Taking Action with Evidence: Implementation Roadmap

National Performance Measure #8

For Assistance:
Please contact Temi Makinde
tmakinde@amchp.org
Brief Notes about Technology

Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

Asking a Question

You can type your questions into the chat box (shown right)

Raise your hand. Using the icon at the top of your screen (example shown right)

Active Participation = 😊

For technical problems, please contact Temi at tmakinde@amchp.org

December 2, 2015
Brief Notes about Technology

Downloading Files

1. Name: Participant Homework.docx, Size: 1019 KB
2. Chat (Everyone)
3. Click to Download
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Brief Notes about Technology

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• Please complete the survey to be emailed at the conclusion of the webinar
Practice Poll

• What is your favorite Thanksgiving dish?

Turkey
Mashed Potatoes
Green Bean Casserole
Cranberry Sauce
Pumpkin Pie
Objectives

• Describe efforts to date by MCHB and its partners in compiling the existing knowledge base of evidence pertaining to NPM #4

• Identify resources and partners from which to select existing evidence-based strategies based on the alignment of the state/territory’s Title V needs assessment findings with the NPM

• Evaluate potential strategies through the lens of current issues and opportunities in the field related to the NPM

• Share feedback with MCHB and its partners on additional technical assistance needed to identify evidence based strategies and subsequently, define measures
Featuring

Moderators: Megan Phillippi, Erin Bonzon, MPH, MSW, AMCHP

• Michele Lawler, Acting Director, Division of State and Community Health, MCHB/HRSA

• Cynthia Minkovitz, MD, MPP, Professor, Johns Hopkins Bloomberg School of Public Health

• Morgan McDonald, MD, Deputy Medical Director, Tennessee Department of Health

• Sanaa Akbarali, MPH, Analyst, Maternal and Child Health, Association of State and Territorial Health Officials
Welcome & Opening Remarks

Michele Lawler, Acting Director
Division of State and Community Health
Maternal & Child Health Bureau
Health Resources & Services Administration
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STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP
December 2, 2015

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

• To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a Team of Experts with specialty background and experience related to the performance measures

2) Provide reports including a critical review of the evidence of effectiveness of possible strategies to address National Outcome Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures via the Team of Experts

3) Provide ongoing consultation to State Title V MCH programs through the Team of Experts to support the State’s development of evidence-based or evidence-informed State Action Plans

4) Develop web-based supports and resources for State Title V programs

5) Establish an online platform for sharing best practices via a “Community of Practice” and to facilitate communication and information sharing on topics about the emerging needs of Title V state and discretionary grantees for implementing the Title V MCH Block Grant Transformation Process

6) Maintain and enhance an MCH digital library including the historical collection
Environmental Scans

- Compilations of strategies to advance performance for each of the 15 National Performance Measures (NPMs)

- Environmental Scans include:
  - **Reviews and Compilations**: identifies existing compilations for strategies that intend to improve performance for each measure; these include both scholarly reviews and compilations that have been produced by key organizations in the field
  - **Frameworks & Landmark Initiatives**: includes conceptual models underlying strategy implementation, these may or may not be explicitly highlighted in the Reviews and Compilations section; landmark initiatives include seminal programs/policies related to each NPM
  - **Data Sources**: indicates sources (e.g. PubMed), as well as criteria (search terms, publication date), and link to search strategy; also selected organizational websites
  - **Inclusion & Exclusion Criteria**: denotes types of studies, setting, populations of interest that were included in our search, and exclusion criteria
Strengthen the Evidence for MCH Programs:
Environmental Scan of Strategies

National Performance Measure (NPM) #4: Breastfeeding

A) Percent of infants who are ever breastfed
B) Percent of infants breastfed exclusively through 6 months

Introduction

This environmental scan identifies collections of strategies to advance performance for NPM #4, Breastfeeding. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations**: Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives**: Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources**: Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria**: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at [http://www.semch.org/technical-assistance.html](http://www.semch.org/technical-assistance.html)

