

Better Beginnings

A Publication of the Perinatal Network of Monroe County

January, 2011

Musings of the Executive Director...

The Federal health care payment reform legislation, the New York State fiscal crisis, and the recently-issued New York Health Department guidelines for prenatal care combine to present extraordinary challenges and opportunities to our community. This is a time for all who are committed to improving health for babies and their mothers to learn, to consider, to participate in the decisions that will drive the potential life course health trajectories for our most vulnerable families.

The most immediate impact of the Federal legislation will be to expand the number of people who are covered under the Federal health programs, especially Medicaid. As we consider the impact of lack of health insurance on access to medical care, we must applaud this expansion of coverage.

As citizens of New York State, we must also recognize that one of the immediate consequences of expanded coverage is expanded cost. Preventive care does not provide an overnight return on investment; it takes time for disease to develop and so it takes time to save the cost of treating that prevented disease. And we must acknowledge that preventing disease is only partly a function of getting medical care. If we do not simultaneously improve the social and physical environments that shape health potential and change the behavior that is so often the proximal cause of disease, the expanded coverage will only perpetually add to the cost of the health care system. For all the desire to lay the blame on providers and insurance companies,

it is clear that at least in this community, costs go up primarily because more care is needed by more people.

As providers of health care and health support services, we also need to understand the implications of the prenatal care standards that apply to all who provide care paid by Medicaid. These standards make the care that was previously assured in PCAP and MOMS providers the norm for all providers. How providers are reimbursed for the appropriate level of care and how to provide that level of care most cost-effectively are issues that must be watched closely as New York State develops its plan to make substantial reductions in overall Medicaid costs.

In this issue we offer a few thoughts about perinatal contributors to Medicaid costs and some of the efforts currently underway to control those costs. We invite you to explore these issues further and to add your voice especially to the governor's Medicaid Redesign Team.

The Perinatal Network will continue our efforts to stay informed and to share what we learn with the community. To do so more effectively, we are recreating our website to support more frequent and flexible updates and to make it easier for you to engage in discussion with us and with one another. We will be using the website and occasional email distributions to those of you on our list as our primary communications vehicles and so will no longer be producing this newsletter in its current form. See you on the web!

Patricia Brantingham

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Governor Cuomo Announces Medicaid Redesign Web Site to Track Progress

Web Site Seeks Suggestions from the Public and Stakeholders to Reform the Medicaid System and Save Taxpayers Money

ALBANY, NY (01/10/2011) Governor Andrew M. Cuomo today announced the launch of the State's new Medicaid Redesign Web site to track the progress of reforming New York's costly Medicaid system, and to invite the public's participation in the process.

The Web site, <http://governor.ny.gov/medicaidredesign>, includes electronic forms for Medicaid stakeholders and the public to suggest reforms to the system. The Web site will be an integral component to the reform process, which includes the Medicaid Redesign Team, created last week through Executive Order by Governor Cuomo. The Web site will also include listings of the Team's public hearings and prepared reports. "It is imperative for the public, as well as stakeholders and government officials, to be part of the process of reforming the State's Medicaid system, and this Web site will help make that happen," Governor Cuomo said. "The Web site will be a component to developing our plan to reign in Medicaid costs without compromising care."

The Medicaid Redesign Team has been tasked by Governor Cuomo to find ways to reduce costs and increase quality and efficiency in the Medicaid program for the upcoming 2011-12 Fiscal Year. As part of its work, the Team is seeking ideas from the public at large, the health care workforce, and experts in health care delivery and insurance, economics, business, consumer rights and other relevant areas.

The Medicaid Redesign Team will undertake the most comprehensive examination of New York's Medicaid system since its inception, and it must submit its first report with findings and recommendations to the Governor by March 1, for consideration in the budget process. It will also submit quarterly reports thereafter until the end of 2011-12 fiscal year, when it will disband.

The Team will consider reform ideas from health care professionals, administrators, stakeholders, and the general public through regional public hearings and the online survey forms.

More than \$53 billion is spent annually on New York's Medicaid program to provide health care to more than 4.7 million people in need. The program is funded through state, county and federal taxes. In effect, Medicaid is the largest health insurance program in New York State.

