Wednesday Webinar: October 2018

Advancing Equity in Breastfeeding and Our Communities

Presented by Andrea Serano, CLC, IBCLC Program Director of Reaching Our Sisters Everywhere (ROSE)

Press *6 to mute your line, #6 to unmute. Please do not press hold. You can use the chat box for questions during the presentation.

Facilitator: Paige Beliveau, MA – Research Assistant





Upcoming CHAMPS 4-Hour Clinical Skills Trainings

- (4- hour) Merit Health Natchez Tuesday, October 23rd (morning)
- (4- hour) UMMC Grenada Friday, November 2nd (morning and afternoon)

Trainings are open to all CHAMPS hospitals and CHAMPS community partners. You can register for the trainings at <u>CHEERequity.org/trainings</u>







Upcoming Wednesday Webinars

Webinars are held in collaboration with the Mississippi State Department of Health and are scheduled on Wednesdays from 12-1p CST

Fall 2018 Schedule

- November 7th: Safe Formula Preparation: When to Talk About It and Who Needs It
 - Presented by CHAMPS Hospitals and Laura Burnham, MPH, CHEER Project Manager
- **December 5th**: BFUSA Discusses Updates to the Ten Steps
 - Presented by Baby-Friendly USA

ALL ARE WELCOME TO ATTEND! For log-in information, visit: http://www.cheerequity.org/webinars.html

Slides and recordings of all past webinars are posted on CHEERequity.org



If there are topics you would like covered, please email <u>CHAMPSbreastfeed@gmail.com</u> or talk to your CHAMPS hospitals coach about your ideas.





Advancing Equity in Breastfeeding and Our Communities

Andrea Serano, CLC, IBCLC Program Director, Reaching Our Sisters Everywhere









COMMUNITIES AND HOSPITALS ADVANCING MATERNITY PRACTICES

Mission

Reaching Our Sisters Everywhere (ROSE) is a member network founded to address breastfeeding **inequities** among people of color nationwide through culturally competent training, education, advocacy, and support. With a focus on increasing breastfeeding initiation and duration rates, ROSE seeks to normalize breastfeeding by serving as a catalyst that provides resources and networking opportunities for individuals and communities.











YOU ARE MAKING A DIFFERENCE









COMMUNITIES AND HOSPITALS ADVANCING MATERNITY PRACTICES

KNOWLEDGE IS A POWER MEANT TO BE SHARED





What do we see in our communities?





Call to Action

Use your state's data to:

- · help tell the story of breastfeeding practices and support
- · monitor progress and celebrate state successes
- begin building more comprehensive state profiles that capture the landscape of breastfeeding support
- · identify opportunities for growth and improvement in maternity care practices

	Healthy People 2020 Objectives	Target	Current Rates*
MICH**-21.1	Increase the proportion of infants who are breastfed: Ever	81.9%	83.2%
MICH-21.2	Increase the proportion of infants who are breastfed: At 6 months	60.6%	57.6%
MICH-21.3	Increase the proportion of infants who are breastfed: At 1 year	34.1%	35.9%
MICH-21.4	Increase the proportion of infants who are breastfed: Exclusively through 3 months	46.2%	46.9%
MICH-21.5	Increase the proportion of infants who are breastfed: Exclusively through 6 months	25.5%	24.9%
MICH-22	Increase the proportion of employers that have worksite lactation support programs.	38.0%	49.0%
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.	14.2%	17.2%
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.	8.1%	26.1%

