



## Public Health Advisory Committee

January 28, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

### AGENDA

Agenda Item	Presenter	Time	Committee Action
<b>Welcome and Introductions</b> Joey Colianni, Member at Large (replacing Adrienne Morris)	Tara Jenson	6:00-6:05	Approve agenda
<b>PHAC Logistics and Updates</b> Review minutes Certificate of Recognition - <i>Patty Hillmeyer</i>	Tara Jenson  Tara Jenson	6:05-6:15	Approve Minutes
<b>Presentation</b> <i>MN Breastfeeding Coalition</i>	Dr. Pam Heggie MBC Steering Committee Pediatrician-Fairview Children's Clinic (Mpls)	6:15-7:05	Questions/discussion
<b>Department Updates &amp; Information Sharing</b> <i>Council Committee change</i> <i>Public Health Week activities</i> <i>NCR Conference</i>	Margaret Schuster  <i>Nora Hoeft - MHD</i>	7:05-7:25	Discussion
<b>Sub-committee conversation time</b> <i>Policy &amp; Planning</i> <i>Collaboration &amp; Engagement</i> <i>Communications &amp; Operations</i>		7:25-7:50	Prep work/discussions for February sub- committee meeting

**Next Sub-committee meeting:** February 25, 2014, Minneapolis City Hall, Rooms 132 & 333

**Next Meeting of the Full Committee:** March 25, 2014, Minneapolis City Hall, Room 132

**MN Breastfeeding Coalition website:** <http://mnbreastfeedingcoalition.org/about-us/>

**Information Sharing:**

Health, Environment, Community Engagement Committee referenced on city's website:

<http://www.ci.minneapolis.mn.us/council/committees/index.htm>

Public Health Week theme & activities referenced on national website: <http://www.nphw.org/>

NCR Conference referenced on city's website: <http://www.minneapolismn.gov/ncr/index.htm>

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Public Health Advisory Committee (PHAC)  
Minutes**



**January 28, 2014**

**Members Present:** Julie Ring, Saeng Kue , Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Birdie Cunningham, Autumn Chmielewski, Dr. Rebecca Thoman, Linda Brandt, Jennifer Pelletier, Tamara Ward, Joseph Colianni

**Members Excused:** Silvia Perez, Sarah Dutton, Daniel Brady

**Members Unexcused:**

**MHD Staff Present:** Margaret Schuster, Don Moody, Nora Hoeft

**Guests:** Dr. Pamela Heggie, Sammie Ardito Rivera

Tara Jenson called the meeting to order at 6:01 p.m.

Item	Discussion	Outcome
<p><b>Introduction</b></p> <p><b>Agenda &amp; Minutes Approval</b></p>	<p>New PHAC member Joseph “Joey” Colianni introduced himself. Sammie Ardito Rivera from the Nexus Community Partners--Boards and Commissions Leadership Institute introduced herself.</p> <p>Agenda modifications: Patty Hillmeyer will attend March meeting to receive her certificate; Nora Hoeft will speak before the presentation; sub-committee conversation time will be held after meeting adjourns.</p> <p>Change to November Minutes: Under information sharing, with regard to the “Attended the <i>Women in Public Service Conference</i> at Hamline University” entry, change Karen Soderberg to Linda Brandt (Linda, not Karen, attended the event)</p>	<p>Agenda approved, with changes noted</p> <p>Minutes approved with change noted.</p>
<p><b>Department Updates</b> <i>Public Health Week activities - Nora Hoeft</i></p>	<p>MHD will present Local Public Health Heroes awards during Public Health Week, April 7-11. Categories for awards will mirror Department goals. Nominations are open to the public; announcements will be made via Facebook, Department web site, community listservs, and other routes. Nomination form available mid-February on Department website. PHAC asked to help review the nominations for selection of the final awardees.</p> <p>The award ceremony and info fair will be held in the City Hall rotunda. PHAC is invited to share a table with accreditation during this event. Other Public Health Week activities are being planned. Committee discussed other routes for soliciting nominations including contacting community organizations, providing details and nominations forms to Council Members for dissemination via ward newsletters.</p>	<p>Nora to provide update prior to next meeting. She will send info for submission to Council Members (re: soliciting nominations from the public). Nora requested 3-4 volunteers as a sub-committee to help with the selection of awardees.</p>
<p><b>Presentation</b> MN Breastfeeding Coalition - <i>Dr. Pam Heggie, MBC Steering Committee, Pediatrician-Fairview Children’s Clinic (Mpls)</i></p>	<p>Dr. Pam Heggie presented on the Minnesota Breastfeeding Coalition; see slides from her presentation for additional information (available in the <a href="#">January Meeting Materials</a>). Her presentation covered many aspects including: an historical review and perceived barriers; data related to breastfeeding and racial disparities; the BFHI (Baby Friendly Hospital Initiative); and lessons learned.</p> <p>Items covered in the discussion: Breastfeeding Disparities: primarily <b>not</b> income related, factors are culturally / socially-oriented, such as public perception, social acceptance, and availability of role models. Access and availability to breast pumps, support for and education related to breastfeeding, lactation consultation, and worksite support. Health Benefits for child <i>and</i> mother: reduced infant mortality, decreased obesity over lifetime</p>	<p>Policy &amp; Planning sub-committee will take up topic to clarify possible actions / additional learning for PHAC; garner additional information from MHD staff regarding City’s goals / actions in this area</p>