In a majority of the State's counties, Medicaid costs alone account for more than half of the entire county

tax levy. New York spends more than twice the national average on Medicaid on a per capita basis, and spending per enrollee is the second highest in the nation. At the same time, New York ranks 21st out of all states for overall health system quality and ranks last among all states for avoidable hospital use and costs.

New York State Medicaid Director Jason Helgeron will serve as the Team's executive director, and the State Budget Director will serve as a non-voting member.

The members of the team are as follows:

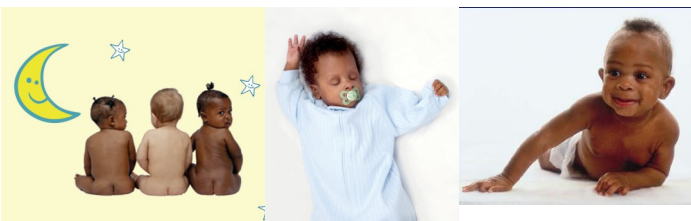
- Michael Dowling, President and CEO of North Shore LIJ Health system.
- Dennis Rivera is the former Chair of SEIU Healthcare and is currently the Senior Advisor to the International President of SEIU.
- Kenneth E. Raske is the President of the Greater New York Hospital Association.
- George Gresham is the President of 1199 SEIU United Healthcare Workers East.
- Dan Sisto is the President of the Healthcare Association of New York State.
- Frank Branchini is the President and COO of Emblem-Health.
- Eli Feldman is the President and CEO of the Metropolitan Jewish Health System as well as the Chairman of the Continuing Care Leadership Coalition.
- Carol Raphael is the President and CEO of the Visiting Nurse Service of New York.
- Linda Gibbs is the Deputy Mayor of New York City for Health and Human Services.
- Ed Matthews is the CEO of the United Cerebral Palsy of New York City as well as the President of the Interagency Council.
- Dr. Nirav Shah is the newly nominated Commissioner of Health.
- Mike Hogan is the Commissioner for the Office of Mental Health.
- James Introne is the Deputy Secretary for Health and the Director of Healthcare Redesign.
- Max Chmura is the Acting Commissioner of the Office for People with Developmental Disabilities.
- Arlene Gonzalez-Sanchez is the newly nominated Com-

ness and Invite Public Participation

missioner of the Office of Alcoholism and Substance Abuse Services.

- Lara Kassel is a Coordinator at Medicaid Matters New York.
- Karen A. Ballard is the President of the New York State Nurses Association.
- Stephen J. Acquario serves as the Executive Director of the New York State Association of Counties.
- Dr. Jeffrey A. Sachs is the Co-Chair of the JFK Jr. Institute for Work Education at City University of New York.
- Ann F. Monroe is the President of the Community Health Foundation of Western and Central New York.
- Steve Berger is the former Chairman for the Commission on Health Care Facilities in the 21st Century and a board member for the Partnership for New York City.
- Dr. William Streck is the Chair of the New York State Public Health and Health Planning Council.
- Elizabeth Swain is the CEO of the Community Health Care Association of New York State.
- Senator Kemp Hannon is the former Chairman of the Senate Committees on Health and Housing. Senator Hannon was recommended by the Majority Leader of the Senate.
- Senator Tom Duane is the former Chairman of the Senate Committee on Health, 2009-2010. Senator Duane was recommended by the Minority Leader of the Senate.
- Assemblyman Richard N. Gottfried serves as the Chairman of the Assembly Committee on Health. Assemblyman Gottfried was recommended by the Speaker of the Assembly.
- Assemblyman Joe Giglio of the 149th Assembly District currently sits on the Medicaid Waste, Fraud and Abuse Task Force. Assemblyman Giglio was recommended by the Minority Leader of the Assembly.

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REVVIN' UP FOR RSV SEASON

PreemieWorld has developed a free tool for parents of preemies called "Revvin' Up for RSV Season." This free, downloadable PDF is perfect for reminding parents to prep for each month's treatments to prevent respiratory syncytial virus (RSV). RSV is a respiratory virus that infects the lungs and breathing passages. Most otherwise healthy people recover from RSV infection in 1 to 2 weeks. However, infection can be severe in some people, such as certain infants, young children, and older adults. "Revvin Up for RSV Season" is located along with many other free downloadable documents at http://www.preemieworld.com/blog/?page_id=528.

