

Race/ethnicity categories are enhanced by identifying cultural communities served by WIC.

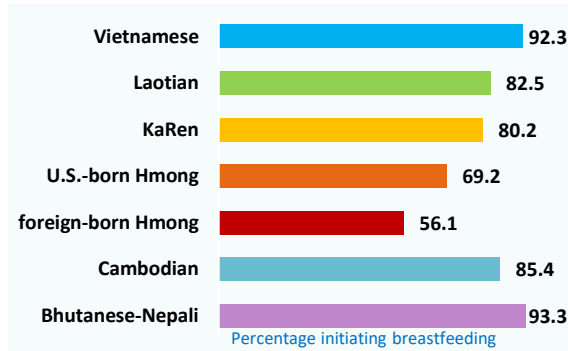
Having health information by cultural identity on indicators such as anemia, breastfeeding, weight status and birth outcomes has enabled MN WIC to identify high-risk populations.

Minnesota WIC:

- Asked individuals who identify as Black or Asian to choose a cultural identity from a list of cultures served by MN WIC.
- Linked WIC program data to birth certificate data which contains information about culture and country of birth.

Why is it important?

Having race/ethnicity categories that contain disparate communities in a single group, prevents disparities in health outcomes from being visible. For example, in Hennepin County, nearly half of black mothers identify with an African culture. The high breastfeeding rates among these mothers was masking the fact that African-American mothers had much lower rates of breastfeeding initiation and duration. Uncovering such disparities is the first step towards addressing them.



Breastfeeding initiation among Asian WIC participants, 2016

Lessons Learned

Once you're able to see the data on health indicators by cultural identity, the next step is moving from data to action. In this case, the data showed inequities in breastfeeding initiation rates, with Hmong rates the lowest among any group in Minnesota. We asked:

- What are the factors that result in these disparities?
- What can be done to address underlying causes?
- Next, what resources, including people and funding, could be utilized to address this issue?

Partnerships

MDH WIC has ongoing relationships with both the University of Minnesota and the Minnesota Breastfeeding Coalition (MBC). The MBC formed a Hmong Breastfeeding Initiative which was accepted into the States of Solution (SOS) program. SOS provides resources and technical assistance to groups doing collaborative work in health equity. The University's Community Health Initiative provided funding for a Hmong MPH candidate to first develop a perinatal Hmong Fact Sheet and then to collaborate with the MBC to reach out to community partners, including the Hmong Health Care Professionals' Coalition, Ramsey County SHIP, Hennepin and Ramsey WIC peer counselor programs, and Northpoint Hmong staff.

One key lesson from this collaboration is that there is no substitute for one-to-one interaction, for making the effort to personally connect with potential partners. Also vitally important, is to put collaborations as much as possible into the hands of community partners, providing them what assistance they find most helpful and allowing them to lead efforts for improving health within communities.

Results and Next Steps

This data project allowed us to identify communities with a higher need for intervention. Due to our ability to break out breastfeeding rates we were able to identify a high need in the Hmong community for better breastfeeding supports. As a result, public health and Hmong community partners have moved forward with the Hmong Breastfeeding Initiative. We have also included the new data in the current two-year nutrition education plans for local agencies, focusing on reducing anemia rates in pregnant women and infants and children.

In addition to continuing our work with the Hmong Breastfeeding Initiative, we hope to replicate this model with other communities with low breastfeeding rates. WIC will continue to expand our reporting of health indicators by cultural identity and look for more opportunities to address disparities as we identify them.

