



NATIONAL COLLABORATIVE ON CHILDHOOD OBESITY RESEARCH

#### 1. Welcome

- Spotlight: Does Breastfeeding Initiation Vary by WIC Participation and Race/Ethnicity? An Examination of Long-Term Trends from 2009-2017
- 3. Q&A
- 4. NCCOR Announcements



#### **Today's Speakers**



Karen Hilyard, PhD Moderator



Leslie Hodges, PhD, MA U.S. Department of Agriculture



Marie Elizabeth Thoma, PhD, MHS University of Maryland



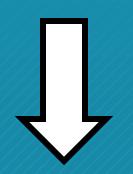
Amanda Reat, PhD, RD U.S. Department of Agriculture



Joanne Guthrie, PhD, MPH U.S. Department of Agriculture

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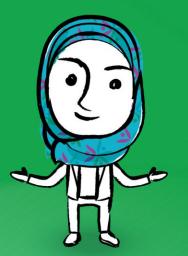


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# SPOTLIGHT



#### BREASTFEEDING INITIATION TRENDS BY WIC PARTICIPATION AND RACE/ETHNICITY

AN ANALYSIS USING U.S. BIRTH CERTIFICATE DATA



Presented by: Marie E. Thoma, PhD

Co-authors: Dane A. De Silva, PhD Jinhee Kim, PhD Leslie Hodges, PhD Joanne Guthrie, PhD, MPH



The findings and conclusions in this presentation are those of the author and should not be construed to represent any official USDA or U.S. Government determination or policy.



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## Background

- Numerous benefits of breastfeeding for both mother and child
- Several national efforts to support breastfeeding since 2010
  - Affordable Care Act (2010)
  - U.S. Surgeon General's Call to Action to Support Breastfeeding (2011)
  - CDC's Winnable Battles initiative (2011)
  - USDA's updated rules governing WIC food packages to increase breastfeeding support (October 2009)
- Prior research examining the impact of WIC food package changes were limited
  - Only changes in WIC populations (no comparable comparison group)
  - Short-term trends (~2 years)





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## Background – Healthy People Objectives

- Healthy People 2020 (HP2020) Objective: Increase the proportion of infants who are ever breastfed in the U.S.
  - By 2014, U.S. exceeded the national target of **81.9%**
  - However, this goal was not necessarily reached by all race/ethnicity groups or populations with lower income
- Statistics on breastfeeding patterns and trends are limited for certain race/ethnicity groups (e.g., AIAN) and among lower SES groups
  - Barriers to breastfeeding are more prevalent
  - Reliance on survey data with limited sample size to assess more detailed demographic groups



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## Background – National Data

- National birth certificate data are provided annually and contain information on 100% of all registered births in the U.S.
  - More detailed subgroup analyses and long-term trends
  - Geographic (county-level) data
  - Obstetric or neonatal health factors (that may influence breastfeeding)
- In 2003, the birth certificate was revised to include new data items:
  - Prenatal WIC use by the mother
  - Breastfeeding initiation at hospital discharge
  - Source of payment at delivery (e.g., Medicaid insurance)
- Staggered implication of the revised birth certificate by states
  - Revised data items released in 2013 for data years 2009 onward (28 states)
  - National data on all revised data only available by 2016





Examine long-term trends (2009-2017) in breastfeeding initiation by WIC • participation and race/ethnicity among women whose delivery was paid for by Medicaid



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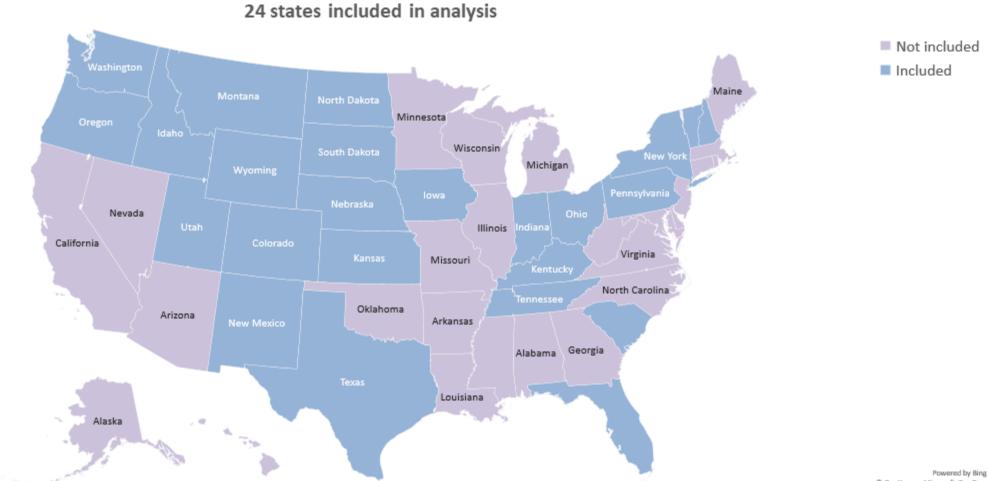
#### Methods

