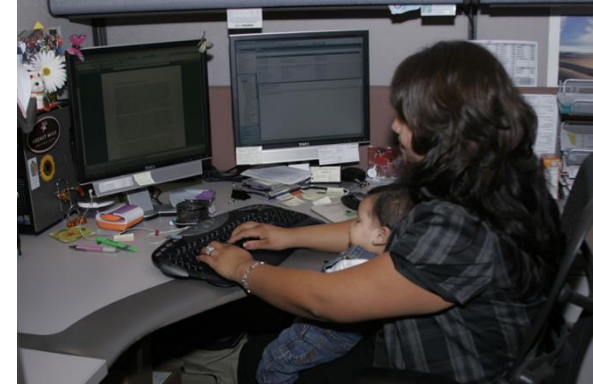
Local public health to foster and support partnerships to increase the number of racial and ethnic IBCLCs to provide breastfeeding counseling. Support lactation interns by precepting and mentoring.

Worksite



9. Increase access to workplace breastfeeding support

Worksite: Potential Action



State Title V collaborates with state partners to increase access to workplace breastfeeding support as part of worksite wellness efforts and as part of employee benefits package. Assessment and surveillance about compliance with lactation accommodation laws and workplace policies conducted.

Local public health to foster community partnerships in promotion and adoption of lactation accommodation laws. Education and technical assistance about benefits of comprehensive, high-quality support for breastfeeding employees provided to worksites in community.

Child Care



10. Provide BF resources for CC providers in order to promote and support duration of breastfeeding
11. Increase support of BF at child care settings through training & workforce development
12. Increase support of BF at child care settings through policy & planning

Child Care: Potential Action



11. Increase support of BF at child care settings through training & workforce development:

State Title V to develop local public health consultation role for child care providers. Identify or develop training resources for public health child care consultation.

Local public health provides consultation for child care providers to support breastfeeding. Consultation could include support for developing a written BF policy, how to store and handle breast milk, how to provide employee BF support and training about community referrals and resources.

Health Care, Worksite & Child Care

13. Advocate for program policies that support breastfeeding



Health Care, Worksite & Child Care: Potential Action

State Title V to support WIC in collaboration with Medical Assistance Programs (MAP) & CCOs for implementation of policy coverage for lactation services & breast pumps. Support provided for networks of home- or clinic-based follow-up care.

Local public health to foster partnerships with CCOs, hospitals, and FQHCs for implementation of policy coverage. Coordination of care among hospital and community settings (including CCOs, public health & FQHCs) is standardized.

Discussion and poll

Which of these strategies do you think have the most potential to improve health?

1. Fathers and family members learn about breastfeeding
2. Peer support of breastfeeding
3. Social marketing
4. Education / training of health care providers
5. QI initiative in public health programs
6. Education of pregnant women
7. Increase professional breastfeeding support
8. Promote Baby-Friendly Hospitals
9. Workplace breastfeeding support
10. Resources for child care providers
11. Training & workforce development for child care providers
12. Policy & planning in child care settings
13. Program policies in health care, worksite & child care

Discussion and poll

Which of these strategies do you think are foundational – meaning the most important/ best place to start in order to work on other strategies.

1. Fathers and family members learn about breastfeeding
2. Peer support of breastfeeding
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4. Education / training of health care providers
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Discussion question

Are there strategies already underway in your community that you think should be included in this discussion?

Discussion question

Are there strategies missing from this list?
If yes, what are they?

Poll

From your perspective, and thinking about your community, which strategies would you like to see Title V invest in? (choose 3)

1. Fathers and family members learn about breastfeeding
2. Peer support of breastfeeding
3. Social marketing
4. Education / training of health care providers
5. QI initiative in public health programs
6. Education of pregnant women
7. Increase professional breastfeeding support
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Are there strategies that are **less relevant** for Oregon's maternal and child health work, and could be eliminated?
(Choose up to 3)

1. Fathers and family members learn about breastfeeding
- 2 Peer support of breastfeeding
3. Social marketing
4. Education / training of health care providers
5. QI initiative in public health programs
- 6 Education of pregnant women
7. Increase professional breastfeeding support
8. Promote Baby-Friendly Hospitals
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11. Training & workforce development for child care providers
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Webinar Evaluation

- How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November-December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November-January:** Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans

Ideas? Questions?

General Title V questions:

- Nurit Fischler, Title V Coordinator nurit.r.fischler@state.or.us
- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- MCH Title V website: <http://Healthoregon.org/titlev>

Breastfeeding priority and strategy work:

- Robin Stanton, Nutrition Consultant robin.w.Stanton@state.or.us
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