**Public Health Advisory Committee (PHAC)  
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	<p>Economic Benefits: exclusive breastfeeding for 6 months could result in savings of \$13 billion in annual health care costs and reduce over 900 deaths per year; three in-home nurse visits within the first year with a cost ~\$700 reduces ER visits by 50%.</p> <p>Hospital Outreach: encourage breastfeeding; initiate many/all of the 10 steps for BFHI (even if not seeking BFHI certification); implement BFHI procedures to reduce racial disparities; discourage free formula (does this have an ethics component? how/why is formula provided free?)</p> <p>What can PHAC do? Who, at the City level, has insights into options? What actions are being taken by the Hennepin County Breastfeeding Coalition? Could this be included in the Worksite Wellness Initiative? Recommendations could focus on the benefits of healthy infant feeding, decreased disparities, and long term health for mothers and children. How to work with City of Minneapolis hospitals to encourage support for and/or change behavior (attitude) related to breastfeeding?</p> <p>Recommendations could go to Minnesota Department of Health – for hospital regulation or changing factors for reporting (e.g., including a breastfeeding component)</p>	
<p>Department Updates- <i>Margaret Schuster</i></p>	<p>PHAC membership: At-Large seats filled, four Ward seats currently vacant (Wards 2, 3, 9, 10). Margaret reached out to Council Members regarding PHAC members whose terms ended 12/31/2013. Additional contacts will be made this week for PHAC members whose terms are 2013-2014. <a href="#">Boards, Commissions and Advisory Committees website</a> lists all <a href="#">PHAC seats</a>, with details on seat terms and specific vacancies.</p> <p>NCR Community Connections Conference “Common Ground: A City that Works for All” will be held Saturday, March 22, 2014 from 8:00a.m. to 4:30p.m. at the Minneapolis Convention Center. It is free!</p> <p>Gretchen met with Mayor Hodges, who stated her interest in reappointing Gretchen as Health Commissioner for another two-year term.</p>	
<p>Information Sharing – <i>Dr. Happy Reynolds-Cook</i></p> <p><i>Margaret Schuster</i></p> <p><i>Karen Soderberg</i></p> <p><i>Jennifer Pelletier</i></p>	<p>She attended a public meeting on the City’s proposed Conservation District Ordinance effort. High-density housing, its health impact, when it is successful &amp; when not successful was suggested as a topic for a future presentation to the PHAC.</p> <p>PHAC now reports to the (newly formed) Health, Environment &amp; Community Engagement Committee (PHAC previously reported to the Public Safety, Civil Rights &amp; Health Committee).</p> <p>Brought up the need for PHAC committee members to emphasize the interconnectedness of many City departments and their intersection with Public Health. The new Council Committee will not see representation from Civil Rights or Public Safety which also impact public health. We need to advise against the idea that each department is a ‘silo’ and emphasize the City’s overall health outcome resulting from their collective, system-wide approach. This is also a state-wide concern: public health is a collective, system-wide effort.</p> <p>Met with [MHD employee] Sarah Stewart in December to discuss Community Engagement grants and how initiatives like the Northside Greenway and Complete Streets may be best served by neighborhood</p>	<p>Margaret &amp; Policy / Planning sub-committee to look at calendar</p> <p>PHAC 2013 Annual Report to be given to HECE committee in 1<sup>st</sup> Quarter 2014.</p> <p>Possible future update and ask for PHAC support</p>