- Data source: National birth certificate data (2009-2017)
- Analytic sample: Term deliveries paid for by Medicaid from 24 states
  - Approximate WIC eligibility; comparable time to enroll in WIC during pregnancy
- Study measures
  - Outcome: Breastfeeding initiation (hospital records)
  - **Demographic variables:** Prenatal WIC participation and race/ethnicity (self-reported)
  - Covariates: Sociodemographic, prenatal health, and infant characteristics<sup>1</sup>
- Analysis
  - Descriptive comparisons by WIC participation and race/ethnicity over time
  - Predicted probabilities of breastfeeding initiation trends from adjusted linear probability models (LPM)<sup>1</sup> with county-specific fixed effects (overall and by race/ethnicity)
  - Differences in trends were assessed by fitting an interaction between WIC and year
  - Sensitivity analyses: Compared LPM with logistic and propensity score models with inverse probability weights



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#### **States Included in Analysis**

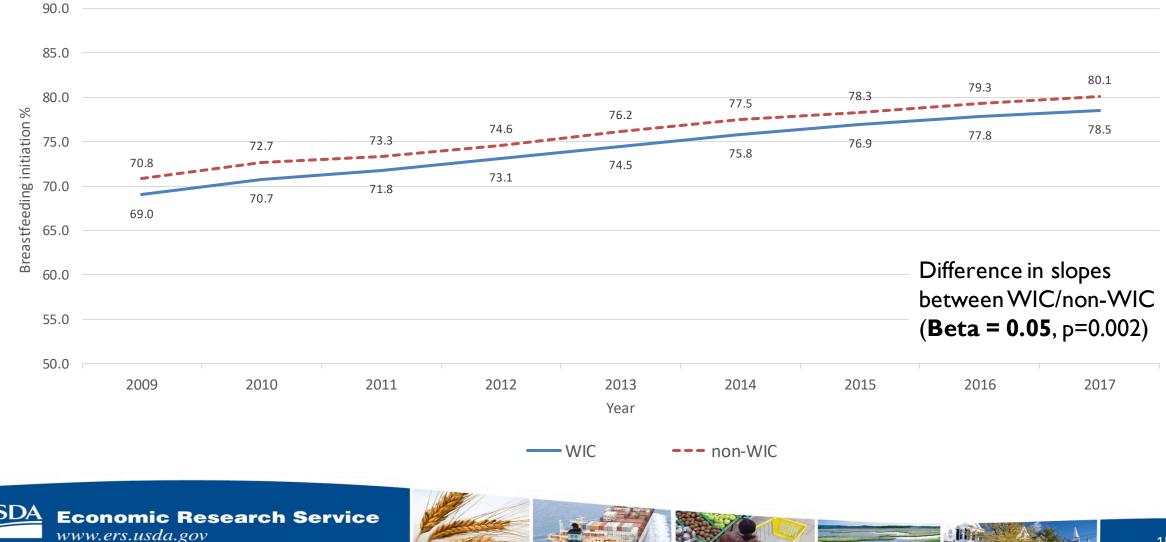


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C GeoNames, Microsoft, TomTom

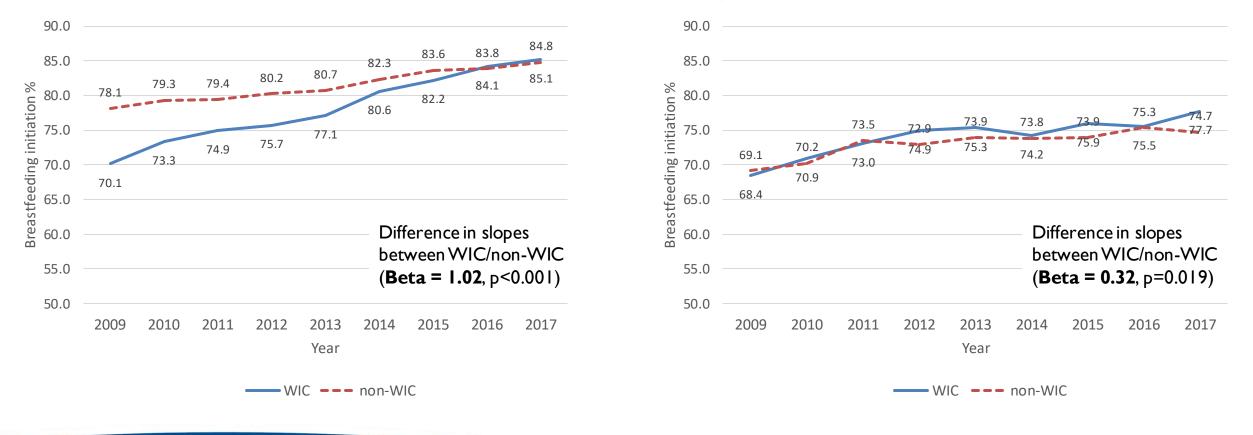
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#### **Results: Overall Trends**



## Results: Stratified by Race/Ethnicity

#### Non-Hispanic Asian/Pacific Islander



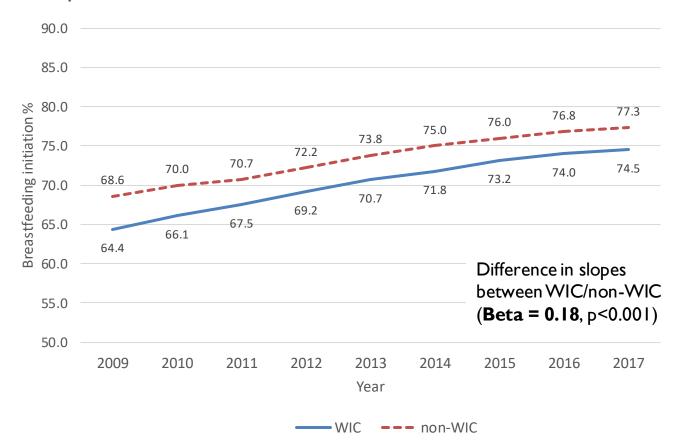


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#### Non-Hispanic American Indian/Alaska Native