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<table>
<thead>
<tr>
<th>Review/Compilation</th>
<th>Summary</th>
<th>Web Link</th>
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<tbody>
<tr>
<td>Guise et al. (2013). The Effectiveness of Primary Care-Based Interventions to</td>
<td>• Reviewed 35 articles (22 RCTs, 8 non-RCTs, 5 systematic reviews)</td>
<td><a href="http://dx.doi.org/10.1370/afm.56">http://dx.doi.org/10.1370/afm.56</a></td>
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<tr>
<td>Promote Breastfeeding: Systematic Evidence Review and Meta-Analysis for the US</td>
<td>• Findings</td>
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<td></td>
<td>- Educational sessions that review the benefits of breastfeeding, principles of lactation, myths, common problems, solutions, and skills training appear to have the greatest single effect</td>
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<td></td>
<td>- Insufficient data to determine the effectiveness of peer counselor programs</td>
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<td></td>
<td>- Provision of written materials and discharge packets not found to be effective in prompting breastfeeding; discharge packets found to have a detrimental effect</td>
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<tr>
<td>AMCHP Issue Brief: State Opportunities and Strategies for Breastfeeding Promotion</td>
<td>• State MCH programs promote breastfeeding by developing educational materials for new mothers and providing information about breastfeeding resources to all residents in their states</td>
<td><a href="http://www.amchp.org/Policy-Advocacy/health-reform/Documents/AMCHP%20Dec%202013%20Breastfeeding%20Issue%20Brief%20FINAL.pdf">http://www.amchp.org/Policy-Advocacy/health-reform/Documents/AMCHP%20Dec%202013%20Breastfeeding%20Issue%20Brief%20FINAL.pdf</a></td>
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<td>through the Affordable Care Act [Target: A,B,D,H]</td>
<td>- New tools and resources provided by the ACA</td>
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<td>- Women’s preventive services regulations</td>
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<td></td>
<td>- Worksite accommodations</td>
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<td></td>
<td>- Maternal, infant, and early childhood home visiting program (MIECHV)</td>
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Highlights from the Review for NPM #4

• Reviews and Compilations include:
  • 15 systematic reviews
  • 10 compilations of strategies
  • 6 organizational websites

• Frameworks and Landmark Initiatives include:
  • 2 documents describing evidence-based practices to promote breastfeeding
  • 2 resources with recommendations for various groups to adopt in order to increase breastfeeding initiation and duration
  • 1 report from the Surgeon General
Examples of Strategies for NPM #4

• States
  • Disseminate educational materials through websites and telephone information lines
  • Adhere to ACA requirements regarding breastfeeding

• Consumers/Families
  • Provide peer counseling interventions

• Healthcare Practices and Professionals
  • Establish structured breastfeeding programs and policies
  • Deliver structured training to nurses, midwives, and other professionals
  • Offer continuous educational and support interventions that extend through the postpartum period

• Workplace
  • Provide adequate paid maternity leave
  • Encourage flexible employment and working from home
Technical Assistance

• Complement ongoing HRSA investments and expertise among discretionary grantees

• *Strengthen the Evidence* team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  - Varying levels of TA intensity
  - Recognize continuum of available evidence
  - Individual vs. groupings of states depending on needs

• Types of TA requests
  - Identifying possible strategies
  - Evaluating a selected strategy
  - Providing evidence relating to specific strategies
  - Adapting strategies for a specific population
  - Developing evidence-based or evidence-informed strategy measures

• Sample activities: In depth evidence reviews, connect states with MCH consultants, work collaboratively to provide communities of practice
Evidence-based or –Informed Strategy Measures (ESMs)

• “…the measures by which states will directly measure their impact on the NPMs.”

• Align with selected NPMs and strategies proposed to enhance performance on the NPMs

• Assess evidence-based or –informed practices that impact individual population-based NPMs.

