

Racial Equity Toolkit Assessment Worksheet

Title of policy, initiative, program, budget issue: Breastfeeding in public

Description: Provide women with civil rights legal protection to breastfeed in public. Ordinance would apply to any public place including restaurants, hotels, motels, inns, stores, markets, shopping malls, theaters, cinemas, concert halls, arenas, parks, fairs, arcades, libraries, schools, government offices, and hospitals. Goal is to increase racial equity in health. Breastfeeding leads to strong health outcomes for women and babies. Anything less than exclusive breastfeeding for the first 6 months of life increases health risks for babies, particularly to the immune and digestive systems. Eliminating societal barriers to breastfeeding will help more women to successfully continue to breastfeed their children for longer. While 75% of U.S. babies start out breastfeeding, the Centers for Disease Control and Prevention says, only 13% are exclusively breastfed for the recommended six months. In Seattle, communities of color experience the lowest breastfeeding rates and the highest rates of preterm birth, infant mortality, maternal mortality, diabetes and obesity.

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Background on the Policy Issue

In 2011 members of the Breastfeeding Coalition of Washington and the Seattle Women's Commission approached the Seattle Office for Civil Rights(SOCR) to work together to address barriers women faced in ability to breastfeed in public without being told to leave or move to another area. SOCR applied a racial equity filter to the issue of a woman's right to breastfeed in public to be sure we built upon the racial equity analysis being used by the coalition and commission and to ensure our work was carried out inclusive of the voices of women of color.

Policy Initiative Program Budget Issue

Step 1. Set Outcomes.

1a. What does your department define as the most important racially equitable community outcomes related to the issue? (Response should be completed by department leadership in consultation with RSJI Executive Sponsor, Change Team Leads and Change Team. Resources on p.4)

Decrease racial disparities in health outcomes for people of color

1b. Which racial equity opportunity area(s) will the issue primarily impact?

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Jobs |
| <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Environment | |

1c. Are there impacts on:

- | | |
|---|--|
| <input type="checkbox"/> Contracting Equity | <input checked="" type="checkbox"/> Immigrant and Refugee Access to Services |
| <input type="checkbox"/> Workforce Equity | <input checked="" type="checkbox"/> Inclusive Outreach and Public Engagement |

Please describe:

Step 2. Involve stakeholders. Analyze data.

2a. Are there impacts on geographic areas? Yes No

Check all neighborhoods that apply (see map on p.5):

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> All Seattle neighborhoods | <input type="checkbox"/> Lake Union | <input type="checkbox"/> East District |
| <input type="checkbox"/> Ballard | <input type="checkbox"/> Southwest | <input type="checkbox"/> King County (outside Seattle) |
| <input type="checkbox"/> North | <input type="checkbox"/> Southeast | <input type="checkbox"/> Outside King County |
| <input type="checkbox"/> NE | <input type="checkbox"/> Delridge | Please describe: |
| <input type="checkbox"/> Central | <input type="checkbox"/> Greater Duwamish | |

2b. What are the racial demographics of those living in the area or impacted by the issue?