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PNMC

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Programs and Funders

COMPREHENSIVE PRENATAL—PERINATAL SERVICES NETWORK NYS Department of Health, Bureau of Women's Health

HEALTHY START ROCHESTER Federal Health Resources and Services Administration

COMIENZO SANO/HEALTHY START AT CFHC Rochester Primary Care Network

IMPROVING BREASTFEEDING AMONG LOW INCOME WOMEN—CBPR University of Rochester/NIH

HEALTHY MOM-HEALTHY BABY PRENATAL AND POSTPARTUM HOME VISITING PROGRAM Monroe County Department of Public Health

Data from the 2009 Health Status Report produced by the Perinatal Network, the Finger Lakes Health Systems Agency, and the Monroe County Department of Public Health, illuminate some of the connections among health status, health behavior, and access to and utilization of medical care. These connections are most marked among women of color who do not have a high school diploma. Latinas living in the City of Rochester are the most likely to have a high school diploma or less, and their

of Rochester) were born to women with a high school diploma or less. Most likely to have a low birth weight baby was a birth mother in the Healthy Start area with less than a high school education. Conversely, Latina birth mothers in suburban Monroe County were comparable to White mothers, who were least likely to have low birth weight babies (6.5% of births). Overall, from 2005 to 2007, nearly 14% of Latina and African American Healthy Start birth mothers had babies who needed to stay in the NICU, compared to 11% of White birth mothers.

Health Behavior

Among the behavior known to affect health, physical activity and healthy eating illustrate the disparities in the community. The national Healthy People 2010 target is to reduce the proportion of adults who engage in no leisure-time physical activity from 40% to 20%. Half of women without a high school degree reported no leisure time activity in the past month, a proportion that was significantly higher than the 21% among women with a high school degree/some college. Latinas and African American/non-Latino women were significantly more likely than White/non-Latino women to report no leisure-time physical activity.

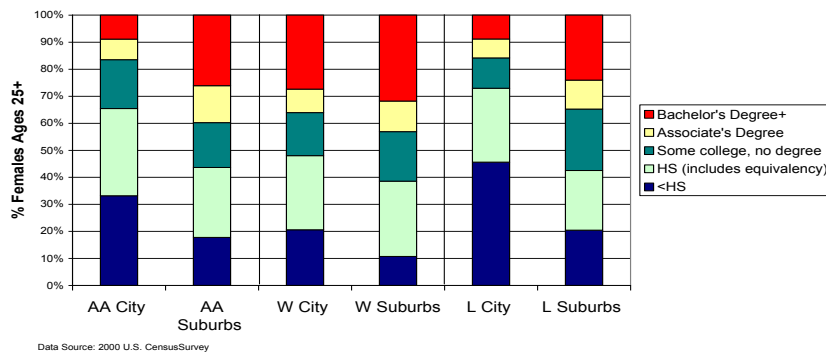
Across every measure of nutrition, women with college degrees were significantly more likely than women without a high school degree to report they had a healthy diet. On the vast majority of measures White/non-Latino women were significantly more likely to report good nutrition than African American/non-Latino women; they were significantly more likely than Latinas to report good nutrition in half the categories considered. Only 8% of women without a high school degree consumed five servings of fruits and vegetables daily.

Given these data, it is not surprising that Latinas and women with high school/some college were significantly more likely than White/non-Latinos and women with a college degree to be obese.

Insurance and Health Care

In the U.S., having access to health care services is closely linked to having health insurance coverage. Having health insurance greatly explains the racial/ethnic disparities in having a regular source of medical care. According to the Monroe County Adult Health Survey (AHS) 2006, African American/non-Latino and Latinas were significantly less likely than White/non-Latinos to have health insurance coverage. Women with less education

Females Ages 25+ Educational Attainment by Race/Ethnicity, Rochester City & Suburban Monroe, 2000



health trajectory is illustrative of the interconnections among biology, environment, and behavior.