#### Results: Stratified by Race/Ethnicity

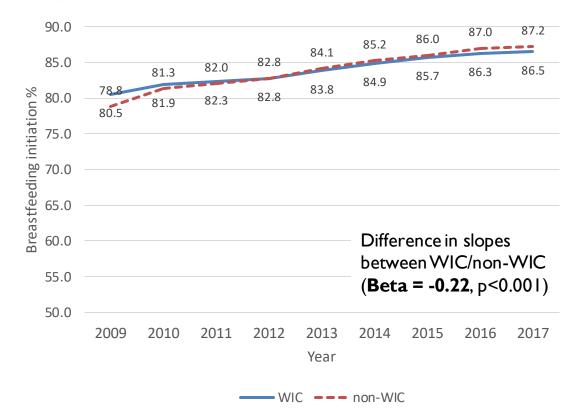
**Non-Hispanic White** 



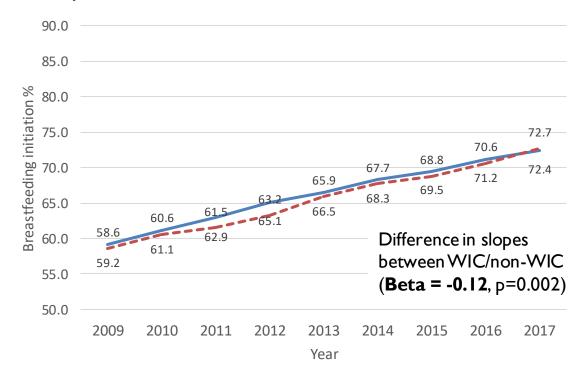
USDA Economic Research Service

#### Results: Stratified by Race/Ethnicity

#### Hispanic/Latina



#### Non-Hispanic Black



-WIC --- non-WIC



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## Summary: Differences in Breastfeeding Initiation Trends By WIC Participation

Group analyzed	Interaction term (Beta):	P-value
Overall	+0.05	0.002
Non-Hispanic API	+1.02	<0.001
Non-Hispanic AIAN	+0.32	0.019
Non-Hispanic White	+0.18	<0.001
Non-Hispanic Black	-0.12	0.002
Hispanic	-0.22	<0.001

- Breastfeeding rates increased for all race/ethnicity groups and WIC status, but the pace of that change varied
- NH API WIC participants had the largest increase in breastfeeding initiation compared to non-participants, followed by NH AIAN WIC participants
- Increases for NH White WIC participants slightly exceeded non-participants, but were generally comparable between the two groups



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- NH Black women had the lowest rates of breastfeeding initiation and Hispanic women had the highest rates of breastfeeding across all race/ethnicity groups.
- In contrast to other groups, NH Black and Hispanic WIC participants and non-participants were generally comparable, with a slightly greater increase in breastfeeding initiation over time for non-participants.



## Conclusion

- Innovative use of birth certificate data
- Inform WIC and maternal child health efforts to promote breastfeeding for low income and racialized groups—underrepresented in breastfeeding studies
  - Specifically, the USDA and WIC state agencies have supported the development of culturallycompetent breastfeeding counseling and education
- Findings show that HP2020 breastfeeding initiation goals have not yet been reached for some populations from lower income households
  - Targeted efforts to increase initiation could further reduce disparities and help achieve breastfeeding equity
  - Healthy People 2030 no longer will monitor breastfeeding initiation, only duration



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#### Limitations

- Eligibility for WIC was determined by Medicaid status
- Timing of WIC enrollment during pregnancy was unknown—affect extent of exposure to breastfeeding promotion
  - Restricted analyses to term births—time to enroll in WIC during pregnancy was comparable
- Medicaid expansion over time may have changed the eligible population over time unmeasured confounding
  - Other data suggest the impact of the expansion on WIC eligibility is limited
  - We adjusted for a number of sociodemographic and geographic factors to account for this
- Analysis was descriptive and not designed to assess the impact of particular breastfeeding promotion programs
  - Difficult to disentangle given several concurrent national efforts



#### **Research and Program Implications**

- Further research is needed to understand the local programmatic variation that may explain these trends
- Studies could take advantage of this rich data set to examine the relationship of programmatic changes to breastfeeding and other health outcomes
- Linkages with outside data can expand the range of variables explored