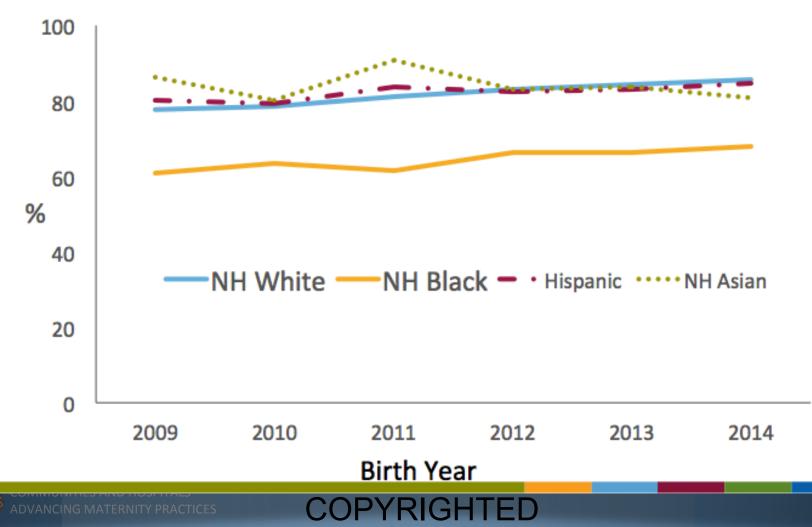


2018 Breastfeeding Report Card

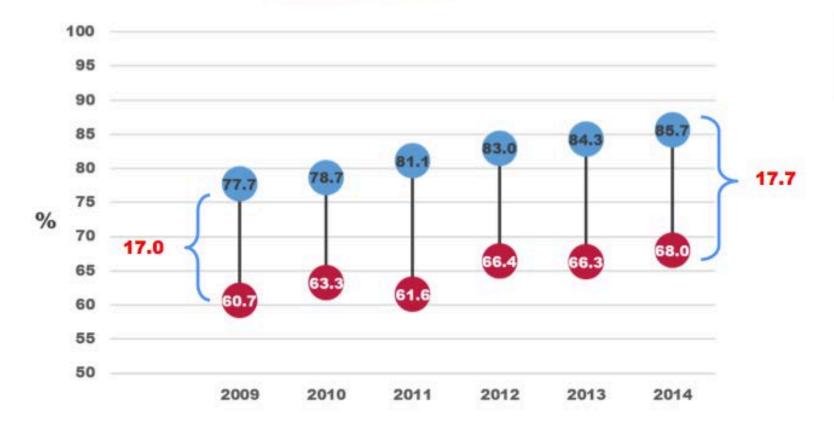
State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months	Breastfed infants receiving formula before 2 days of age	Live births occuring at Baby-Friendly facilities, 2018	
US National [§]	83.2	57.6	35.9	46.9	24.9	17.2	26.1	
Mississippi	63.2	35.4	18.3	28.2	13.0	25.1	12.5	
Mississippi	52.0	23.9	11.3	21.4	9.3		port Card	
Mississippi Mississippi	61.5 50.5	28.9 19.7	10.0 9.1	28.8	10.1 5.1		2014 Report Card 2013 Report Card	
Mississippi	47.2	26.2	13.0	20.0	7.6	2012 Re	port Card	



Breastfeeding Initiation by Race/Ethnicity



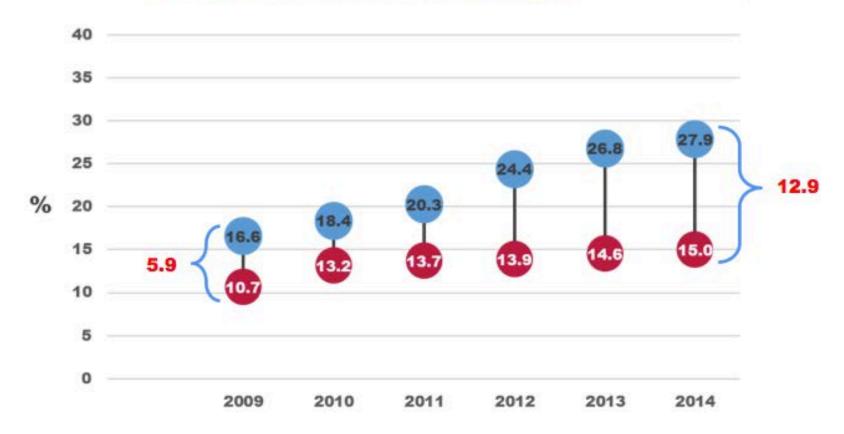
The percentage point gap between white and black infants who are ever breastfed is not closing.