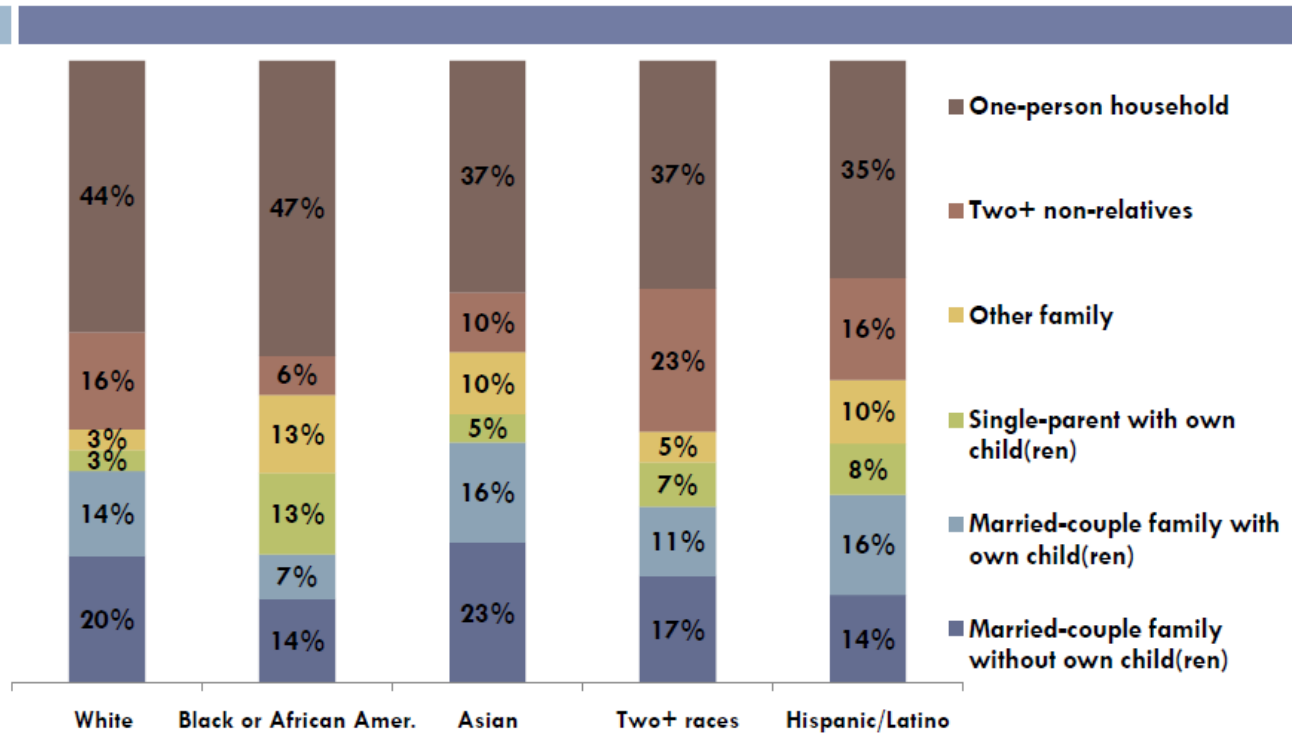
(See Stakeholder and Data Resources p. 5 and 6)

Demographic information that informs this issue includes:

2010 Census info on total Seattle pop: African American(8%), Native American (0.8%), Latina(7%), Asian Pacific Islander (14%). 34% of City's residents are people of color.

In Seattle, families of color have a greater number of children than white families:

Household Composition



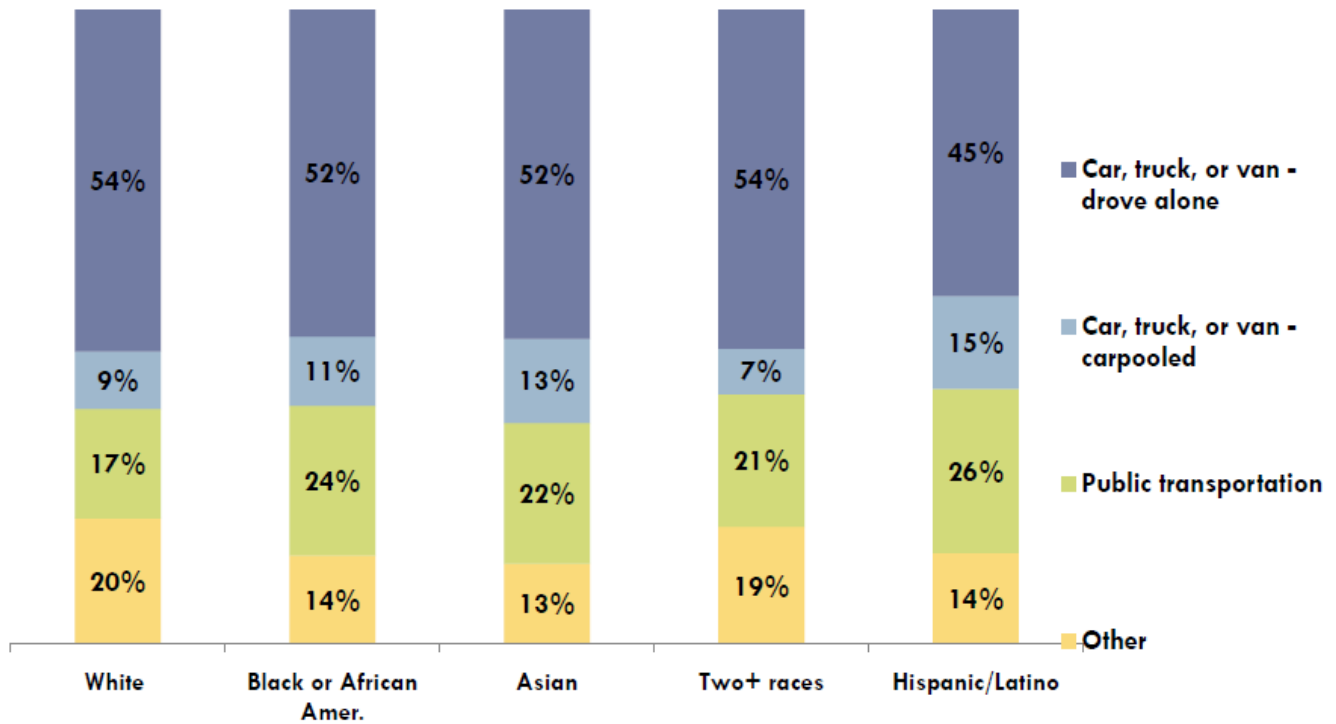
Source: 2007 to 2009 American Community Survey (ACS).

ACS estimates carry margins of error (MOEs). ACS margins of error can be large relative to estimates, especially for small groups of persons and households.

(Slide from presentation by City Demographer to RSJI Subcabinet, July 11, 2011)

The coalition partners heard from many women who said they experienced negative comments or were asked not to breastfeed publicly or to cover up while riding public transit. In Seattle, people of color are more likely to use public transit than white residents. The ability to breastfeed a child without fear of harassment is critical.

Commute Mode (Workers 16 Years and Over)



Source: 2007 to 2009 American Community Survey (ACS).

ACS estimates carry margins of error (MOEs). ACS margins of error can be large relative to estimates, especially for small groups of persons and households.

(Slide from presentation by City Demographer to RSJI Subcabinet, July 11, 2011)

2c. How have you involved community members and stakeholders? (See p.5 for questions to ask community/staff at this point in the process to ensure their concerns and expertise are part of analysis.)

Members of Women’s Commission, Breastfeeding Coalition of Washington and Equal Start Community Coalition are meeting with Council and Mayor and working in partnership with SOCR staff in drafting legislation. Once legislation passes members will be part of developing outreach materials and education strategy.

Women’s Commission consulted with the WA Breastfeeding Coalition who shared the experiences of women who had experienced discrimination in public places such as restaurants, public transit, coffee shops and grocery stores. This was further expressed at the “The Liz Thomas Legacy Policy Summit to Eliminate Racial Disparities in Infant Mortality” where the goal to establish family friendly policies around breastfeeding was articulated.

Disparities and factors outlined in response to Q. 2d is based on information received from our stakeholders.

2d. What does data and your conversations with stakeholders tell you about existing racial inequities that influence people’s lives and should be taken into consideration? (See Data Resources on p.6. *King County Opportunity Maps* are good resource for information based on geography, race, and income.)