**Public Health Advisory Committee (PHAC)  
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	groups applying for the grant opportunities. There may be a future update for PHAC on these initiatives.	
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Meeting adjourned at 7:40 p.m.  
Minutes submitted by Don Moody and Margaret Schuster

**Next Sub-Committee Meeting: February 25, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.**  
**Next Full Committee Meeting: March 25, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.**

APPROVED

# Minnesota Breastfeeding Coalition

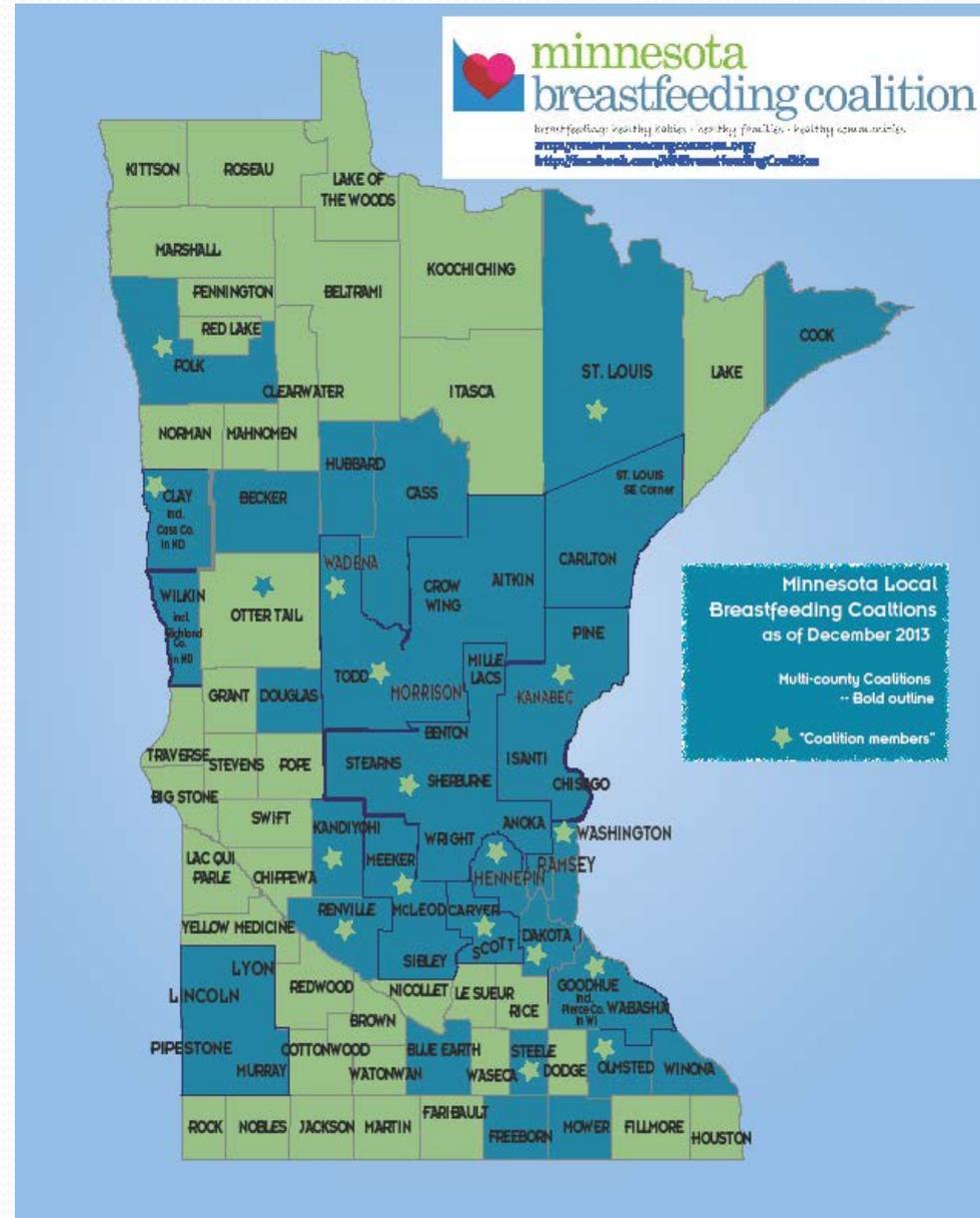


**Presentation- Public Health Advisory Committee**  
**Minneapolis, MN**  
**Jan 28, 2014**

Pamela Heggie, MD, IBCLC  
MBC Steering Committee Member  
Pediatrician , Fairview Children's Clinic - Minneapolis  
Director, Breastfeeding Medicine Clinic  
University of Minnesota Amplatz Children's Hospital