National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

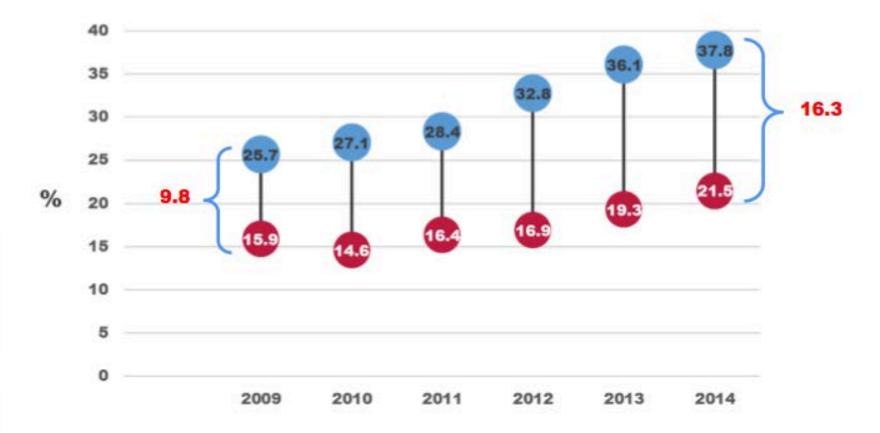
COPYRIGHT

The percentage point gap between white and black infants who are breastfed exclusively at 6 months is not closing.

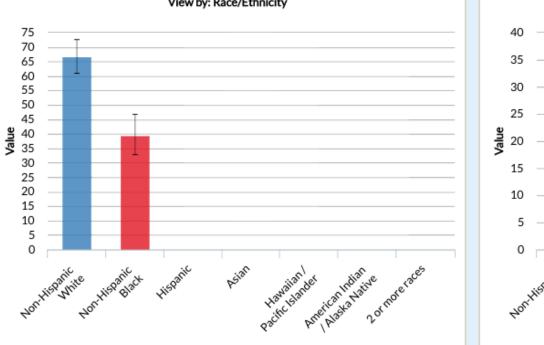


National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

The percentage point gap between white and black infants who are breastfed at 12 months is not closing.



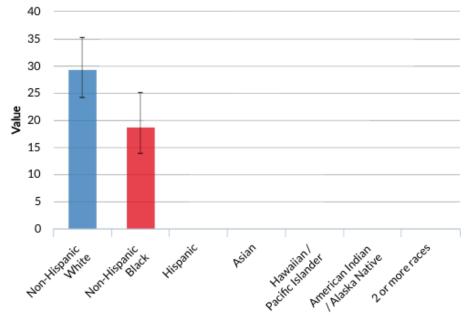
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Mississippi - 2009–2011 Percent of infants who were ever breastfed †‡§ View by: Race/Ethnicity

Mississippi - 2009–2011 Percent of infants who were breastfed at 6 months †‡§

View by: Race/Ethnicity





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Why do these disparities exist?



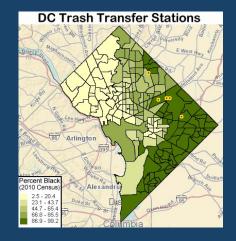


Policies and institutions matter

Federal Housing Administration



Location of city facilities



Interstate System







Why Race?





Racial inequity in the U.S.

From infant mortality to life expectancy, race predicts how well you will do...







Three key facts

1) Race is a construct and is not biologically determined. Race is a modern idea.

2) Policy drives the social construction of <u>race</u> and has contributed to changing ideas and definitions of race over time.