#### WIC and Breastfeeding



#BreastfeedingMoms





AMANDA REAT, PHD, RD

FOOD AND NUTRITION SERVICE OFFICE OF POLICY SUPPORT

SUPPLEMENTAL NUTRITION AND SAFETY RESEARCH AND ANALYSIS DIVISION

#### WIC Breastfeeding Promotion



Guidance, counseling, and educational materials

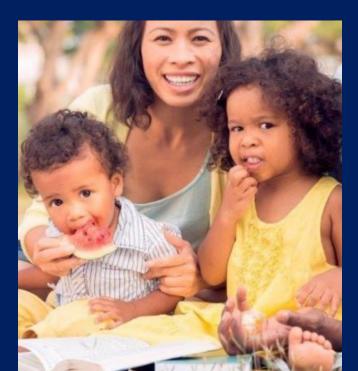
A greater quantity and variety of foods

Longer participation in the program

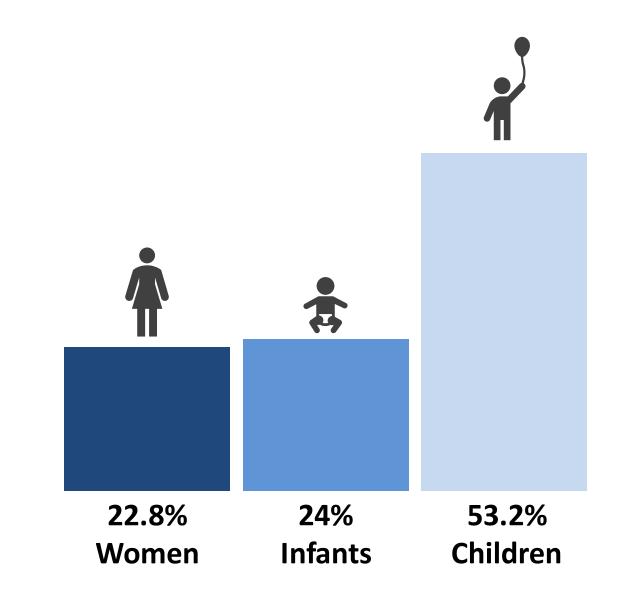
Breast pumps and other aids

Trained staff

#### WIC Participants

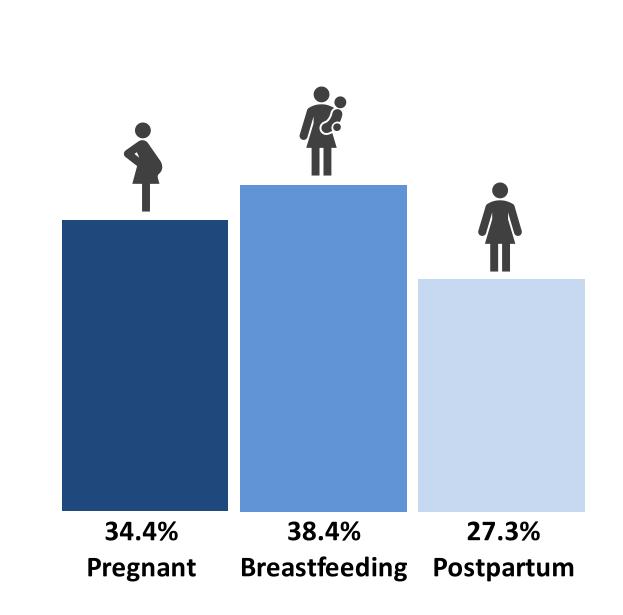


#### 7.1 Million Total Participants in 2020



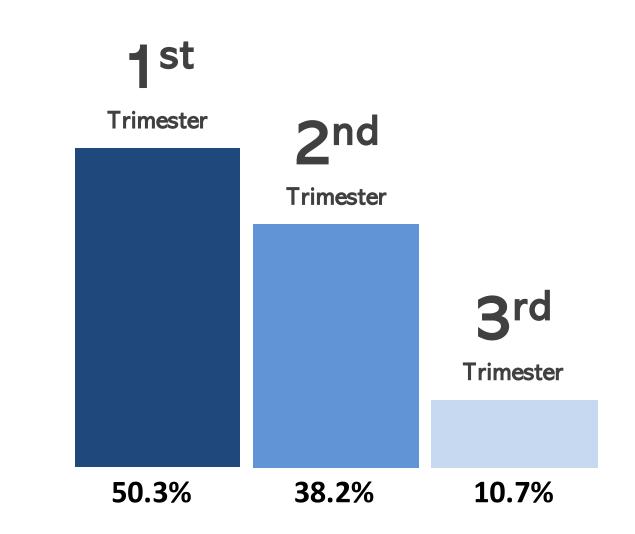
WIC Participant Categories -Women



