

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of H.B. 2373 H.D. 1
RELATING TO THE SHARING OF VITAL STATISTICS RECORDS WITH
DEPARTMENT OF HEALTH PROGRAM EMPLOYEES FOR APPROVED
RESEARCH PURPOSES.**

REPRESENTATIVE SCOTT Y. NISHIMOTO, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: March 1, 2018

Room Number: 325

1 **Fiscal Implications:** There are no fiscal implications for the Department of Health (DOH).

2 **Department Testimony:** The Department **strongly supports** this measure, which is part of the
3 Governor's Administrative Package, that will enable the DOH to assure the privacy of vital
4 records while providing limited sharing of vital statistics records with DOH program employees
5 with approval from the department's institutional review committee.

6 This measure will enable the department to conduct the Pregnancy Risk Assessment Monitoring
7 System (PRAMS) research study to identify and monitor selected maternal experiences and
8 behaviors that occur before, during and after pregnancy and during the child's early infancy.

9 The Hawaii PRAMS started with a Centers for Disease Control and Prevention (CDC) funded
10 pilot project in 1999 and subsequently received funding in 2000 to begin data collection.
11 Currently in its eighteenth year of operations, the Hawaii PRAMS is one of fifty-one CDC
12 funded states, tribes and territories that require vital records in the form of a monthly birth
13 certificate file. Vital records are a critical piece of the National PRAMS Protocol and without it,
14 the efforts of Hawaii PRAMS would cease.

15 We ask you to move this bill forward, with one small correction. Please correct the
16 typographical error at page 3, line 2, from the word "with" to the word "will."

17 Thank you for the opportunity to testify in strong support of this measure.

1 **Offered Amendments:** None.



Family Health
Services Division

PRAMS

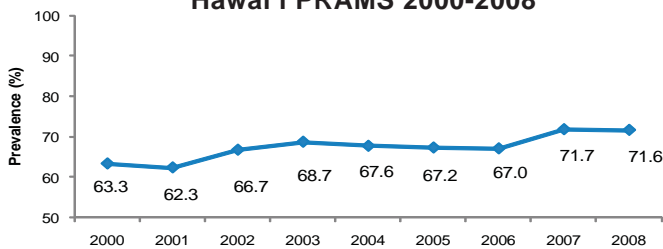
Infant Sleep Position Fact Sheet

Pregnancy Risk Assessment Monitoring System

Importance of Sleep Position

Sudden Infant Death Syndrome (SIDS), the sudden, unexplained death of an infant under 1 year of age, is the leading cause of post-neonatal mortality (death between 1 month and 1 year of age).^{1,2} SIDS accounts for 41% of all post-neonatal deaths in Hawai'i.³ Putting infants to sleep on their stomach or side, rather than their back, is a major preventable risk factor for sudden infant death syndrome (SIDS). This is because infants are more likely to suffocate when placed on their stomach or side to sleep. The "Back to Sleep" public health campaign dramatically improved supine (back) sleep position from 13% in 1992 to 67% in 1999 with a corresponding 50% decline in SIDS.^{2,4} The National Healthy People 2010 objective was to increase the proportion of infants placed on their backs to sleep to 70%.

Trends in Supine Sleep Position by Year, Hawai'i PRAMS 2000-2008



Prevalence of Supine Sleep Position in Hawai'i

The proportion of mothers who place their infant on their back to sleep increased from 63% in 2000 to 72% in 2008. The rates now exceed the National Healthy People 2010 objective.

PRAMS Sleep Position Question

How do you most often lay your baby down to sleep?

- On his or her side
- On his or her back
- On his or her stomach

About 5% of mothers selected multiple responses. For this analysis, mothers who selected only back were considered to practice supine sleep position. Analysis was also limited to children born at term, were not low birth weight, and did not spend time in the intensive care unit

Data Highlights

- About 1 in 3 mothers place their infants to sleep in a high risk, non-supine position (side or stomach)
- Mothers more likely to practice a non-supine position were Black, Samoan, Other Pacific Islander, Hawaiian, or Hispanic, younger, less educated, unmarried, Medicaid/QUEST recipients, were on WIC during prenatal care, and lived in Hawai'i or Kauai County
- Women who delivered at Kona and North Hawai'i Community Hospitals or Wilcox Memorial and Kauai Veterans Hospitals were more likely to practice a non-supine sleep position; staff training may be warranted
- WIC is an ideal location for educational interventions given that mothers with risk factors associated with non-supine sleep are more likely to utilize WIC services
- In addition to sleep position, educational efforts should address other SIDS risk factors including soft bedding, bed sharing, and smoking