3) We did not choose this system but we have a responsibility to address it





Setting our shared context





National effective practice

Normalize

- A shared analysis and definitions
- Urgency / prioritize

Visualize

Operationalize

- Racial equity tools
- Data to develop strategies and drive results

Organize

- Internal infrastructure
- Partnerships



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Individual racism:

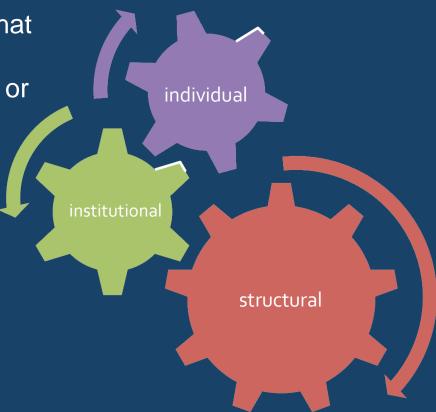
• Pre-judgment, bias, or discrimination by an individual based on race.

Institutional racism:

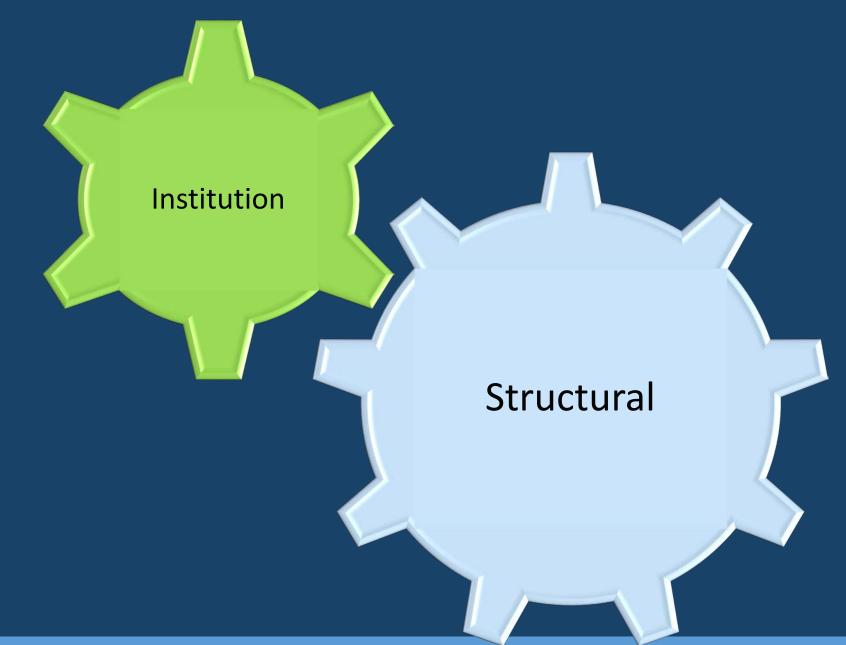
 Policies, practices and procedures that work better for white people than for people of color, often unintentionally or inadvertently.

Structural racism:

 A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.







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Equity vs. Equality

Equity involves trying to understand and give people what they **need** to enjoy full, healthy lives.



Equality, in contrast, aims to ensure that everyone gets the **same things** in order to enjoy full, healthy lives. Like equity, **equality** aims to promote fairness and justice, but it can only work if *everyone starts from the same place* and *needs the same things*.



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Racial Equity is when our institutions and systems work individually and together to work well for the benefit of all people, regardless of racial/ethnic background.





How We Think



Humans need meaning.Individual meaningCollective meaning



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Schemas

Help us organize information into broader categories. They largely reside in the sub-conscious.

- ✓ Objects
- ✓ Human beings (e.g., "millennials")

Schemas and the unconscious are social. They exist in and are shaped by our environment.







Bias

The evaluation of one group and its members relative to another.

We all carry bias. Acting on bias can be discriminatory and create negative outcomes for particular groups.



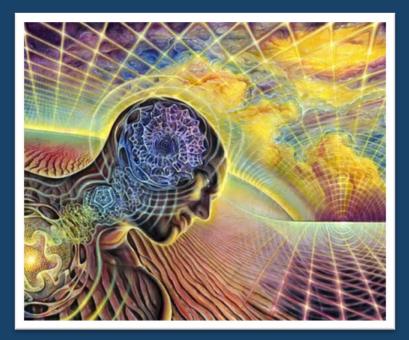
Source: Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here?





