

MPHA 2015-2016 Policy Forum Series
November 6, 2015
Healthy Right from the Start for newborns

Forum Panelists:

Beth-Ann Bloom
MDH Newborn Screening program

Diane C. Peterson
Associate Director for Immunization Projects
Immunization Action Coalition

Michelle Chiezah
MDH State Infant Mortality Consultant

Forum Moderator:
David Golden, Director, Public Health and Communications
Boynton Health Service
University of Minnesota
and Past President, MPHA

Welcome: Aggie Leitheiser, President MPHA

- 1st of 4 policy forums for the year
 - This series focuses on childhood development and the components that contribute to it.
 - Talking today about important issue that affects all of us. All of us were babies and we are blessed because someone paid attention to our healthy start in life.
- Few things about MPHA
 - MPHA is an independent voice for public health in Minnesota. We are not affiliated with any organizations or employers, which allows us to be definitive and advocate for public health issues.
 - Encourage you to become a part of the many committees

Opening Remarks: David Golden (DG)

- Works with University of Minnesota Boynton Heath Services and has been with the university for 30 years.
- This theme is an area where we have had many public health successes
 - 2011 CDC's 10 Greatest Accomplishments in Public Health included successes in vaccine-preventable disease, childhood lead poisoning & maternal and infant health.
- Minnesota is a great metaphor for public health.

- We are at the head of the Mississippi River. We lead any efforts that trickle down to other states. If we don't care for certain issues now, they will become "crap" and fail along the way. This is where we can have a great start.
- Introduce panelists
 - Beth-Ann Bloom (BA) is a board-certified genetic counselor, serving 10+ years at MDH and 20+ years in clinical practice. Primary role at MDH is to notify physicians, hospitals, and clinics about newborn screening (NBS).
 - Michelle Chiezah (MC) is an infant mortality consultant at MDH. She manages the Infant Mortality Reduction Initiative. Infant Mortality is a struggle within our nation and is an area of large disparities. MC works to provide statewide resources and leadership to improve birth outcomes.
 - Diane Peterson (DP) is the Associate Director for Immunization Projects and works at the Immunization Action Coalition (IAC). She joined IAC after spending 28 years at MDH. She reviews national immunization policies, serves on various working groups regarding immunization, monitors state activity for immunizations, and advocates for immunization policy.

Opening Commentary

BA:

- Newborn screening is the greatest secret success in public health.
- Robert Guthrie developed NBS in 3 days
 - Within 3 years had most states screening. He continued his efforts to get other states to start screening.
 - South Carolina wanted to start NBS but had no money so Guthrie bought it out of the New York state budget in order to care for babies in South Carolina.
- In Minnesota, 200 babies are born every day.
- Law requires every hospital offer NBS. Parent and guardians have the option to decline, but most do the screening.
- Screening occurs for over 50 different serious and fatal disorders.
- MDH Newborn Screening was present at the state fair and shared with the public "I am a 'fan' of newborn screening" fans. Each fan shows an individual who benefited from newborn screening.
- Improvements in screening have helped to identify critical cases and treat them sooner.
 - One case, boy had Galactosemia.
 - Galactosemia is a condition in which the individual is missing the enzyme that breaks down milk sugars. The milk goes directly into the blood, poisons liver so blood doesn't clot, and results in high risk of developing infection. 60 percent of children with this dies in their 1st months of life and those that survive end up with mental retardation.
 - This case needed a consultant right away. We were able to look at his NBS slip, we called the clinic, spoke with the physician and told him it's a critical emergency. He was admitted that night.

- They took the milk away from him and he started getting better right away on soy formula. He's in 1st grade now and doing well off of dairy.
 - Goal is to create children who live nice normal lives. It is the difference between life and death.
 - One case of thyroid disease
 - A baby girl had TSH levels of 678.1. She had already left the hospital. MDH called the clinic but the doctor out of town. They called the hospitalist but they had gone home. Called a different clinic, but no doctors available. Finally after calling the parents multiple times, they told the parents to take the baby to the ER. The baby got treated for thyroid disease that night, before 4 days old.
- NBS has the magic to save lives

MC:

- I love my job, but my job is sad dealing with infant deaths that are preventable.
- We have so many resources and opportunities, but not everyone has those available to them. Lack of stable housing, employment, and education are all factors.
- Works with the Sudden Unexpected Infant Death (SUID) Committee
 - Really focusing in on babies who have unsafe sleep.
 - Some families don't have stable housing, the baby is without crib, the baby is sleeping in the same bed with you and you can roll over the baby. Education is key to prevent these from happening.
 - Infant safe sleep week in Minnesota this week. Partnered with many different agencies to hold a press conference and spread awareness about safe sleep practices
- Works with Collaborative Improvement and Innovation Network to reduce infant mortality rates (IMR) nationally.

DP

- Worked at MDH for 31 years, first in family planning and then in immunization.
- 2002: Offer to leave department and work for IAC. Has had many successes.
- Got involved on national level on issues of immunization and the controversy of its possible link to autism. Was able to show that science did not support connection with autism, and was able to convince policymakers to look elsewhere for other links for autism.
- Celebrities stepping forward against vaccines. Jim Carrey and Jenny McCarthy saying they saw it within their own child. It is difficult to convince these types of people of the benefits of vaccines when something has happened to their own child.
- Getting parent groups involved in NBS is vital. It's not all about science to support your position, but having advocacy from parents that their children have the right to be in a safe, healthy environment.