## Minnesota Breastfeeding Coalition

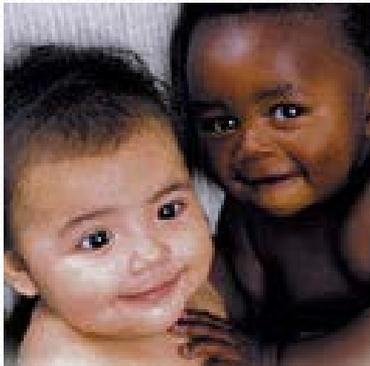
- **Vision:** Breastfeeding: Healthy Babies, Healthy Families, Healthy Communities
- **Mission:** Working collaboratively to create an environment in Minnesota where breastfeeding is recognized and supported as vital to the health and development of children and families.
- All 50 states have breastfeeding coalitions – under umbrella of US Breastfeeding Committee
- 30 local coalitions in Minnesota
- “Grassroots” breastfeeding advocacy – in neighborhoods, towns, counties



# Breastfeeding as a Public Health issue

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

...exclusive breastfeeding for 6 months &  
continue after baby food introduced for 1 year  
or longer as mutually desired by mother and infant....



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



# Why Breastfeeding?



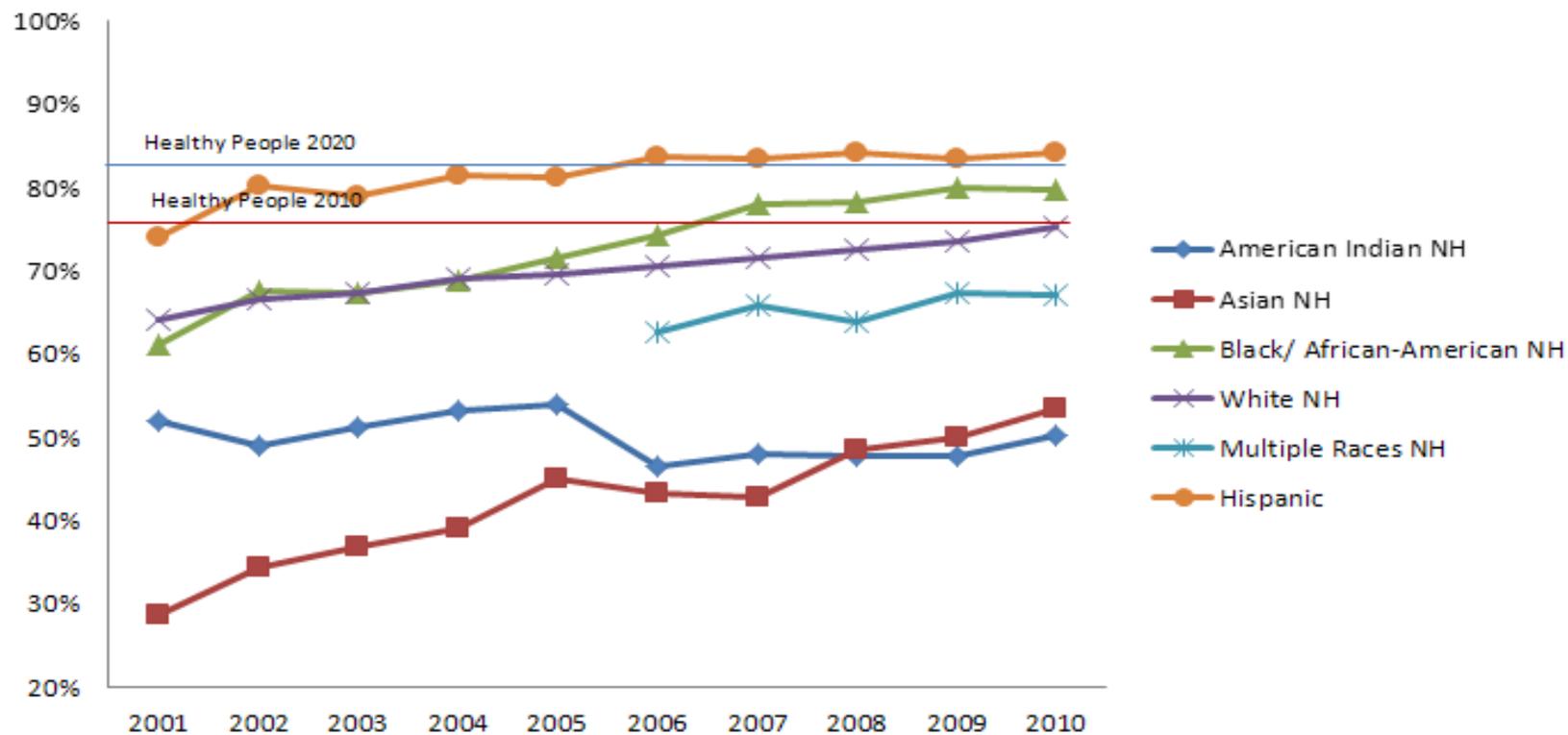
- Improves health outcomes in children
  - Less infection, SIDS, obesity, diabetes and asthma
- Improves health outcomes in mothers
  - Less cancer, obesity, heart disease
- Saves money
  - Healthier moms and babies – less ER and hospital care
  - Formula costs are high - \$1800 -\$2000 for 1 year
  - Breastmilk is free