Characteristics of ESMs

• Actionable
• Measurable
  • reliable and valid
  • data available or planned over time to track progress
  • may be a percentage, rate, ratio or number, or an indicator of achievement of an activity (e.g. development of standards or guidelines)
• Represents activity related to the selected strategy and is in the pathway to achieving a National Performance Measure (NPM) or a State Performance Measure (SPM)
• Links to an objective the State hopes to accomplish by tracking the measure
• State specific
Contact Us

• Technical Assistance Requests
  http://www.semch.org/technical-assistance.html

• Project Coordinator, Stephanie Garcia
  sgarci22@jhu.edu

THANK YOU!!!
www.semch.org
http://mchlibrary.jhmi.edu/
OPPORTUNITIES AND EXAMPLES IN THE TITLE V FIELD
Previous efforts and activities

- **State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act (2013)**
  - Explores how states and communities can capitalize on opportunities presented by the ACA to advance breastfeeding.
  - Common strategies examined
    - Financing of breastfeeding support and counseling services
    - Promoting worksite accommodations
    - Collaboration and partnerships
    - Utilization of Maternal, Infant, and Early Childhood Home Visiting Programs to improve referral and tracking to services.

Introduction

Breastfeeding is recognized as the best source of nutrition for most infants and strategies to support breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants. According to a report published by the Agency for Health Research and Quality, the evidence is clear that breastfeeding reduces sudden infant death syndrome, gastrointestinal infections, upper and lower respiratory diseases, childhood leukemia, asthma, ear infections, childhood obesity, and type 2 diabetes mellitus risk for children, as well as rates of hospitalization. Mothers also benefit from breastfeeding. Research shows that women who breastfeed have a decreased risk of breast and ovarian cancers. Additionally, a recent study estimates that as a result of less than recommended breastfeeding rates, the United States annually loses $17.4 billion in economic costs. 

Breastfeeding is a national priority as reflected in the Healthy People 2020 objectives. The Healthy People 2020 objectives for breastfeeding are: increase the proportion of infants who are breastfed even, at six months, at one year, exclusively through three months, exclusively through six months as well as lactation support, worksite lactation support, reduction in formula use, increasing baby-friendly hospital births. The centers for disease control and prevention (CDC) annual report card indicates that in 2013, 77 percent of mothers initiate breastfeeding after the birth of a child. Yet, breastfeeding rates fell to 49 percent nationally after six months. Disparate rates among racial and ethnic groups persist with 55 percent of African American women initiating breastfeeding. However, while these rates are improving, breastfeeding rates among African American women remain lower than the rates of other racial or ethnic group in the United States, particularly among those living in the south.
Innovation Station Spotlight: Baby Steps to Breastfeeding Success

• Program goal: Improve breastfeeding duration and exclusive breastfeeding through hospital implementation of five evidence-based maternity care practices that have a positive impact on breastfeeding success for mothers who want to breastfeed.

• Medical facilities participating in the program agree to the following steps for patients whenever medically possible:
  — Initiate breastfeeding within the first hour after birth.
  — Avoid giving infants fluids or solids other than breast milk unless medically necessary.
  — Promote 24-hour rooming—in, encouraging the family to recognize and respond to infant's cues
  — Avoid using pacifiers or artificial nipples with infants during the hospital stay
  — Give mothers a telephone number to call for help with breastfeeding.

• [Link: http://www.azdhs.gov/phs/bnp/gobreastmilk/BFAzBabySteps.htm]
Current and Future Efforts

How do states plan to increase and support breastfeeding initiation and duration?

• 49 jurisdictions selected NPM 4
• Common themes ➔ multi-faceted strategies are golden
  – Increasing hospital support: Baby Friendly Designation, Advancing Ten Steps
  – Peer/professional support and education
  – Workplace accommodation support, recognition, Business Case for Breastfeeding Promotion
  – Partnership with WIC, MIECHV Home Visiting, and other community agencies to promote and support breastfeeding
  – Raising public awareness on benefits of breastfeeding
  – Father/Family Support Initiatives
Tennessee Strategies

NPM #4
Breastfeeding initiation
Breastfeeding exclusivity

Morgan McDonald, MD FAAP FACP
Deputy Medical Director
Division of Family Health and Wellness
Tennessee Department of Health
Objectives