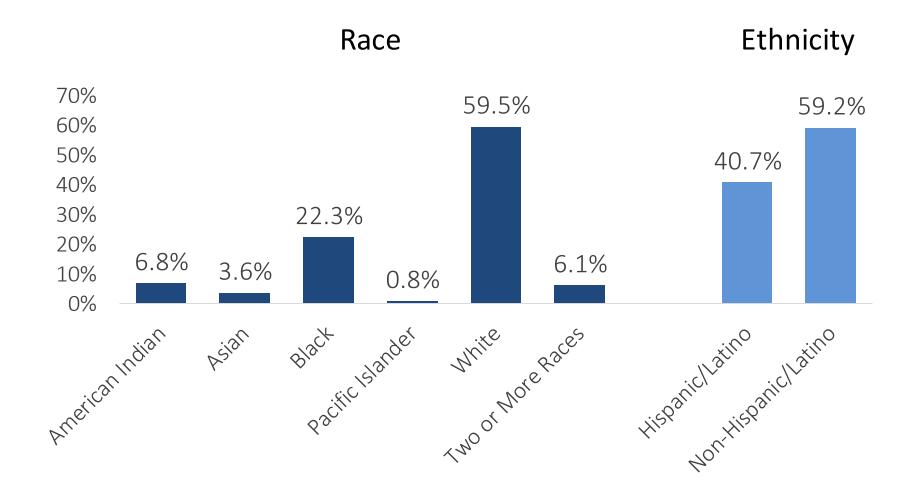


#### Trimester of Enrollment

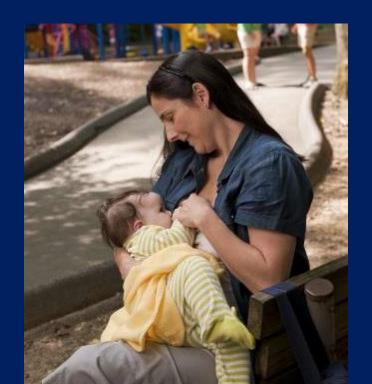


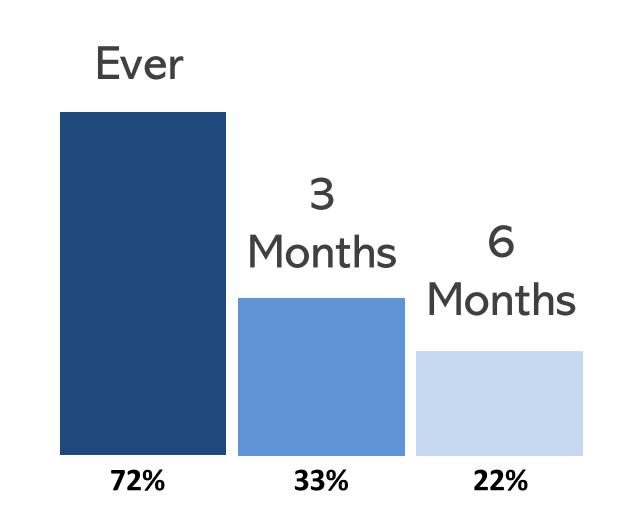


#### Participant Race and Ethnicity

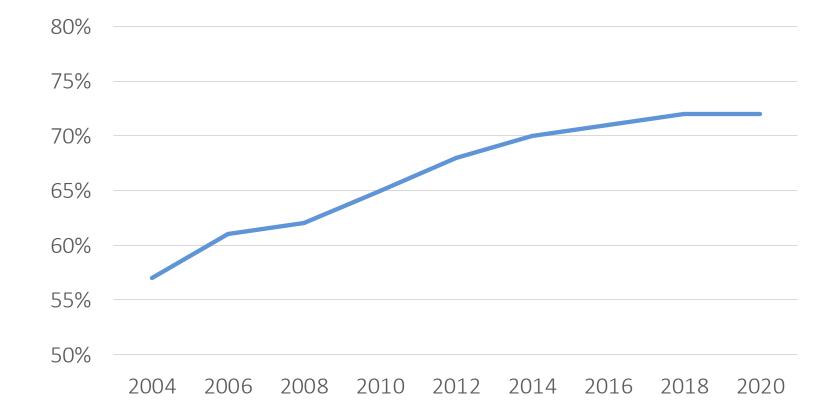


#### Breastfeeding Initiation & Duration

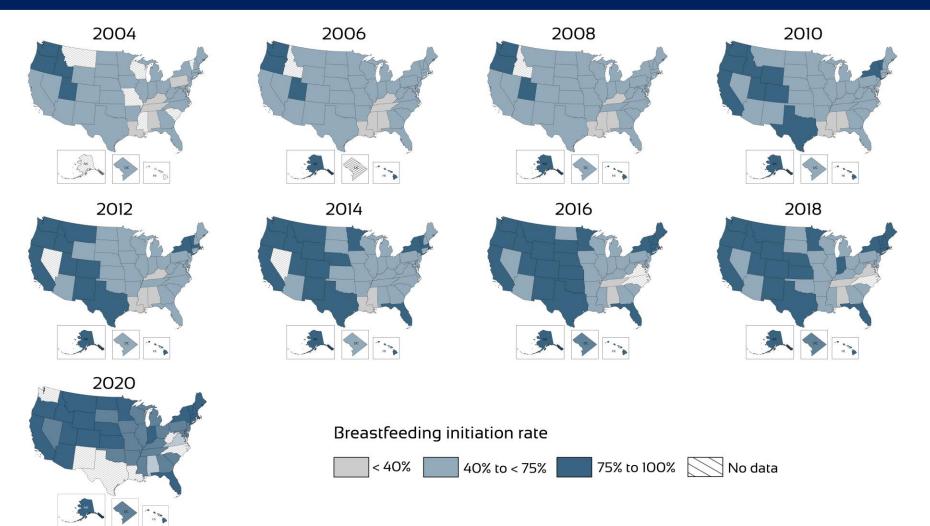




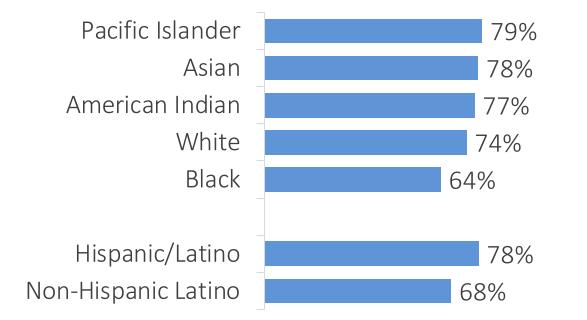
#### Breastfeeding Initiation Trends



#### Breastfeeding Initiation Trends

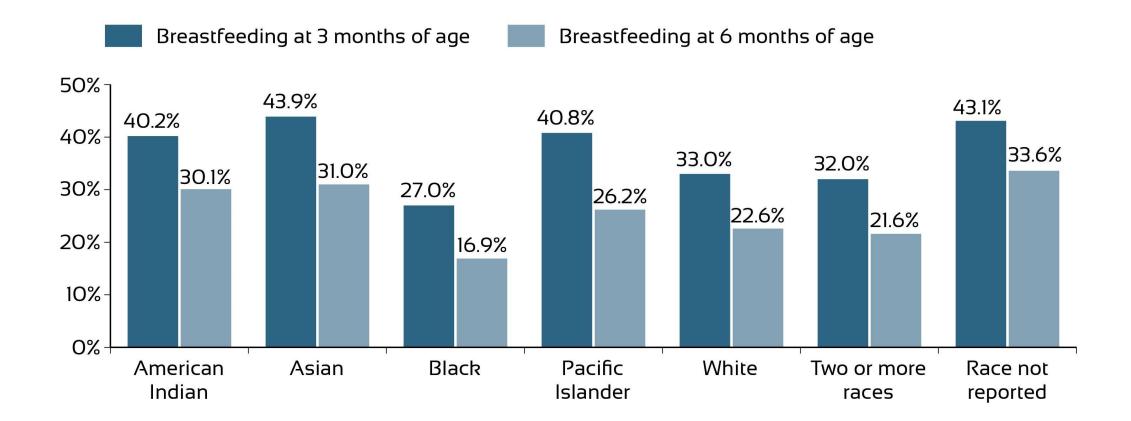


#### Racial and Ethnic Disparities in Breastfeeding Initiation





#### Disparities in Breastfeeding Duration



#### WIC Infant and Toddler Feeding Practices Study – 2 (ITFPS-2):



A National WIC Study

