

Aligning Strategy and Systems to Improve Breastfeeding Outcomes:

Five Years of the Continuity of Care Blueprint

August 19, 2026

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Isha Johnson (Black Mothers' Breastfeeding Association)

Love Anderson (Breastfeeding Family Friendly Communities)

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Share in the Chat!

- Your Name
- City/State – where are you joining us from?
- Your Organization
- Your Role
- Share a breastfeeding accomplishment from your community!

Housekeeping

- This session is being recorded. **The recording will be shared after the call to all registrants.**
- **Submit questions at any time via the Q&A feature.** Questions will be addressed at the end of the session. *The chat feature will be disabled during presentations.*
- **Participants will be eligible to receive 1.50 R-CERPS at no cost.** To earn CE credits, participants must complete the evaluation using the link shared at the end of the webinar.

ABOUT NACCHO

“The Voice of Local Public Health”

The **National Association of County and City Health Officials** represents over **3,300 local health department (LHDs)** across the United States. Our mission is to **improve the health of communities** by **strengthening** and **advocating** for local health departments.

LHDs work with **community partners** to protect and **promote health and wellbeing** for all people in their communities.

NACCHO **Strengthens** Local Public Health



Mentoring

Consulting



Training

Coaching



NACCHO's capacity building framework is tailored to meet the needs of local health departments and communities across the country.

Covering topic areas such as:

- Community Health
- Environmental Health
- Public Health Systems & Infrastructure
- Public Health Preparedness
- Policy Development and Advocacy

Acknowledgements & Disclosures

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Content related to strategies, barriers, and resources are the result of the collective intellectual work of over 100 professionals who participated in development, meetings, and surveys to design the Continuity of Care in Breastfeeding Support: A Blueprint for Communities. Content is supported by research, including evidence-based promising practices and lived experience.

Session Overview

Five Years of Strategy, Implementation, and Systems Change



Strengthen coordinated breastfeeding support systems



Build partnerships across sectors



Translate strategy into local implementation



Sustain community-centered approaches over time



POLL

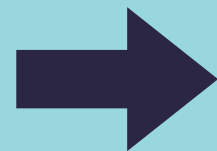


In your community, where is the greatest opportunity to strengthen support for breastfeeding families?

- A)** Building stronger partnerships between organizations
- B)** Creating welcoming and supportive environments for families
- C)** Improving referrals and communications between providers and services
- D)** Developing long-term plans for sustainability

Families Experience Systems, Not Programs

Pregnancy



Birth



Postpartum



Community
Support



Ongoing Care



**Families do not experience one organization at a time.
Families experience a journey.**

Continuity of Care helps to ensure those touchpoints are
connected, coordinated, and supportive.

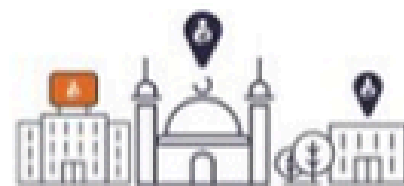


What is Continuity of Care?

CoC in Community Lactation Support: Summary



Communication, coordination among care providers



Consistent availability of supportive policies, systems and environments (PSEs)



