REDUCING RACIAL AND ETHNIC INEQUITIES IN BREASTFEEDING 2016

SAMIS EDUCATION CENTER
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
I DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.
Research reveals that implicit bias is one of the multiple ways in which racial bias and racism manifest but makes it less readily recognizable.

Negative beliefs about race are deeply ingrained in US culture, with many images in popular culture devaluing nonwhite racial populations.

Carlisle Indian Industrial School
From a study of the books, newspapers, and other materials that many college educated US adults may read in their lifetimes:

- The word “black” was most frequently paired with, in order of frequency, poor, violent, religious, lazy, cheerful, dangerous.

- “White” was most frequently paired with wealthy, progressive, conventional, stubborn, successful, educated.
Many individuals live, learn, work, and play in disadvantaged contexts where it is nearly impossible to pursue healthy choices.

Large social inequities in health are **unacceptable** in a nation founded on the principles of liberty, equality, and justice for all.
Nearly half of America's babies live in or near poverty.

This is a clear warning sign for America's global competitiveness; almost half of our future workforce is in jeopardy of falling behind from the start.

Gaps in development appear before children turn 2.

By age 2, children in the lowest socio-economic group are behind their peers in measures of cognitive, language and social-emotional development. A six-month gap in language skills undermines other learning.

Research shows poverty diminishes brain growth.

Early stress and lack of positive early experiences means poverty gets under the skin, undermining development in key brain regions for school readiness and academic success.

A. Self-regulation & Learning
B. Memory & Language
C. Emotional Control

Strong nurturing relationships help build healthy brains.

These relationships buffer children from harmful stress and strengthen brain development in key areas that affect academic success.
In Oklahoma, a significant percentage of infants and toddlers live in low-income families, leaving them particularly vulnerable. Research shows that poverty at an early age can be especially harmful, affecting later achievement and employment.

FPL = Federal Poverty Level

SOURCE: National Center for Children in Poverty
Infant mortality rate: U.S. and Oklahoma, 2000-2011

Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS)
Infant Mortality by Race and Ethnicity

Source: Oklahoma Vital Statistics, years 2012-2014
Magnitude of Problem in Oklahoma County*

All Races

- One of every 10 infants (10.4%) born to Oklahoma County mothers during 2010–2013 were premature

- Preterm babies have an IMR 27 times higher than full term babies (68.1 vs. 2.5)

- VLBW infants have an IMR 69 times higher than those with adequate birth weight (193.3 vs. 2.8)

- Multiple-birth babies have an IMR 147% higher than Singletons’ (14.6 vs. 5.9)

*Oklahoma County live birth and FIMR infant death records 2010–2013
Top 3 rankable* causes of infant death

**White**
1. Congenital anomalies (Q00-Q99)
2. Disorders related to short gestation and low birth weight (P07)
3. Sudden Infant Death Syndrome (SIDS) (R95)

**African American/Black**
1. Disorders related to short gestation and low birth weight (P07)
2. Congenital anomalies (Q00-Q99)
3. Sudden Infant Death Syndrome (SIDS) (R95)

**American Indian**
1. Congenital anomalies (Q00-Q99)
2. Disorders related to short gestation and low birth weight (P07)
3. Sudden Infant Death Syndrome (SIDS) (R95)

**Hispanic**
1. Congenital anomalies (Q00-Q99)
2. Disorders related to short gestation and low birth weight (P07)
3. Sudden Infant Death Syndrome (SIDS) (R95)

*Based on International Classification of Diseases, 10th Revision
†Rates are per 10,000 live births.
Source: OSDH, Center for Health Statistics, Health Care Information, OK2SHARE
Priority areas for addressing infant mortality

- Breastfeeding
- Infant Injury Prevention
- Infant Safe Sleep
- Postpartum Depression
- Preconception/Interconception Health
- Prematurity
- Tobacco Cessation
CDC 2015
ANY BREASTFEEDING BY RACE/ETHNICITY

Chart Title

- Hispanic
- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic Asian
- Non-Hispanic AI/AN
- 2 or more races

Legend:
- Ever Bfd
- Bfd at 6 mths
- Bfd at 12 mths
The gains from early childhood nutrition are forever. And to a large extent, many of them are free because they have come prepackaged in this unbelievable intervention called breastfeeding.

And wonderfully, it also reduces inequity. This ensures that all children, irrespective of their gender, whether they are from a rich country or a poor one, can get the best possible start in life and start from a very even basis.
This is a natural, renewable food source that needs no packaging, no transportation, no storage, no cooking, and no refrigeration. It goes with you, and it is environmentally friendly. It is a win–win for the health of the mother and the child.

It’s a win–win for the child’s education because it helps ensure a healthy brain development, longer school attendance, and higher IQ.

Just in sheer, raw bottom-line economic terms, this may be the single most effective investment a country can make in any sector for any reason!
If breastfeeding did not exist and somebody invented it today, he or she would really be eligible for a joint Nobel Prize in Medicine and Economics for all these reasons!
The Black Power Salute That Rocked the 1968 Olympics