#### Prenatal Views: Barriers to Breastfeeding

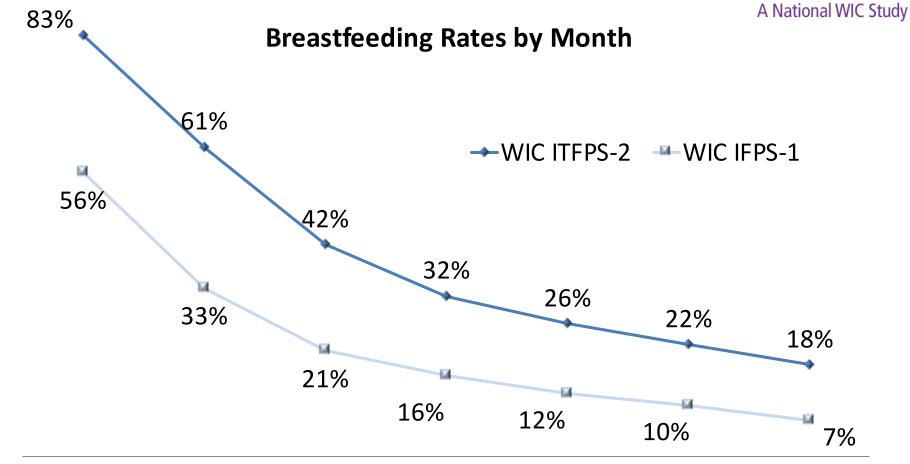


A National WIC Study

Maternal Attitudes and Beliefs	Percentage of Mothers Agreeing with Statement		
	WIC IFPS-1	WIC ITFPS-2	Direction
	(1994-95)	(2013-14)	of Change
Barriers to Breastfeeding			
Breastfeeding ties you down.	41	17.3	$\checkmark$
Breastfeeding takes too much time.	34	14.7	$\checkmark$
Breastmilk leaking onto your clothes is something that I worry about.	46	27.4	$\checkmark$
Breastfeeding in public is not something that I want to do.	61	36.9	$\checkmark$
Breastfeeding is painful.	39	43.6	1