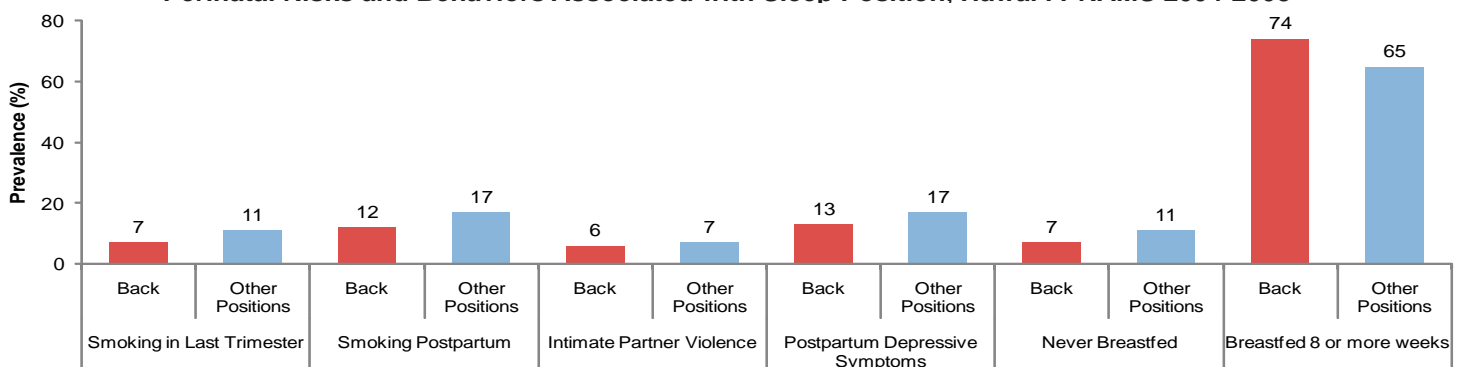
"My granddaughter suffocated and I am now involved in raising awareness of safe sleep practices. This information will prevent any family from experiencing the pain we suffered and still do."

-- Hawai'i Grandparent

Perinatal Risks and Behaviors Associated with Sleep Position in Hawai'i

Mothers that used the recommended back sleeping position for their infants tended to have a healthier behavior profile. They were less likely to smoke during pregnancy, smoke postpartum, and report always/often being depressed compared to those that used non-supine sleep positions. The recommended back sleeping position was associated with initiating breastfeeding, and breastfeeding for 8 or more weeks compared to those that used the non-supine sleep position.

Perinatal Risks and Behaviors Associated with Sleep Position, Hawai'i PRAMS 2004-2008



Maternal Characteristics Related to Non-Supine Sleep Position

Mothers more likely to practice a non-supine position were Black, Samoan, Other Pacific Islander, Hawaiian, or Hispanic, younger than 25 years old, a high school or lower education, unmarried, were on The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), had Medicaid/QUEST insurance, and lived in Hawai'i or Kauai County. Mothers who delivered at Kona and North Hawai'i Community Hospitals on the Big Island or Wilcox Memorial and Kauai Veterans Hospitals on Kauai were more likely to practice non-supine infant sleep position. This may suggest a need for staff training regarding safe sleep practices and/or increased resources for patient education at these hospitals.

WIC as a Point of Intervention

WIC serves approximately 44% of all mothers, and these women generally have higher socio-demographic risk factors for non-supine infant sleep position. Therefore, WIC may be an ideal place to provide education on safe sleep practices. A non-supine sleep position is nearly 10 percentage points higher among mothers on WIC. If the proportion of non-supine sleep for WIC recipients were reduced to the level for non-WIC recipients, Hawai'i would meet the National Healthy People 2010 objective. Further, if a WIC-based educational intervention were completely successful in eliminating non-supine sleep practices (100% supine), the overall prevalence of non-supine sleep would be cut about in half to 16% making the supine sleep prevalence 84%.