Anything less than exclusive breastfeeding for the first 6 months of life increases health risks for babies, particularly to the immune and digestive systems. However, this marker is difficult to attain when women are not supported, and worse, face discrimination, for feeding their children in public. Low-income children, who are at greatest risk for obesity, are also the least likely to breastfeed, even though formula feeding is considerably more expensive than breastfeeding. This is important to note as low-income mothers are often those who are harassed for breastfeeding in places of public places, for example, on public transportation. Breastfeeding discrimination is a social justice issue and, as with many health indicators, race-based disparities exist. **In Seattle, communities of color experience the lowest breastfeeding rates and the highest rates of preterm birth, infant mortality, maternal mortality, diabetes and obesity.**

Infant mortality and low birth weight disproportionately affect Native American and African American women in King County. According to King County Public Health the Infant Mortality Rate (IMR) in King County for all races combined is 4.5 deaths per 1,000 live births, however when separated by race, Native American women experience 15.43 deaths and African American women experience 10 deaths per 1,000 live births. This highlights a disparity that can be partly addressed by increasing access to breastfeeding. Breastfeeding has been shown to protect infants against Sudden Infant Death Syndrome, a common cause of infant mortality.

While there is currently a state law prohibiting discrimination against women breastfeeding in public places, it is only enforceable by private attorneys (potential cost burdens for low income people) and by the Washington State Human Rights Commission.

Incidents of breastfeeding discrimination are common yet underreported and filing a formal complaint with the WSHRC is a barrier to justice in many cases. City-level enforcement of the public breastfeeding law will help ensure equity for all women in Seattle.

2e. What are the root causes or factors creating these racial inequities?

Examples: Bias in process; Lack of access or barriers; Lack of racially inclusive engagement

- lack of access to affordable healthcare
- low funding for education on importance of breastfeeding
- racial bias by public and some business owners who deny women of color right to breastfeed in public places
- low awareness of the health benefits of breastfeeding

Step 3. Determine Benefit and/or Burden.

Given what you have learned from data and from stakeholder involvement...

3. How will the policy, initiative, program, or budget issue increase or decrease racial equity? What are potential unintended consequences? What benefits may result? Are the impacts aligned with your department’s community outcomes that were defined in Step 1.?

Benefit: Increase racial equity in health outcomes (increase birth weight of babies of color/ decrease infant mortality) by giving women of color and all women greater access to breastfeeding without fear of discrimination.

Potential unintended consequence: small business owners including immigrant and refugee businesses not being aware of law and receiving fines if found in violation of law.

Step 4. Advance Opportunity or Minimize Harm.

4. How will you address the impacts (including unintended consequences) on racial equity? What strategies address immediate impacts? What strategies address root causes of inequity listed in Q.2e? How will you partner with stakeholders for long-term positive change? If impacts are not aligned with desired community outcomes, how will you re-align your work?

Program Strategies? Outreach and education done in conjunction with community groups/outreach targeted to women of color, low-income women and small businesses including immigrant and refugee businesses.

Policy Strategies? Ordinance providing civil rights legal protections

Partnership Strategies? Partnership with Women's Commission, Breastfeeding Coalition of Washington and Equal Start Community Coalition to ensure effective outreach and education.

Step 5. Evaluate. Raise Racial Awareness. Be Accountable.

5a. How will you evaluate and be accountable? How will you evaluate and report impacts on racial equity over time? What is your goal and timeline for eliminating racial inequity? How will you retain stakeholder participation and ensure internal and public accountability? How will you raise awareness about racial inequity related to this issue?

Monitor # of charges of discrimination filed annually. Survey residents on their experiences through the Communities Count report. Track inequity in infant mortality rates and maternal health overtime in Seattle.

5b. What is unresolved? What resources/partnerships do you still need to make changes?

Media strategy could have focused more on impacts on women of color. Next steps: legislation passed and now outreach/ed focus. Must be sure outreach to communities of color take place and in partnership with Coalitions.

Step 6. Report Back.

Share analysis and report responses from Q.5a. and Q.5b. with Department Leadership and Change Team Leads and members involved in Step 1.