# Breastfeeding Rates - 2013

	Ever BF	6 mo	12 mo	Ex BF 3 mo	Ex BF 6 mo
<b>U.S.</b>	76.5	49.0	27.0	37.7	16.4
<b>Minnesota</b>	73.5	49.1	23.1	47.2	23.5

# Breastfeeding Disparity in MN

Figure 3. Minnesota WIC Breastfeeding Initiation by Race/Ethnicity<sup>3</sup>



NH = Non-Hispanic

Multiple Races reported separately starting in 2005.

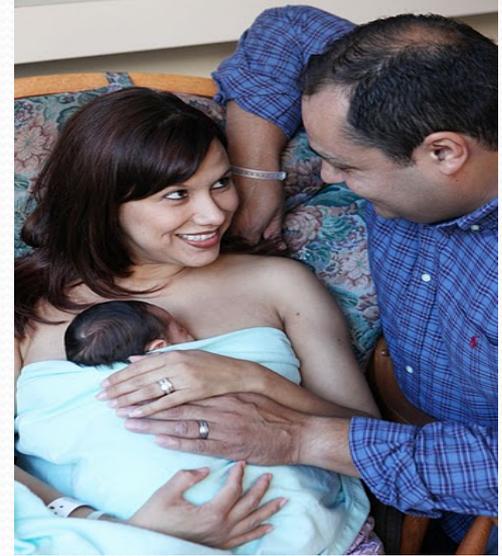
# **BREASTFEEDING is ...**

***a low cost,***

***low tech,***

***high yield .....***

***public health intervention***



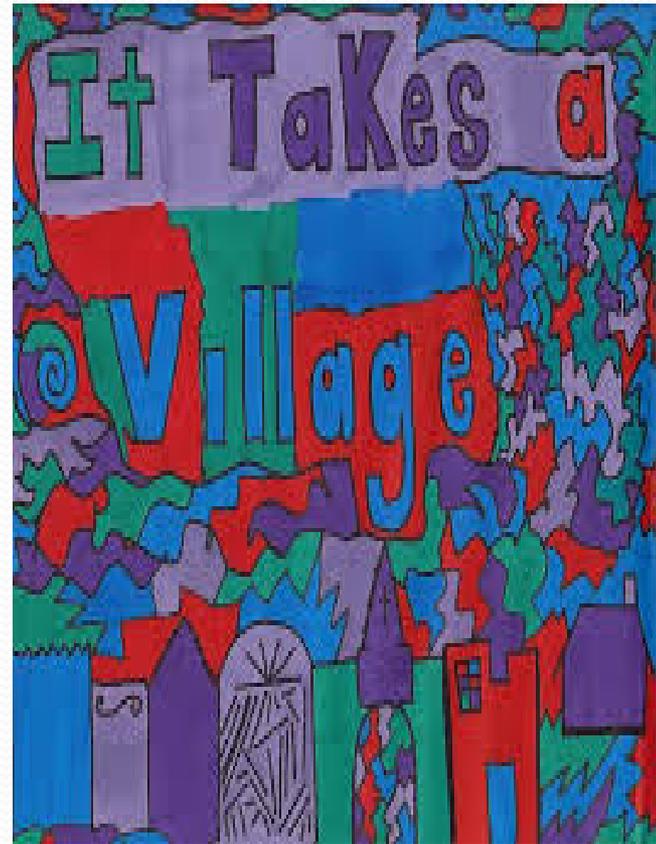
# Breastfeeding Barriers

- Mothers may lack confidence and knowledge about how breastfeeding works
- Myths about milk supply, how easy or hard breastfeeding will be
- Myth that breastfeeding is natural – so will “just happen”
- Lack of role models in society and family in a previously “bottle feeding” culture
- Lack of acceptance by the community and society in general- breastfeeding in public settings, age of babies
- Lack of support from father/partner, family and friends
- Hospital practices that interfere with breastfeeding

# More Breastfeeding Barriers

- Inadequate and inconsistent access to lactation help for questions or problems that arise after hospital discharge
- Inconsistent and low level medical coverage or payment for pumps, lactation consultant services
- Lack of workplace or child care support for breastfeeding
- Lack of OR very short maternity leave
- Advertising and promotion of infant formula- free stuff (diaper bags, coupons) undermines breastfeeding

# It takes a Village...





**Dr. Julius Parker Sedgwick**  
**Chair, Department of Pediatrics**  
**University of Minnesota, 1912**

Photo Courtesy of University of Minnesota Archives.

Julius Parker Sedgwick, "Maternal Feeding," *The American Journal of Obstetrics and Diseases of Women and Children* 66 (1912): 857-865.

# BREAST FEEDING IN THE REDUCTION OF INFANT MORTALITY

J. P. SEDGWICK, M. D.,  
*University of Minnesota, Minneapolis, Minn.,*

*and*

E. C. FLEISCHNER, M. D.,  
*University of California, San Francisco, Cal.*

Read before the Joint Meeting of Child Hygiene and Vital Statistics Sections, American Public Health Association, at San Francisco Cal., September 15, 1920.

