

Public Service Ads Score on Breast-Feeding Message

The TV ads featured women far along in pregnancy who engaged in risky activities such as logrolling.

BY MARY ELLEN SCHNEIDER
New York Bureau

BOSTON — A controversial ad campaign aimed at encouraging women to breast-feed has increased awareness of the importance of breast-feeding and how long to do it, according to data presented at the annual meeting of the American Public Health Association.

About 68% of women surveyed after the campaign said that the best way to feed a baby is through breast-feeding, compared with 51% polled before the campaign was launched, according to the results of a tracking survey.

Anne Merewood, director of the Breast-feeding Center at Boston Medical Center, outlined the findings of the tracking survey.

The survey examines whether attitudes about breast-feeding changed after the National Breastfeeding Awareness Campaign was launched in June 2004. Ms.

Merewood was the director of the Boston-area community demonstration project, 1 of 16 community-based projects around the country that partnered with the federal government to implement the campaign at the local level.

The national campaign included television, radio, and print advertisements. The controversial television ads featured women who were far along in their pregnancies engaging in risky activities such as logrolling and riding a mechanical bull. The ad said: "You wouldn't take risks before your baby's born. Why start after?" It also stated that babies who are breast-fed are less likely to develop ear infections, respiratory illnesses, and diarrhea.

The goal of the campaign was to increase the proportion of mothers who breast-feed their babies during the early postpartum period from 69% to 75%, and from 33% to 50% after 6 months, by the year 2010.

The campaign was funded by the Of-

fice of Women's Health, part of the Department of Health and Human Services.

The Ad Council, which produced the campaign, conducted a tracking survey of 70 women aged 18-34 years from April 18 to May 15, 2004, before the launch of the ads. Officials at the Ad Council also conducted a postcampaign survey of 606 women aged 18-34 years from Sept. 9 to Sept. 22, 2005.

The two surveys show that following the national campaign, more women agreed that breast-feeding is the best way to feed a baby and fewer women endorsed formula only or a combination of formula and breast-feeding as the best method.

The number of women who said that breast-feeding and formula were equivalent dropped from 29% to 20%. The proportion of women who favored a mix of breast-feeding and formula also dropped. In 2004, 16% said a combination of breast-feeding and formula was the best approach, compared with 8% in 2005.

Only a small percentage of women—4%—said that formula was the best way to feed a baby in 2004, and that figure dropped even lower in 2005 to 2%.

The Ad Council survey also polled women on what they thought was the recommended number of months to exclusively breast-feed. In 2005, 36% of women responded that exclusive breast-feeding for 6 months was recommended, compared with 26% of women in 2004.

However, there also were some contradictions in the survey data. While only 2% of women in 2005 cited formula as the best way to feed a baby, during that same time period 32% of women also stated that infant formula is just as good as breast milk. This figure is down from 50% the previous year.

"We're seeing in the data here that women think breast-feeding is better, but don't think that formula feeding is worse," Ms. Merewood said.

Some of this disconnect may be due to the fact that women recognize the benefits of breast-feeding, but see in their own personal experiences that formula feeding didn't harm their children, Ms. Merewood said.

This is a different point of view than the population-wide perspective that formula feeding carries risks, she said. ■

States' 2007 Health Care Agendas Pursue Insurance Mandates, Cost Transparency

BY GLENDA FAUNTLEROY
Contributing Writer

WASHINGTON — State legislation mandating health insurance will continue, with "at least 12 more states going to debate bills to expand employer participation coverage" in 2007, according to Susan Laudicina, director of state services research for the Blue Cross and Blue Shield Association.

The health care transparency debate also is heating up with a few states, such as Colorado and Ohio, passing laws requiring provider-specific data on quality and requiring that costs be made available publicly. At least 10 or more states will debate similar bills to promote transparency in 2007, she said.

Ms. Laudicina made her predictions when the Blue Cross and Blue Shield Association's annual "State Legislative Health Care and Insurance Issues" report was unveiled at a briefing sponsored by the association.

The report updates the top health care and insurance issues from state legislatures and the overview given by Ms. Laudicina detailed how, despite healthy revenue growth in 2006, state governments are grappling to stem rising health care expenses. "Health care expenditures now account for about one-third of all state budgets, and states are in desperate need of solutions."

The report found that in 2006 states began implementing a range of initiatives including employer and individual mandates to cover the uninsured, public-private insurance partnerships to promote coverage and contain costs, and initiatives to improve quality care.

The Blue Cross and Blue Shield Association (BCBSA) reported that there was a flurry of new laws introduced around the country last year and the beginning of 2007—all aimed at providing affordable, quality coverage. "I read about 200 new legislations per week," Ms. Laudicina said.

According to the report, employer and individual mandate legislations were pursued by three states in 2006: Massachusetts, Vermont, and Maryland. Twenty-five other states followed with introductions of similar bills last year, but none of those were enacted.

In 2006, 11 states also worked to create or expand programs to make private insurance coverage affordable for low-income workers. Seven of these decided to use public funds to build subsidies to offset the premium costs of private employer-sponsored health plans for those eligible for Medicaid as well as for other low-income residents.

The BCBSA "State Legislative Health Care and Insurance Issues" report is compiled from a survey of each of the 39 independent Blue Cross and Blue

Shield companies across the country that together provide health coverage for almost 98 million Americans. BCBSA officials were on hand to provide an overview of the association's top health-care issues facing the 110th Congress. "We have three priorities and the top of the list is addressing the uninsured," said Alissa Fox, the BCBSA's vice president of legislative and regulatory policy.

Ms. Fox reported that the association is urging Congress to fully support the State Children's Health Insurance Program (SCHIP) to lower the number of uninsured children, adding that Congress' "priority has to be to enroll these children."

According to the BCBSA, a surprising 74% of children without health coverage are eligible under public programs, but are not presently enrolled. Adequate funding is necessary to streamline enrollment procedures and ensure that these children get health care. In his budget submitted to Congress on Feb. 5, President Bush called for an increase in SCHIP funding of \$5 billion over the next 5 years—short of the \$12 billion experts say is needed to fund the program.

Another priority for the BCBSA is maintaining funding for the Medicare Advantage program that provides coverage to more than 8.3 million people.

The BCBSA's third priority is the vision of the Bush Administration and Congress to create a nationwide health information network that will allow for the use of electronic health records in every hospital and doctor's office. Ms. Fox said. ■

Small Practices Not Using EHR Systems To Improve Care

WASHINGTON — A growing number of small medical practices are turning to electronic health records to help the office run more smoothly, but few are using them to directly improve patient care, according to findings from a small study presented at the annual symposium of the American Medical Informatics Association.

Christopher E. West, Ph.D., and his colleagues at the University of California, San Francisco, surveyed 30 doctors, nurses, and physicians' assistants working in solo or small group practices. They were working in 16 offices spread across 14 states.

All but one said they use the electronic health records system for documenting patient care at least 75% of the time, and half said they use it all the time. At least 80% said they use the system most of the time for visit coding, writing prescriptions, or viewing lab results, Dr. West reported.

That kind of "basic functionality" of electronic health records software seems to have largely replaced paper in those offices, he said.

But the researchers also found that offices were not as quick to adopt more advanced functions for improving patient care.

Only 13% said they took advantage of functions capable of generating lists of patients in need of follow-up care. Only about one-quarter used features enabling patient self-management plans or doctor visit summaries.

"Doctors are still not using electronic health records for quality improvement," Dr. West said.

Still, the study suggests that stubbornness may not be to blame.

Half of respondents said their software came with adequate training, but the other half called their training fair or poor.

—Todd Zwillich