What to do with bias?

- Suppressing or denying biased thoughts can actually increase prejudice rather than eradicate it.
- Openly acknowledging and challenging biases allows us to develop strategic interventions.





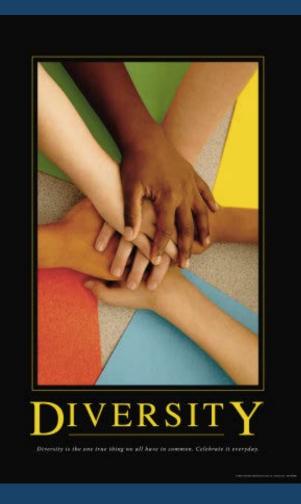


What can we do to disrupt the patterns/trends?





A Word on Diversity:



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What is the Racial Equity Tool process?

• Desired results

1

6

- Analysis of data
- Community engagement
- Strategies for racial equity
- Implementation plan
 - Communications and accountability





Institutional/Explicit					
Policies which	Institutional/Implicit				
explicitly discriminate against a group.		Individual/Explicit Prejudice in action – discrimination.			



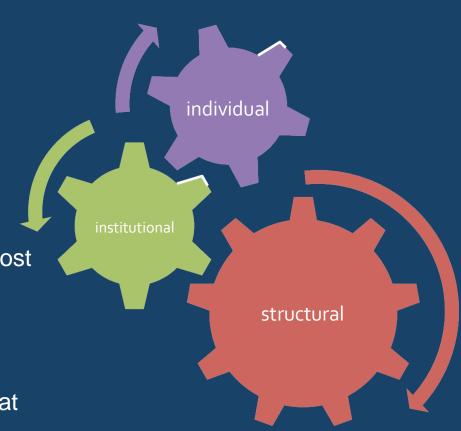


Institutional racism:

- Examine policies and practices within our own institutions for bias and discriminatory practice
- Advocate for large institutions to change

Structural racism:

- Develop new policy driven by those most impacted
- Develop coalitions and advocacy strategies that build power for communities of color
- Develop new narratives and stories that center POC as assets, innovators and contributors





2018 Breastfeeding Report Card

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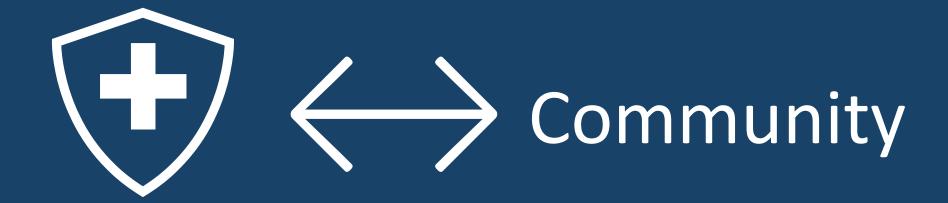
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What does the numbers say on who is getting supplemented before 2 days of age? Did this family discuss breastfeeding with their provider during pregnancy? How accessible is breastfeeding support for this family after they discharge?











Community Transformer

The Connection Between Step 3 Step 10 And The Community





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Community Transformers

- Receive training on providing mother- to- mother breastfeeding support
- Serve as a local and accessible resource on breastfeeding support
- Lead gatherings called breastfeeding clubs
- Serves as an advocate for the community





#MSippitUp

RCTs Trained 2014 - 2015	RCTs Trained 2015 - 2016	RCTs Trained 2016 - 2017	RCTs Trained 2017 - 2018	Total RCTs Trained
15	20	16	21	<u>72</u>

Past Training Locations

- Jackson
- Greenwood
- Columbus
- Biloxi
- Waynesboro



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#MSippitUp

CHAMPS/CHEER	CONTACTS 2017 - 2018
Mississippi	2,644





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Moving the Needle

- Facts are not enough to change people's hearts and minds.
- We need to couch facts within a broader frame to change hearts and minds.