These authors do not absolve their brother physicians from responsibility in the high infant mortality through bottle feeding and note that medical schools spend hours teaching artificial feeding against a casual attitude in discussing maternal nursing. The story is told of the Minneapolis demonstration which helped reduce infant mortality there from 81 to 65.

When one realizes that in many of our large cities 100 infants die during the first year of life for every thousand born, and that this perfectly unthinkable situation is accepted with equanimity by many sanitarians and laymen, one is forced to the unpleasant conclusion that

## September 15, 1920

citizen and humanitarian. So many statistics have been compiled bearing on the question of infant mortality, that it is perfectly justifiable to present the conclusions, that can be drawn from them without including in these conclusions the figures upon which they are based. No one can attack on account of its extravagance the contention that the death rate among artificially fed infants is approximately six times as high as among the breast fed. Considering this

may seem, the medical profession itself is probably more at fault in this connection than any other group, and among physicians in the highly specialized branches of obstetrics and pediatrics are found the worst offenders.

Education alone can be found the whereby this situation can be In a consideration of this phase of the question, too much stress cannot be laid upon the importance of properly handling the problem in the medical school. The hours and hours that are given over to the teaching of artificial feeding, which even by the most intensive methods can never be successful unless they are followed by a tremendous amount of experience, stand out in striking contrast to the casual attitude,

# Home Visits in Minneapolis - 1919



- Dr. Sedgwick started a program of home nurse visits to promote breastfeeding in 1919
- Significant improvement in breastfeeding initiation and duration, 72% at 9 months
- 20% decrease in infant mortality

# Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care **2013**

*Dodge, et al Pediatrics 2013;132;S140*

- Nurse visits new parents at home after newborn discharged from hospital – 3 visits
- Checks health of mother and baby
- Tips on breastfeeding, infant care, safe sleeping
- Screens for maternal depression
- Outcome: 50% less emergency medical care use