Poorer health status and fewer healthy behaviors were endemic among women with less than a high school degree when compared with women with more education. African American/non-Latina and Latinas were more likely than White/non-Latino women to experience poor health status and fewer healthy behaviors. Over 30% of women with less than a high school degree reported being in fair or poor health, a proportion three times greater than women with a high school degree or some college and 15 times greater than women with a college degree.

Mental health status follows similar patterns. Among Latinas and women with less than a high school education, at least 30% reported Frequent Mental Distress, and they were significantly more likely to report FMD than were African American/non-Latino women and women with a high school degree/some college. Almost one-third of Latinas said they had little or no energy, compared with 14% of White/non-Latinos and 18% of African American/non-Latinos.

Birth outcomes are predictably consistent. From 2005 to 2007, over 60% of births in the Healthy Start area (the nine zip codes that form the crescent around the city

r, and the Health Care System

were significantly less likely to have coverage than women with a college degree. Latinas and women without a high school degree were also most likely to have been without coverage at some point during the past two years.

Latinas reported the main reasons they were without insurance were that they had become ineligible because of age or leaving school (34%) and they lost Medicaid eligibility (28%).

Lack of health insurance certainly has some impact on how women use the health care system. Women without a high school degree were significantly more likely than women with at least a high school degree to be without a personal health care provider. In the AHS, respondents were asked whether they had not been able to see a doctor in the past 12 months because of cost. Among Monroe County women 18-44, Latinas were most likely to say cost had been a factor (18%).

The impact is felt by the children as well. Some statistically significant differences emerged among the children of parents of different racial/ethnic groups. Latino parents were less likely than African American or White parents to report their child had a doctor. They were also less likely to report that their children had health insurance, that their child was insured for at least 12 months prior to registering for kindergarten, and that their child had seen a dentist for a check up or dental work within the past 12 months.

Nevertheless, these families do have access to medical care; they use the system differently. From 2005 to 2006, child bearing age women in the nine zip codes that form the crescent around Rochester's city center were 2.8 times more likely than women in the suburbs to visit the emergency department and not be admitted to the hospital. Of these "treated and released" emergency department visits, the rates of visits that were non-emergent and emergent but treatable in a primary care setting were higher than any other category.

Women 15 to 44 years old living in the Healthy Start neighborhood are 3.3 times as likely as suburban women to have a non-emergent or primary care treatable/preventable ED visit. And within the Healthy Start area African American and Latina women are 1.5 times more likely than White women to have a primary care related ED visit.

Implications for Perinatal Health

These are tantalizing data; it is easy to construct a pathway that leads from lack of education to lack of health

insurance, to lack of a primary care provider and attendant use of the emergency department, to poor health for both mom and baby. But many questions remain unanswered and the pathway may not be so tidy. Why do so many young Latinas leave school before getting a diploma? If they are unemployed and poor, why are they not enrolled in Medicaid? Many women report that they went to the emergency department because they believed the condition to be life-threatening; would more education result in better decision-making?

What are the implications for Medicaid re-design? The new Federal requirement that children be covered under parents' policies to age 26 should relieve some pressure on the system. On the other hand, the NYS prenatal care standards for women on Medicaid include coverage for health education, but only if delivered by a medical provider on an individual basis (group education is not reimbursable), so the system mandates the most expensive process from the professionals with the least amount of time. What policies would facilitate both broader insurance coverage and appropriate, cost-effective use of the medical care system?

The task force on Medicaid redesign faces a Herculean task that will be complicated by the competing self-interest of the players at the table. They need not just information but wisdom. The results of their work will affect us all.

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SPANISH-LANGUAGE BROCHURE ON SAFE SLEEP FOR INFANTS

A new Spanish-language brochure encourages parents to place infants under age one on their backs for sleep and explains why back sleeping helps to lower the risk of sudden infant death syndrome (SIDS). Produced by the National Sudden and Unexpected Infant-Child Death and Pregnancy Loss Resource Center at Georgetown University, *Acueste a Su Bebé Boca Arriba Para Dormir* (Helping Baby Back to Sleep) includes tips for parents on helping infants fall asleep, what to do when they roll over during sleep and how to get them back to sleep if they wake during the night. Also included is information on creating a safe sleep environment and the importance of "tummy time" when infants are awake during the day. For more from the Resource Center, go to <http://www.sidscenter.org/index.html>. Access the brochure online at http://sidscenter.org/documents/SIDRC/HelpingBaby_Spanish.pdf.