# Breastfeeding Rates Increased

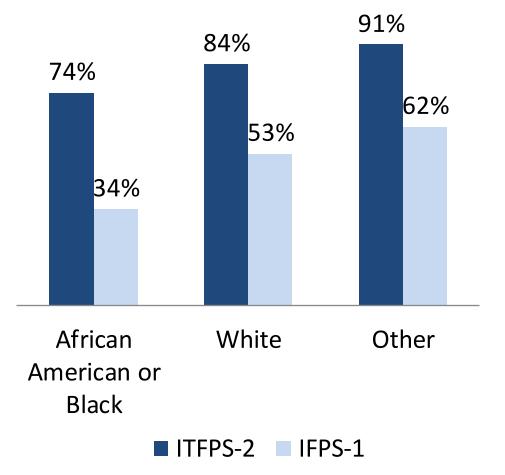


Initiation Month 1 Month 3 Month 5 Month 7 Month 9 Month 12

# Breastfeeding Initiation by Race and Ethnicity



A National WIC Study

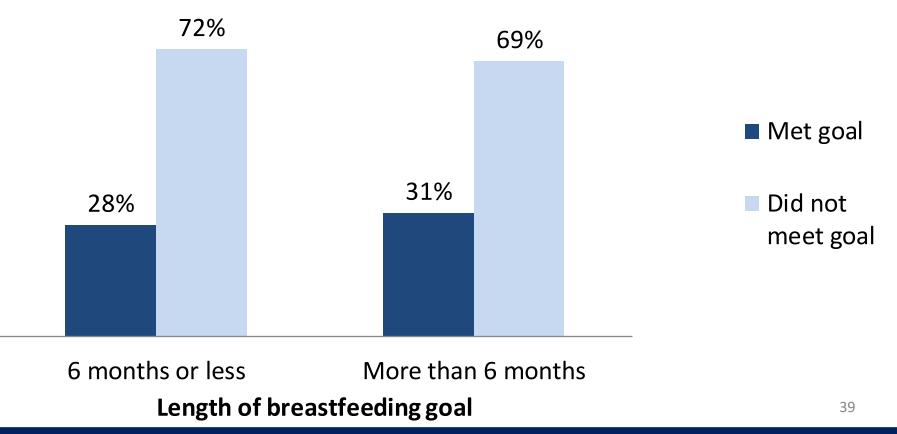




# Breastfeeding Goals

A National WIC Study

## Percentage of Breastfeeding Caregivers Who Met Their Personal Breastfeeding Goals, by Length of Goal



# AHRQ Review: Maternal and Child Outcomes Associated With WIC

## IN COLLABORATION WITH AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Agency for Healthcare Research and Quality

https://effectivehealthcare.ahrq.gov/sites/default/files/product/pdf/cer-253-maternal-child-outcomes-wic.pdf

# Key Questions For Review

## **Key question 1**

Among women who are eligible to participate in WIC, how is WIC participation during pregnancy associated with maternal and infant birth outcomes?

## **Key question 2**

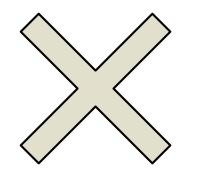
Among infants and children eligible to participate in WIC, how is WIC participation associated with dietary and health outcomes in childhood?

# Breastfeeding Outcomes



## Moderate Scope of Evidence

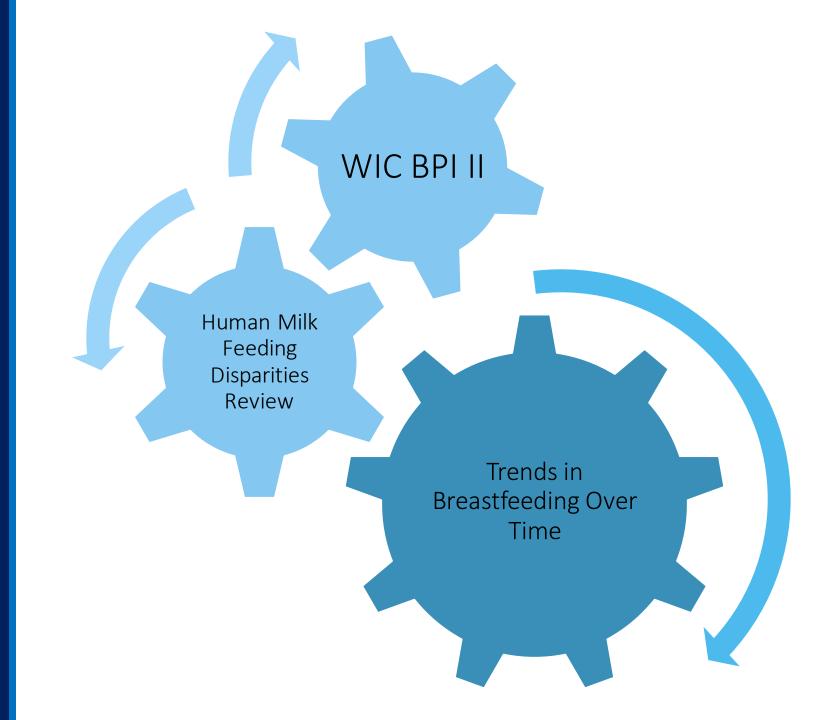
Maternal WIC participation is likely to be associated with no difference in breastfeeding initiation rates



## **Insufficient Evidence**

The evidence was insufficient to determine whether maternal or child WIC participation was associated with longer duration of breastfeeding or breastfeeding exclusivity.

# Studies in the Works



# WIC Breastfeeding Policy Inventory II

# Study Objectives

## Collect

 Collect information on breastfeeding statistics, practices, and policies

### Examine

 Examine equity (race, national origin, gender identity, geography, language, class) in availability of breastfeeding support as a result of policies and practices

#### Explore

 Explore methods for routine collection of number of WIC designated breastfeeding experts

# Research Focus

Breastfeeding Peer-Counseling Programs	WIC Breastfeeding Support: Learn and Grow Together	
Virtual Breastfeeding Services	State Plan Information and Policy/Procedure Manuals	LE CEMARTINE LE CARACTERIE CONTRACTOR ESUPERIT LE CARACTERIE CARACTERIE CONTRACTOR ESUPERIT LE CARACTERIE CARACTERIE CONTRACTOR ESUPERIT LE CARACTERIE CARACTERIE CONTRACTOR ESUPERIT LE CARACTERIE CONTRACTOR ESU
Equity in Breastfeeding Support	Breastfeeding Measures	BUILD YOUR SUPPORT SUPPORT SYSTEM UNITED TO ALLACTANCIA MATERNA DE WIC AREADAN JUNTOS, CREZCAN JUNTOS.