# The “Gap” in 2009: University of Minnesota Amplatz Children’s Hospital

90 % of women started breastfeeding

41 % left the hospital exclusively breastfeeding



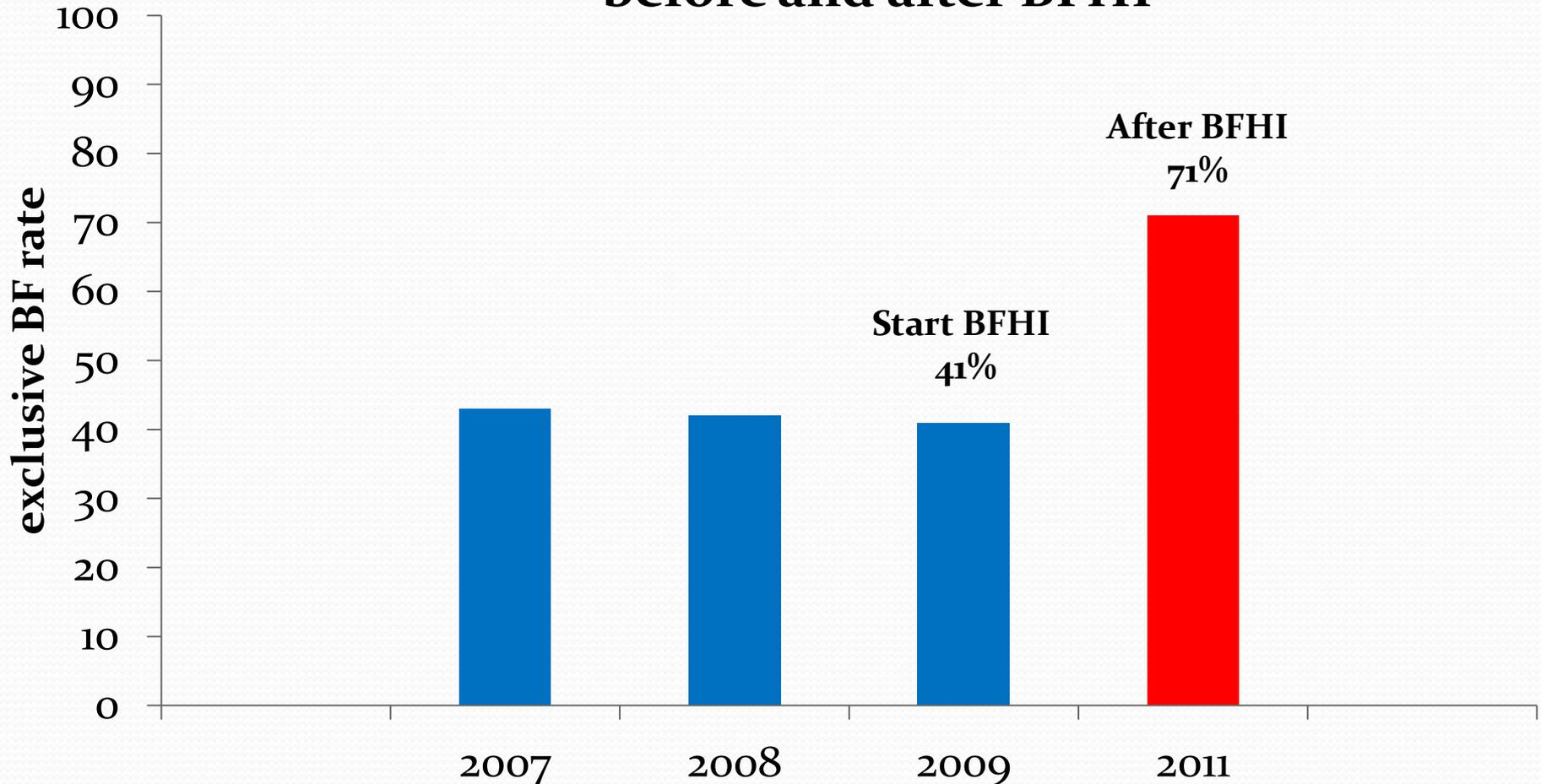
# What Is the Baby Friendly Hospital Initiative?