Discussion

The greater likelihood of non-supine sleep position among mothers that deliver at Kona Community and Kauai Veterans Hospitals is concerning and may suggest a need for staff trainings and revisions of discharge protocols. Studies show many nurses are unaware of hospital policies, believe that supine sleep position can lead to aspiration, and still recommend lateral (side) sleep position to new parents.² Because most infants placed on their side to sleep will naturally roll to their stomach, this sleep position is considered to be equally dangerous. It is important to note that having Medicaid/QUEST or participating in WIC did not cause the observed differences; as the association likely reflects the populations of women with higher associated risks that these programs serve. The higher rates of non-supine sleep position among mothers who use WIC, suggest it may be an ideal location to deliver educational interventions. WIC is evaluating the most effective way to provide education around safe sleep positioning.

Education of child care centers and all who care for mothers and infants should be aware of proper sleep positioning and the other risks for SIDS such as soft bedding and bed-sharing.^{1,2} Educating mothers in the hospital with reinforcement in the outpatient setting may decrease some preventable infant deaths and improve the health of families in Hawai'i.

References

- 1 Moon RY, Horne RS, Hauck FR. Sudden infant death syndrome. *Lancet* 2007;370:1578-87.
- 2 AAP Policy Statement. The changing concept of sudden infant death syndrome: *Pediatrics* 2005;116:1245-55.
- 3 Office of Health Status Monitoring, Hawai'i Department of Health, 2003-2007 Infant Death by Cause.
- 4 National Infant Sleep Position Public Access Web site at http://dccwww.bumc.bu.edu/ChimeNisp/Main_Nisp.asp

Non-Supine Sleep Position by Maternal Characteristics, Hawai'i PRAMS 2004-2008

	Non-Supine % (95% CI)*
Race/Ethnicity	
White	24.4 (22.5-26.4)
Black	48.8 (41.5-56.2)
Hispanic	30.8 (24.0-38.6)
Hawaiian	38.5 (36.4-40.7)
Samoan	46.2 (39.7-52.9)
Other Pacific Islander	43.3 (38.3-48.5)
Filipino	29.4 (27.3-31.5)
Japanese	19.4 (17.1-22.0)
Chinese	20.5 (18.3-22.9)
Korean	24.4 (21.0-28.2)
Other Asian	28.9 (22.1-36.9)
Maternal Age	
Under 20 years	43.3 (39.3-47.3)
20-24 years	36.7 (34.6-38.9)
25-34 years	28.3 (26.9-29.6)
35 or more years	24.7 (22.7-26.9)
Maternal Education	
< High School	42.9 (39.1-46.8)
High School	37.3 (35.6-39.1)
Some College	28.4 (26.6-30.3)
College Graduate	19.9 (18.4-21.5)
Marital Status	
Married	27.7 (26.6-28.9)
Unmarried	36.7 (34.9-38.6)
Insurance Coverage at Delivery	
Private Insurance	27.4 (26.3-28.6)
Medicaid/Quest	38.6 (36.6-40.6)
None	33.6 (25.4-43.0)
Prenatal WIC participation	
No	26.8 (25.5-28.0)
Yes	36.4 (34.8-38.0)
County of Residence and Birth Hospital	
<i>Honolulu</i>	29.3 (28.1-30.4)
Castle Medical Center	32.8 (28.0-38.0)
Kaiser Foundation	25.2 (22.3-28.2)
Kapiolani	30.4 (28.7-32.2)
Queens	26.9 (24.4-29.6)
Tripler Army Medical	30.1 (27.5-32.8)
Wahiawa General	36.0 (26.1-47.2)
<i>Hawai'i</i>	35.0 (32.0-37.9)
Hilo Medical Center	31.1 (27.1-35.3)
Kona Community	41.8 (35.2-48.8)
North Hawai'i Hospital	34.7 (29.2-40.6)
<i>Maui</i>	33.8 (30.8-37.0)
Maui Memorial	34.0 (30.8-37.4)
<i>Kauai</i>	38.8 (34.0-43.8)
Kauai Veterans	36.1 (26.6-46.8)
Wilcox Memorial	39.4 (33.8-45.3)
Overall	30.9 (29.9-31.9)

* 95% CI refers to the 95% confidence interval around estimate.