Panelist Discussion

DG:

- People in public health really love their jobs and are passionate about their work.
- We get to do good work. These people literally save lives.
- Last year, Minnesota had one case of measles from University of Minnesota. The patient had 2 doses of MMR. After information and notices were sent out across campus about the situation and educating them on how to protect themselves, 20 students came forward who had initially signed conscientious objectors and said they wanted to get vaccinated.
- Are there any new guidelines about conscientious objectors for immunizations and has there been an increase in these situations?

DP

- California has had sad experiences with vaccine-preventable diseases (10 infant deaths in Pertussis outbreak). This led to stronger non-medical exemption than just checking a box.
 - California wants to add an educational component so that parents are aware of the decision they are making.
 - This component would include visiting a physician and getting education about immunizations.
- Minnesota's non-medical exemption is called conscientious exemption. This only needs to be signed and notarized.
- It shouldn't be easier to have parents enroll kids with exemption.
- Legislation introduced in California to repeal all non-medical exemptions and only allow for medical exemptions.
 - Many other legislatures saw this and followed suit by introducing bills in their states.
- Enactment of college requirements for immunizations in 1980s, pushed along by a few different cases
 - 1970s, student who worked in Coffman Union at University of Minnesota developed measles and died.
 - Banned audience from attending play-off basketball game because one player had measles.
- Efforts to move bill through legislature in Minnesota to add an educational component for non-medical exemption, and it has failed, but is still active. There is a bill in the Senate and a bill in the House. Bill in Senate went through but there is opposition in the house. Legislature doesn't want any controversy (election year, split house) so they don't want to entertain the bill. But we are ready if things change.

DG:

- Minnesota doesn't rank well in health disparities. What are the disparity numbers for newborn infant mortality?

MC:

- Infant mortality is defined as the death of a live-born infant before reaching their 1st birthday.
- Minnesota has one of the lowest IMRs in country. We look good overall, but not for people of color.
 - 2011-2013, 3-year average was 5 deaths/1000 live births. In the 1940s, the rate was 33/1000, a decline of 85 percent.
- Rates are declining for all racial groups
 - 1990-1994, IMR for African American was 15.7, now it is 9.2,
 - IMR for American Indians was 17.3, now it is 9.1.
 - These are two groups in our state that have experienced the greatest injustices and have the highest IMRs. Babies born to these groups are twice more likely to die than babies born to non-Hispanic whites (NHW).
- Dissecting the data, looking at neonatal period (0-30 days), babies from minority groups are dying more often than babies from NHW.
- IMR is better among African American foreign-born mothers than in African American mother born in U.S. This may go back to the social injustices and internalized racism that may be affecting them.

Questions from the Audience

DG:

- Talk about controversy around NBS and how can we combat these messages?

BA:

- There are small group against NBS and their argument is NBS is a governmental conspiracy to steal DNA of babies.
 - One situation, a mom said she doesn't want state to have her baby's DNA and a nurse tried 3 times to educate the mother. Finally the mother agreed and she now believes he would have died without screening.
- If we can increase broader awareness about NBS when there is political buzz against it, we can stand up against it. What we can do best is to continue positive story sharing about the benefits of NBS.

DG:

- Do we know how many providers refuse to take patients who don't vaccinate? Can a private daycare refuse to take a child? Is there any movement to mandate people who work with young children to be vaccinated?

DP:

- There are a number of clinic throughout the country that do refuse patients who choose not to vaccinate. Physicians will consistently provide education about immunizations but if patients refuse, they will ask them to find someone else.

- There's publicity around clinics who will not try to persuade you to vaccinate children. They're becoming popular among anti-vaccination campaigns.
- Can a private daycare refuse? That's more of a legal question.
 - MDH publishes online vaccination rates of schools, including exemption rates. This gives parents the decision to know and make choices about where their children go. There is a search function yet, but they intend to add one. They also intend to add childcare centers.

DG:

- What can the average person do to decrease Minnesota's infant mortality rate, specifically in groups with higher rates?

MC:

- Infant mortality is multi-factorial problem. We need to work on a number of issues.
- There are social determinants of health that we aren't tackling, including housing, safe sleeping places, and education to parents and grandparents.
- It's time we take multi-pronged approach for problems we've been putting band aid fixes on when we need to address the root problems.

BA:

- Foodstamps don't cover diapers. Other states have diaper depots that provide diapers. We have agencies that can support that. You can fund these opportunities by something as simple as a bake sale at church.

DP:

- Be a fan of vaccination. Tell your friends and family that it's safe, effective, and will help your baby grow to be healthy and productive person.
- Get active in the political arena and be an advocate for immunizations.

Closing Remarks

DG:

- Thank you to the panel and for the work that you do.
- In public health, we are always wondering how we can address issues further upstream? These issues are upstream and we can work to be leaders in addressing them.

AL:

- Stories are very important to public health. If we had bunch of statistics presented, it wouldn't be as powerful.
- Go get your flu shot.
- Next forum is January 22 about healthy right from the start for early childhood.