Healthy People 2020 Objectives Combat the Barriers to Breastfeeding

USBC Publishes New Resource to Address Hospital Barriers

Washington, DC--Social and environmental support for breastfeeding has been brought to the forefront of our nation's public health priorities with the launch of the [Healthy People 2020](#) (HP2020) agenda by the U.S. Department of Health and Human Services. HP2020 objectives will continue to track national breastfeeding rates, but new objectives will also address recognized barriers to breastfeeding success. New targets will focus attention on worksite support and maternity care practices: areas that often present obstacles for breastfeeding mothers.

HP2020 has raised existing targets for breastfeeding initiation, duration, and exclusivity, reflecting our nation's ongoing commitment to the medical recommendation of six months of exclusive breastfeeding followed by continued breastfeeding for the first year of life and beyond. According to the most recent data from the Centers for Disease Control and Prevention (CDC), 75% of new mothers initiate breastfeeding, but only 13% of infants are breastfed exclusively for six months, while 22% continue some breastfeeding to one year. HP2020 targets aim to increase these rates to 81.9% initiating breastfeeding, 23.7% breastfeeding exclusively through six months, and 34.1% continuing at one year.

The new objectives will take on some of the most challenging barriers to breastfeeding success faced by U.S. mothers. One goal addresses worksite lactation support programs, a topic that has received much recent attention with the passage of the workplace breastfeeding support provision in the *Patient Protection and Affordable Care Act*. Women now comprise half of the American workforce, with nearly four out of ten women serving as the primary breadwinner in their families. Returning to work can be a major hurdle for new mothers struggling to balance working and breastfeeding: in 2009, only 25% of employers reported providing an on-site lactation/mother's room, according to the Society for Human Resource Management (SHRM).

Two new objectives address maternity care practices, including a target to reduce formula supplementation within the first two days of life. The CDC reports that 25.4% of breastfed infants receive formula before two days of age, despite medical recommendations *against* routine supplementation with formula, glucose water, or water. Early supplementation decreases a mother's milk production and can lead to negative health outcomes for the infant.

Another new goal aims for 8.1% of live births to

occur in facilities that provide recommended breastfeeding care. Currently less than 4% of U.S. births occur in facilities that have earned the Baby Friendly designation, meeting standards set by UNICEF and the World Health Organization to provide an optimal level of breastfeeding care.

The CDC's 2007 Maternity Practices in Infant Nutrition and Care (mPINC) survey of all birth facilities in the U.S. showed that the average score was only 65 out of 100. The United States Breastfeeding Committee (USBC) has just published a new resource for maternity facilities choosing The Joint Commission's new Perinatal Care Core Measure Set. This toolkit will also be invaluable for facilities striving to improve mPINC scores: Part 1 is designed to aid in accurate collection of data on exclusive breastfeeding, while Part 2 focuses on improving adherence to evidence-based best practices.

USBC Chair Robin W. Stanton, MA, RD, LD, applauds the focus in HP2020 on increasing awareness of the social and environmental determinants of health. "In order to reach their own infant feeding goals, mothers need focused support from health care providers, employers, families, and communities," says Stanton. "The federal recognition of this need marks an important step for breastfeeding advocacy to ensure that all mothers are empowered to succeed."

For more information on Healthy People 2020, visit www.healthypeople.gov. USBC publications, including an analysis of the barriers to exclusive breastfeeding, can be downloaded from USBC's Publications page. To locate health care providers and knowledgeable breastfeeding support personnel that can offer assistance and answer questions about breastfeeding, visit USBC's FAQ page.

USBC is an organization of organizations. Opinions expressed by USBC are not necessarily the position of all member organizations and opinions expressed by USBC member organization representatives are not necessarily the position of USBC.