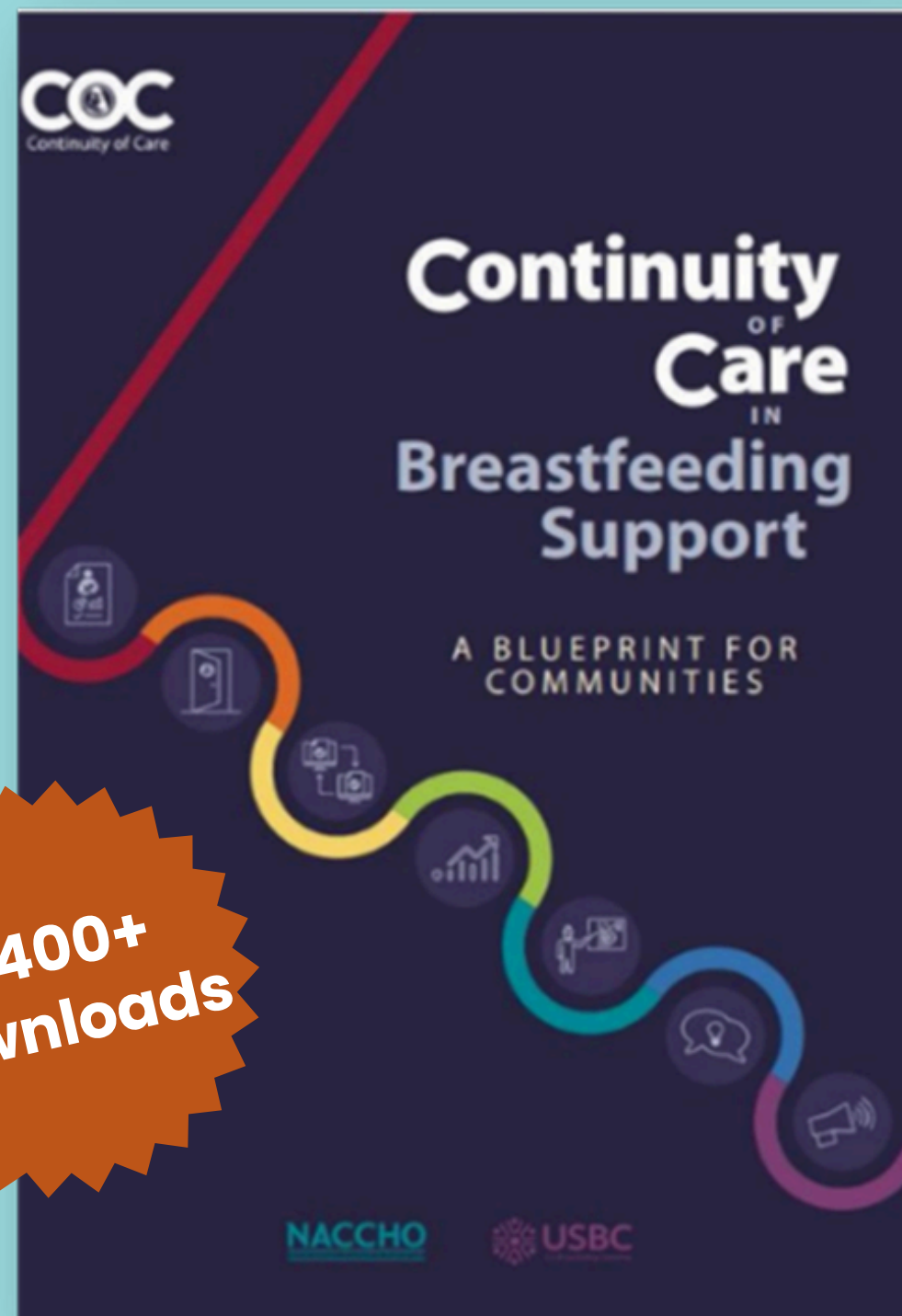
Continuity of Care refers to the seamless and collaborative delivery of healthcare across different providers and settings

- Prenatal care
- Birth and hospital discharge
- Community settings
- Home-based settings



The Continuity of Care Blueprint

A Framework for Community-Level Breastfeeding Systems



Focuses on **seamless support across settings**
→ Focus on local systems and workforce change

Designed to **inform “on-the-ground” implementation**
→ Operationalizes how local infrastructure (Rec. 1-4) and a community-rooted workforce (Rec. 5-7) can support families to meet their breastfeeding goals

Provides

- **7 strategic recommendations**
- Implementation strategies
- Access-centered approaches for communities

50 states, 4 U.S. territories, and 32+ countries!



RECOMMENDATIONS *for* COMMUNITY LACTATION INFRASTRUCTURE IMPROVEMENT

1

2

3

4

1

Breastfeeding as a Community Health Improvement Strategy

“Breastfeeding as Public Health”

2

Breastfeeding Policies, Systems, and Environmental Changes

“Policies, Systems, and Environments (PSEs)”

3

Transfer of Care Responsibility and Referral Systems

“Referrals”

4

Community-Driven Breastfeeding Data Systems

“Shared community data”



RECOMMENDATIONS for LOCAL LACTATION WORKFORCE CAPACITY BUILDING

5

6

7

5

**Public Health, Allied Health, and
Healthcare Workforce Education**

“Training”

6

**Family-Centered Care and
Community Approach**

“Community Reflective Care”

7

**Health Advocacy and the Local
Breastfeeding Champion Role**

“Breastfeeding Champions”

What Can CoC do for a Community?