About the Data

The Hawai'i Pregnancy Risk Assessment Monitoring System (PRAMS) is a mixed mode self-reported survey conducted by mail with telephone follow-up of recent mothers. It is designed to monitor the health and experiences of women before, during, and just after pregnancy. Every year, about 2,000 women who deliver a live infant are randomly selected to participate.

For More Information Contact:

Hawai'i PRAMS Coordinator
Hawai'i Department of Health
PRAMS@doh.Hawaii.gov
(808) 733-4060

Suggested Citation

Schempf A, Hayes D, Fuddy L. "Infant Sleep Position Fact Sheet." Honolulu, HI: Hawai'i Department of Health, Family Health Services Division; January 2011.



**Testimony to the House Committee on Judiciary
Thursday, March 1, 2018; 2:00 p.m.
State Capitol, Conference Room 325**

RE: SUPPORTING HOUSE BILL NO. 2373, HOUSE DRAFT 1, RELATING TO THE SHARING OF VITAL STATISTICS RECORDS WITH DEPARTMENT OF HEALTH PROGRAM EMPLOYEES FOR APPROVED RESEARCH PURPOSES.

Chair Nishimoto, Vice Chair San Buenaventura, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 2373, House Draft 1, RELATING TO THE SHARING OF VITAL STATISTICS RECORDS WITH DEPARTMENT OF HEALTH PROGRAM EMPLOYEES FOR APPROVED RESEARCH PURPOSES.

The bill, as received by your Committee, would:

- (1) Allow the Department of Health (DOH) to disclose public health statistics records to persons who are employed by DOH programs, acting within the scope of their employment, who need a public health statistics record for research purposes, as approved by the DOH's Institutional Review Committee (Committee); and
- (2) Clarify DOH may disclose the following information:
 - (A) Names, addresses, and contact information in the record for the purpose of contacting persons identified in the record to request informed consent to use additional specified information in the record; and
 - (B) Information in the record as approved by the Committee under certain conditions; and
- (3) Take effect on July 1, 3000.

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Federally Qualified Health Centers (FQHCs) provide desperately needed medical services at the frontlines in rural communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of health.

HPCA fully and wholeheartedly supports efforts to promote research on public health for the prevention of disease in the State of Hawaii.

In advance, thank you for your consideration of our testimony.



March 1, 2018

To: Representative Scott Y. Nishimoto, Chair
Representative Joy A. San Buenaventura, Vice Chair
House Committee on Judiciary

From: Mandy Finlay, Director of Public Policy
Hawaii Children's Action Network

Re: **HB 2373, HD1 – Relating to the Sharing of Vital Statistics Records with Department of Health Program Employees for Approved Research Purposes**
Hawaii State Capitol, Room 325, March 1, 2018, 2:00 PM

On behalf of Hawaii Children's Action Network (HCAN), we are writing to support HB 2373, HD1, which would authorize the Department of Health to disclose public health statistics records internally within the Department for approved research purposes.

This measure is necessary to allow the Department of Health to conduct the Pregnancy Risk Assessment Monitoring System research to identify and monitor selected maternal experiences and behaviors that occur before, during, and after pregnancy and during the child's early infancy. Access to quality data such as public health statistics records is critical in gaining a more comprehensive understanding of issues impacting maternal and children's health, and developing positive program and policy decisions to produce better outcomes for children.

For these reasons, HCAN respectfully requests your Committee to support this measure.

HCAN is committed to building a unified voice advocating for Hawaii's children by improving their safety, health, and education.



HB2373 Sharing Statistical Data with DOH Employees

HOUSE COMMITTEE ON JUDICIARY:

- Representative Scott Nishimoto, Chair; Representative Joy San Buenaventura, Vice Chair
- Thursday, March 1st, 2018: 2:00 pm.
- Conference Room 325

Hawaii Substance Abuse Coalition Supports HB2373 HD1:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 non-profit alcohol and drug treatment and prevention agencies.

Sharing data that has private protections, is essential for DOH to develop comprehensive strategies to address major health concerns, which includes substance use disorders for pregnant women. Gathering more data is important part of promoting research that will help us develop more integrated, improved systems of care.

We appreciate the opportunity to provide testimony and are available for questions.