• Outline public health schema for improving breastfeeding initiation, duration, and exclusivity

• Describe Tennessee efforts to promote and support breastfeeding

• Identify breastfeeding-related resources for state Title V programs
Public Health Approaches to Improve Breastfeeding
TN: Breastfeeding Data

Breastfeeding Initiation: Overall and by WIC Participation, 2010-2014

Data source: Tennessee Department of Health; Division of Policy, Planning and Assessment; Birth Statistical System. Analysis restricted to births to TN resident women. HP 2020 Goal: 81.9%
• Strategies include:
  – Maternity care practices
  – Professional education
  – Access to professional support
  – Peer support programs
  – Support for breastfeeding in the workplace and in early care and education
  – Access to breastfeeding education and information
  – Social marketing
  – Addressing the marketing of infant formula
Identifying Opportunities for Action

Policy
- Breastfeeding laws
- Workplace policies
- Insurance coverage policies

Community
- Breastfeeding-friendly spaces (safe/clean)
- Normalized culture of breastfeeding
- Breastfeeding Hotline
- Other breastfeeding support services
- Community breastfeeding “champions”
- Community coalitions

Organizational
- Baby-Friendly hospitals
- Hospital/clinic/health department staff training
- WIC Peer Counseling
- Health department breastfeeding supports
- Gold Sneaker Facilities

Interpersonal
- Partner/family support
- Provider education and support

Individual
- Deciding to breastfeed before delivery
- Empowerment
- Education
Identifying Opportunities for Action

Social Marketing: Community Breastfeeding Awareness

Television Commercial

What if we could give Tennessee babies the best possible start in life?

Billboards

Give your baby the best possible start in life.
Breastfeed.
855-4BFMOMS
Tennessee Breastfeeding Hotline

Social Media

What If You Could Give Your Tennessee Baby the Best Possible Start in Life? You Can.

Healthy Babies Are Worth the Wait.
Learn More

The Amazing Benefits of Breast milk.
Learn More

The A-B-Cs of Breastfeeding.
Learn More
Professional Education: Online Continuing Education

- Partnership with TN Hospital Association
- Focus on training hospital staff then community providers
- **20 units of continuing education** offered free to physicians, nurses, dietitians, lactation consultants
- Supports efforts to earn Baby Friendly designation
- **1,500** staff have registered to date (~150 on wait list)

https://bfconsortium.org/
Maternity Care Practices: Baby Friendly & EMPOWER

• Currently TN has 2 facilities that have earned the Baby Friendly designation

• Four hospitals currently participating in CDC-funded EMPower initiative
  – Chattanooga
  – Jackson
  – Memphis
  – Columbia

• Each EMPower hospital received $5,000 from TN Department of Health to offset costs
Peer Support Programs: WIC Breastfeeding Peer Counselors

- 62 breastfeeding peer counselors across state
- All WIC staff (nutritionists, nursing staff, and office staff/clerks) trained in USDA Loving Support curriculum
- Additional breastfeeding/training among staff:
  - 167 CLCs
  - 4 IBCLCs
  - 133 designated breastfeeding experts
Access to Professional Support: Tennessee Breastfeeding Hotline

- Operates 24/7
- Calls answered live or returned within 30 minutes
- Staffed by CLC or IBCLC
- Funded with mix of WIC and MCH Block Grant funds
- Jan-Jun 2015: average of 420 calls/month

Most common reasons for calling include: not making enough milk, medications and breastfeeding, breast or nipple pain, and breast engorgement
Support for Breastfeeding in the Workplace: TDH Breastfeeding Policy

- All TDH facilities should provide private space conducive to breastfeeding or expressing milk for all employees
  - Walled room, comfortable seating, locking door
  - Electrical outlet, table, nearby sink
  - Access to refrigerator if possible
  - Should not be a restroom

- Breastfeeding employees shall be allowed a flexible schedule for up to one year to accommodate breastfeeding and expressing up to two times daily

McMinn County
Resources

• CDC Guide to Strategies to Support Breastfeeding Mothers and Infants

• Office on Women’s Health, US Department of Health and Human Services
  – http://www.womenshealth.gov/breastfeeding/

• Healthy People 2020 Structured Evidence Queries

• American Congress of Obstetricians and Gynecologists
  – http://www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding

• American Academy of Pediatrics
  – http://www2.aap.org/breastfeeding/

• United States Breastfeeding Committee
  – http://www.usbreastfeeding.org/
THANK YOU!