COC ACTIONS THAT DRIVE CHANGE

-  Assess existing strengths
-  Identify gaps
-  Align partners
-  Strengthen referral systems
-  Build workforce capacity
-  Plan for sustainability



Enabling breastfeeding to be the feasible, default choice in communities

Blueprint Recommendations in Action

Three Community Models

Black Mothers' Breastfeeding Association

Community-Driven Systems Change:

- Workforce development
- Community-based support
- Warm handoffs
- Partnership infrastructure

Rec 2, 3, 5, 6

Breastfeeding Family Friendly Communities

From Strategy to Sustainability:

- Community-centered strategic planning
- Community infrastructure
- Welcoming environments
- Long-term systems change

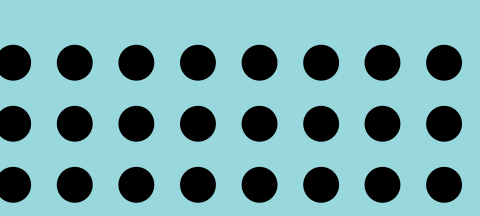
Rec 2, 3, 7

Augusta University School of Public Health

From Services to Systems:

- Implementation science
- Systems mapping
- Referral pathways
- Clinical-community linkages

Rec 2, 3, 5, 6, 7



Building & Training a Contextually Aligned Lactation Workforce

Black Mothers' Breastfeeding Association (Detroit, Michigan)

Presented By: **Isha Johnson**



Blueprint Recommendations in Action

Community-Driven Systems Change:

- Workforce Development (**Rec 5**)
- Community-Based Support (**Rec 6**)
- Warm Handoffs (**Rec 3**)
- Partnership Infrastructure (**Rec 1, 2**)



NACCHO NATIONAL BREASTFEEDING MONTH WEBINAR

Building & Training a Contextually Aligned Lactation Workforce

Detroit's model for advancing the NACCHO Continuity of Care Blueprint — and celebrating its 5-year anniversary

Isha Johnson

Program Director

Rachael Wigley

Program & Platform Support Manager

Black Mothers' Breastfeeding Association (BMBFA)



WHERE THIS WORK HAPPENS

Community Context & Need

Detroit, Michigan

A majority-Black urban city carrying persistent breastfeeding outcome gaps. BMBFA operates as an anchor organization serving Detroit's highest-need neighborhoods.

Who We Serve

Black mothers, first-time and young parents, and those with limited access to lactation support.

Our COMSS Workforce

Community Health Workers, Doulas, and Breastfeeding Peer Counselors reach families through home visiting, and community outreach.



BMBFA Open House — Detroit families we serve

OUR WORK & REACH

The Triple Crown Initiative

"Babies Win. Families Thrive. Communities Transformed!"

A federally funded perinatal health partnership between BMBFA and Henry Ford Health, under the U.S. Office of Minority Health.

IMPACT ON THE COMMUNITY

1486 families reached in Year 3
(125% of annual target)

"Without my Breastfeeding Peer Counselor telling me about donor milk, I wouldn't have been able to breastfeed my baby."

— Abigail, donor milk recipient, shared at BMBFA's Stakeholder Meeting



BMBFA doula & BFPC graduates

3,600

families reached
by Aug 2027 (target)

180

doulas & BFPCs
trained (target)

60

cross-trained as
CHWs (target)

120

trained in perinatal
emotional wellness

FROM STRATEGY TO SYSTEM ALIGNMENT

Aligning Detroit's Model to the CoC Blueprint

BMBFA's four core strategies are not standalone programs — they are operational expressions of the Blueprint's recommendations.

Workforce Development

Recommendation 5

Increase community capacity for lactation support

Community-Based Support

Recommendation 2

Create environments that promote and support breastfeeding

Continuity of Care

Recommendations 3 & 4

Coordinated care systems and shared data pathways

Partnerships

Recommendations 1 & 7

Community integration and systems-level leadership

HOW EACH PATHWAY ADVANCES THE BLUEPRINT

Our Strategies in Practice



Workforce Development

Training the people who deliver care.

BFPCs, doulas & CHWs trained and cross-trained for consistent messaging, building a contextually aligned workforce pipeline.



Community-Based Support

Meeting families where they already trust.

Neighborhood-based lactation hubs (Brilliant Detroit); breastfeeding clubs & peer support in trusted, non-clinical spaces.



Continuity of Care

No family falls through the cracks.

Warm hand-offs between clinical & community providers; shared documentation and structured referral tracking.



Partnerships

The infrastructure that makes it all possible.

Clinical partnerships (Henry Ford Health); local health department alignment; cross-sector coordination through Triple Crown.