## WIC PC -Breastfeeding Trends Over Time



## **Study Goals**

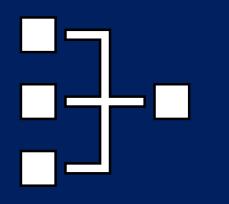
Develop a journal article to further explore and understand racial and ethnic disparities in breastfeeding among WIC participants over time

#### Methods

Historical trends and changes over time in breastfeeding rates, by race/ethnicity

Logistic regression to estimate the association between breastfeeding initiation rates and race/ethnicity

Racial and Ethnic Disparities in Human Milk Feeding in the U.S. - Rapid Literature Review



## **Key Questions**

What are the racial and/or ethnic disparities in Breastfeeding in the United States?

What factors are associated with racial and/or ethnic disparities in Breastfeeding in the United States?

What interventions, programs, initiatives, and/or policies impact racial and/or ethnic disparities in Breastfeeding in the United States and do impacts vary across different racial and/or ethnic, socioeconomic, and geographic groups?

**Review Protocol:** https://www.crd.york.ac.uk/prospero/display\_record.php?RecordID=346575

# National Institute on Minority Health and Health Disparities (NIMHD) Research Framework

		Levels of Influence*				
		Individual	Interpersonal	Community	Societal	
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure	
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws	
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure	
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination	
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies	
Health Outcomes		A Individual Health	Family/ Organizational Health	合 Community 合合 Health	Health	

National Institute on Minority Health and Health Disparities, 2018

\*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual and Gender Minority Other Eurodemental Characteristics: Sex and Conder, Disability, Cooperative Region

Other Fundamental Characteristics: Sex and Gender, Disability, Geographic Region

# Thank You!

## WICPC 2020

- o Report: <u>https://www.fns.usda.gov/wic/participant-program-characteristics-2020</u>
- o Dataset: <u>https://data.nal.usda.gov/dataset/wic-participant-and-program-characteristics-2020-0</u>

## WICITFPS2

- Reports: <u>https://www.fns.usda.gov/data-research?keywords=itfps&sort\_bef\_combine=created\_1\_DESC</u>
- Datasets: <u>https://data.nal.usda.gov/dataset/wic-infant-and-toddler-feeding-practices-study-2-wic-itfps-2-prenatal-infant-year-second-year-third-year-and-fourth-year-datasets-0</u>

## Maternal and Child Outcomes Associated with WICAHRQ Review

o Report: <u>https://effectivehealthcare.ahrq.gov/products/outcomes-nutrition/research</u>

## Human Milk Feeding Disparities Rapid Review

o Protocol: <u>https://www.crd.york.ac.uk/prospero/display\_record.php?RecordID=346575</u>



# ANNOUNCEMENTS



# **New Tools and Resources**



Use the Economic Indicators Library to create and measure the benefits of activity-friendly communities. It includes ten economic indicators that communities can use to monitor the economic activities important to people, prosperity, and the planet. Public health practitioners and decision makers can use these indicators to measure or estimate benefits to support community planning.These ten indicators were selected from a longer list by an expert panel

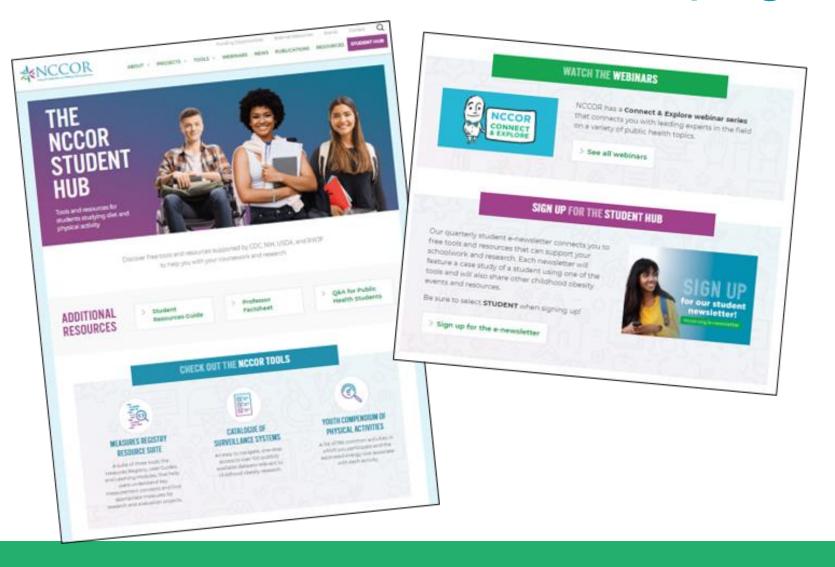








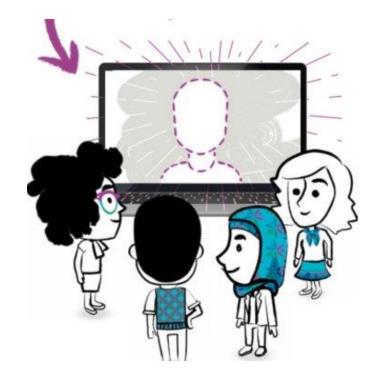
# Check out the student hub webpage!



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# **FURTHER QUESTIONS?**

## Email the NCCOR Coordinating Center nccor@fhi360.org