For More Information:
Email: morgan.mcdonald@tn.gov
Web: http://breastfeeding.tn.gov
About ASTHO

- ASTHO represents: U.S., U.S. Territories and freely associated states, and D.C. public health agencies

- Track, evaluate, provide TA, and advise on the impact and formation of public or private health policy

- Members, the chief health officials of these jurisdictions:
  - Convene governmental and nongovernmental agencies
  - Engage clinical and community partners
  - Leverage and link data to collaborate with public and private payers to drive payment policy reforms
  - Raise visibility among a broader community of policymakers, funders
ASTHO Breastfeeding State Learning Community

- **Purpose:**
  - To build state health agency capacity for breastfeeding promotion and support and develop better collaborations between the state health agency and the breastfeeding coalition.
- **18 states and the District of Columbia**

- **Project Activities:**
  - Virtual learning sessions
  - Technical assistance calls
  - Key informant interviews
  - Project evaluation
Learning Community States

KEY
Pink = Award states
Blue = Coalition enhanced award state
**Strategy: Increase Access to Breastfeeding-friendly environments**

- **Interventions**
  - Implement practices supportive of breastfeeding in birthing facilities (12 states).
  - Provide access to professional and peer support for breastfeeding (4 states).
  - Ensure workplace compliance with federal lactation accommodation law (3 states).
Emerging Themes

- States are:
  - Considering ways to make interventions systemic and sustainable
  - Building on existing projects
  - Using approaches that encompass the continuum of intervention points
Emerging Themes

- Organizations are creating joint or complementary goals and/or performance measures

- Recognizing and celebrating successes are important!

- Sample policies, outreach, and training material already exist

- Keep an eye towards improving health equity in breastfeeding rates
Success in Numbers: Year One

- States increased the number of breastfeeding friendly-facilities roughly **80% over baseline**

- Over **800 health-care professionals** were trained

- Almost **500 hospital-related professionals** attended state breastfeeding summits
State Successes by Strategy

Maternity Practices:
- Illinois increased three-month breastfeeding rates

Peer/Professional Support:
- Delaware trained 116 professionals in 10 practices

Workplace Compliance:
- Vermont increased the number of employers that provide space and time for nursing mothers to express milk
ASTHO: Next Steps

- Launched Year Two of the Breastfeeding Learning Community on September 10, 2015
- Continue to support states in their key area of focus
- Spread and sustain successes from Year One
- Continue to increase visibility of breastfeeding
- Bring state health agencies to the table
www.astho.org/Maternal-and-Child-Health/Breastfeeding/
Resources

ASTHO Resources
- State Health Agency Breastfeeding Promotion and Support (Web Clearinghouse)
- Worksite Wellness Issue Brief
- Worksite Wellness State Case Study: North Dakota’s Healthy Maternity Policies
- Worksite Wellness Best Practices Brief: Breastfeeding
- Worksite Wellness Webinar: Healthy Maternity Practices

ASTHO Contacts
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- Christi Mackie, cmackie@astho.org
- Ellen Pliska, epliska@astho.org
- Elizabeth Walker Romero, eromero@astho.org
Thank you!
Poll

• Do you think you can **apply** any of the strategies or resources presented to your state action plans?
  – Yes
  – No
  – Unsure
Q&A

- Mute your line by using the mute function on your phone or by using *6 to mute/un-mute
- **Raise your hand.** Using the icon at the top of your screen (example shown right)
- You can type your questions into the chat box (shown right)
Webinar Evaluation

Please take a few moments to provide feedback:

https://www.surveymonkey.com/r/AMCHPNPM4
Thank you!