- International award for Birth Hospitals
- Best Practice maternity care for moms and babies
- “10 Steps”-hospital practices that support breastfeeding
- Clinical excellence in lactation
- Developed by UNICEF and WHO in 1991
  - To reduce worldwide infant mortality by increasing BF

# U of M Amplatz Children's Hospital

## Exclusive Breastfeeding Rates at discharge: before and after BFHI



# Baby Friendly Hospital Initiative: 10 Steps

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: Global and Local



- 20,000 hospitals in 150 countries worldwide are designated Baby Friendly (9/2013)
- **6.9%** of US birth hospitals are certified Baby Friendly
  - 167 / 2420 birth hospitals in the U.S (9/2013)
  - 2.9% in 2007
- In Minnesota **2/92** birth hospitals are Baby Friendly certified
  - Mayo-Austin Medical Center (2011)
  - U of MN Amplatz Children's Hospital (2012)
  - On their way- HCMC, Regions and others

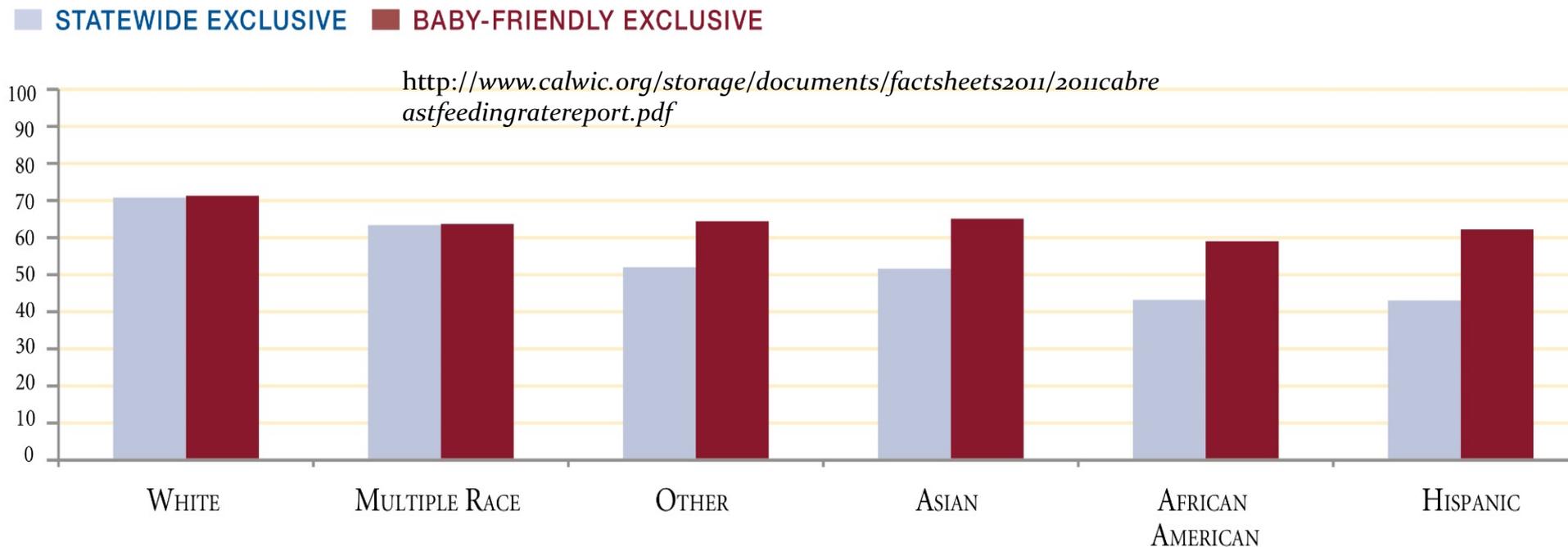
# Racial Disparity in Breastfeeding Rates

## *Reduced at Baby Friendly Hospitals*

- Disparity in breastfeeding (BF) rates are often in low income and minority families
- 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 \*\*
- If you change the system and give support to ALL- the disparity goes away!

# Baby Friendly reduces Racial Disparity

**Figure 3. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2009)**



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

# Lessons Learned:

## Possibilities for breastfeeding innovation in Minneapolis

- Nurse home visitor program for all families after hospital discharge with newborn
- Encourage Baby Friendly Hospital Initiative in all Minneapolis hospitals
  - Reduces breastfeeding disparity
  - U of M is done & HCMC almost there
  - Abbott and North Memorial –not yet
- Outcome tracking:
  - Infant Mortality rates (include feeding history)
  - # ER visits in 1<sup>st</sup> year
  - Breastfeeding rates
    - Any BF, exclusive BF, partial BF, all Formula
    - Measure breastfeeding rates in hospitals and clinics ( at discharge, 3, 6 , 12 mo)



# It takes a village.... to support breastfeeding