The United States Breastfeeding Committee (USBC) is an independent nonprofit coalition of more than 40 nationally influential professional, educational, and governmental organizations. Representing over a million concerned professionals and the families they serve, USBC and its member organizations share a common mission to improve the Nation's health by working collaboratively to protect, promote, and support breastfeeding. For more information about USBC, visit www.usbreastfeeding.org.

Mini Grants Available

The Finger Lakes Regional Perinatal Forum (FLRPF) will be funding grants aimed at improving perinatal health (prenatal, neonatal, or both) in the Finger Lakes region. The Forum seeks projects targeting improved delivery of services (both medical and psychosocial support), education, optimizing specific medical interventions, and program evaluation. Awards will range from approximately \$2,000- \$3,000.

Funding Criteria

- Projects must be relevant to the mission of the Forum and demonstrate an impact on perinatal health.
- Any Forum member may submit a grant proposal.
- Projects that create, advance or test ideas and services that are regional or would be replicable in other regional communities are preferred.
- Projects that involve collaboration among multiple organizations are preferred.
- Projects must be feasible within the funding requested, the time period, and grantee's available resources.
- Funding may not be used to cover the cost of direct individual care.

Proposal Review Process: An initial letter of intent must be submitted by March 1st, 2011. This letter will briefly describe your project and will allow us to assign your project to a "grant coach" who will assist in the creation of successful grant application.

2011-2012 Mini-Grant Timeline

- Initial letter of intent due March 1, 2011
- **Submission of full applications April 15th, 2011**
- Notification of awards by June 15th
- Funding available Jan 1st, 2012- March 31st, 2012

Contact information

For more information or to receive application forms, please contact:

Barbara Suter, RN, MPH, Senior Information Analyst
University of Rochester, Box 278969 Rochester, New York 14627

Telephone: 585-758-7811 Fax: 585-424-1469

Email: barbara_suter@urmc.rochester.edu

Stage-Based Behavioral Counseling

The Finger Lakes Regional Perinatal Forum Presents *Stage-Based Behavioral Counseling for Perinatal Health*

The Center for Health and Behavioral Training

Focus will be on communicating with clients regarding:

- Birth control
- Smoking during pregnancy
- Weight management during pregnancy and postpartum
- Breast feeding

When: February 17, 2011

Where: Unity Health/St. Mary's Campus

89 Genesee St., Rochester, NY

8:30 AM – 1:00 PM

To Register, contact Connie Bottoni at:

connie_bottoni@urmc.rochester.edu

Cesarean Deliveries Continue to Rise

A special article in the January 2011 edition of the journal "Pediatrics" provides a summary of the most current vital statistics data for the US. This year, the "Annual Summary of Vital Statistics: 2008" also includes a special feature on differences in cesarean delivery rates according to race and Hispanic origin. According to the report, cesarean deliveries continued their 12-year rise in 2008, making up almost one-third of the births in the US. A range of reasons for the increase are cited, including mother preferences to doctors' fear of lawsuits. Cesarean deliveries have increased 56 percent since 1996. Other key findings in the report include a decline in the overall birth rate, with births to teens aged 15 to 17 declining two percent from 2007 to 2008. Births to unwed mothers represented 40.6 percent of all births in 2008, an increase of almost one percent, and the proportion of babies born early went down three percent from 2007 to 12.3 percent of all births.

Rates of multiple births were the same as in 2007, and infant mortality declined from 6.75 per 1,000 live births in 2007 to 6.59 in 2008. The report is compiled by the National Center for Health Statistics and the Johns Hopkins Bloomberg School of Public Health. Access it online at <http://pediatrics.aappublications.org/cgi/content/abstract/127/1/146>.

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Upcoming Events.....

Date	What it is	Who it is for	For more info contact:
February 9	Perinatal Mood Disorders Coalition Meeting	All current and prospective members	Jacqueline Procope-Isaacs 546-4930, ext. 215 jisaacs@pnmc-hsr.org
February 15	Winter Networking Session	All Health and Human service providers	Jacqueline Procope-Isaacs 546-4930, ext. 215 jisaacs@pnmc-hsr.org
February 18	Perinatal Oral Health Lunch & Learn	All current and prospective members	Jacqueline Procope-Isaacs 546-4930, ext. 215 jisaacs@pnmc-hsr.org