A COLLECTIVE LEARNING MODEL

Wisdom Circles

The Birth & Breastfeeding Leadership Institute is a 9 month virtual leadership program, designed to advance community-level leadership for racial justice and maternal-child-health.



Embedded in BMBFA's workforce training model through the Birth & Breastfeeding Leadership Institute (BBLI) — building leaders who connect the full model of care, not just isolated protocols.

CoC BLUEPRINT RECOMMENDATIONS REFERENCED TODAY

1 · 2 · 3 · 4 · 5 · 7

Community integration · supportive environments · coordinated systems · shared data · workforce capacity · systems leadership

1

"...I am honored as I reflect on being a part of the inaugural cohort of BMBFA's Birth and Breastfeeding Leadership Institute. I stepped out on faith and applied for the Institute and am SO glad I did! The knowledge being poured into us all and the relationships being built among us all is something that has been life-changing and amazing!"

-Tierra Emerson, LMSW, CCM

Inaugural Cohort Leader,
Birth & Breastfeeding
Leadership Institute

Learn more and sign up for updates!



WHAT IMPLEMENTATION HAS TAUGHT US

Lessons Learned



Partnerships are part of our community infrastructure, the bridge that connects and strengthens our workforce, not just coordination on paper. That takes real investment, sometimes earning a seat at tables BMBFA hadn't always been invited to.



Integration, not addition, is what makes continuity of care real — workforce, partnerships, and systems have to move as one coordinated ecosystem.



Sustainability depends on policy: CBOs need to be named as eligible billing providers for Community Health Worker services beyond the life of any single grant.



Tools and training have to be adaptable, not just adopted — local context matters as much as the model itself.

IF YOU'RE ADAPTING THE BLUEPRINT LOCALLY

Key Takeaways for Your Community

1

Build workforce pipelines that cross-train for consistent, community-based aligned messaging.

2

Meet families where they already trust — neighborhood spaces, not only clinical settings.

3

Invest in shared documentation and warm hand-off infrastructure early, not as an afterthought.

4

Make space for lived expertise — practitioners and community members are also the experts in the room.

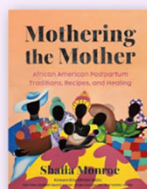
Raising the Volume: The 2026 Birth & Breastfeeding Virtual Conference

FEATURED KEYNOTE

Mama Shafia

IS A RENOWNED MIDWIFE, AUTHOR, AND CULTURAL HISTORIAN, AND THE FOUNDER OF SMC FULL CIRCLE DOULA TRAINING - HAVING TRAINED OVER 5000 DOULAS. LEARN MORE ABOUT HER AT BMBFA.ORG/CONFERENCE.

CHECK OUT HER NEW BOOK:



Raising the Volume

THE 2026 BIRTH & BREASTFEEDING VIRTUAL CONFERENCE

EARLY BIRD Registration

NOW LIVE

JOIN US WHEREVER YOU ARE

OCTOBER 21-23, 2026

REGISTER EARLY &

Save.

ENDS AUG 31, 11:59 PM

bmbfa.org/conference

QUESTIONS?
CONFERENCE@BMBFA.ORG

EARLY BIRD REGISTRATION IS
LIVE!



SUSTAINING & STRENGTHENING WHAT WORKS

Advancing the Work: Where BMBFA Is Headed Next

Our next steps aren't about creating something new, they're about aligning and strengthening the assets we already have.



Advancing Medicaid Policy Bulletin MMP 23-74 through the Detroit URC to name CBOs as eligible Community Health Worker billing providers. **Recs 5 & 7**



Renewing CBDAP accreditation through HealthConnect One, with a site visit targeted for November 2026. **Rec 5**



Building long-term sustainability across BMBFA's Year 4 Office of Minority Health workplan. **Recs 1 & 7**



Hosting “Raising the Volume” — the 2026 Birth & Breastfeeding Virtual Conference, October 21–23. **Recs 2 & 5**



Continuing to expand community based maternal support services, and leadership training through the Birth & Breastfeeding Leadership Institute **Recs 5 & 6**

Thank You

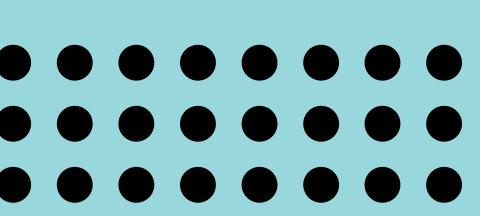
Congratulations to NACCHO on 5 years of the Continuity of Care Blueprint — and thank you for including BMBFA in this celebration.

Isha Johnson, Program Director

Black Mothers' Breastfeeding Association · bmbfa.org

Rachael Wigley, Program & Platform Support Manager

Questions & Discussion



From Framework to Action:

Durham County's Approach to Systems Change

Breastfeeding Family Friendly Communities (Durham, North Carolina)

Presented By: **Love Anderson**



Blueprint Recommendations in Action

From Strategy to Sustainability:

- Community Assessments (**Rec 2**)
- Implementing Proclamations (**Rec 2**)
- Community Partnerships (**Rec 2**)
- Warm Handoffs (**Rec 3**)
- Championing Local Change (**Rec 7**)



From Framework to Action:

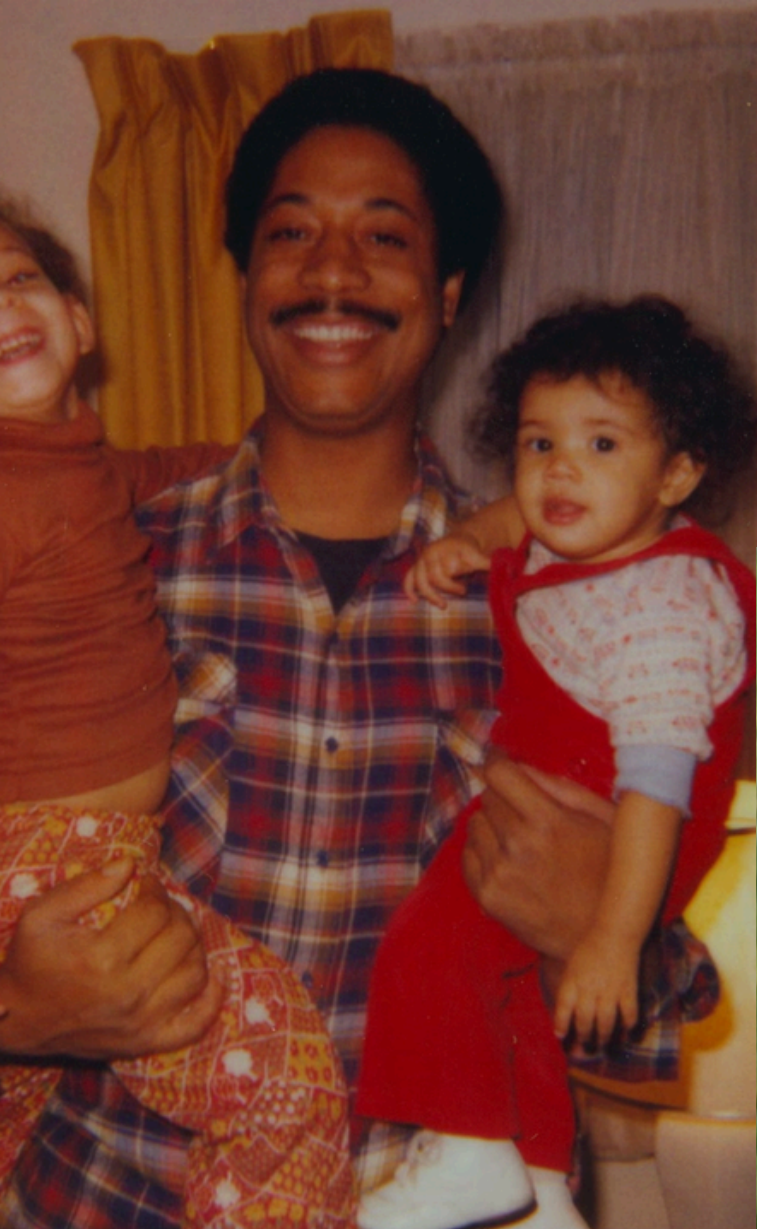
Durham County's Approach to Systems Change

Wednesday, August 19, 2026



Presented by:
Breastfeeding Family Friendly Communities (BFFC)







Daughter

Black-Cherokee girl in the rural South

Student

Scientist

Wife

Business Owner

Teacher

Mother

Breastfeeding Parent

Advocate — born from my own son's story

Volunteer

La Leche League Leader

Community Health Worker

Co-founder Breastfeed Durham

Executive Director Breastfeed Durham

Board Member Breastfeeding Family Friendly Communities

CEO Breastfeeding Family Friendly Communities

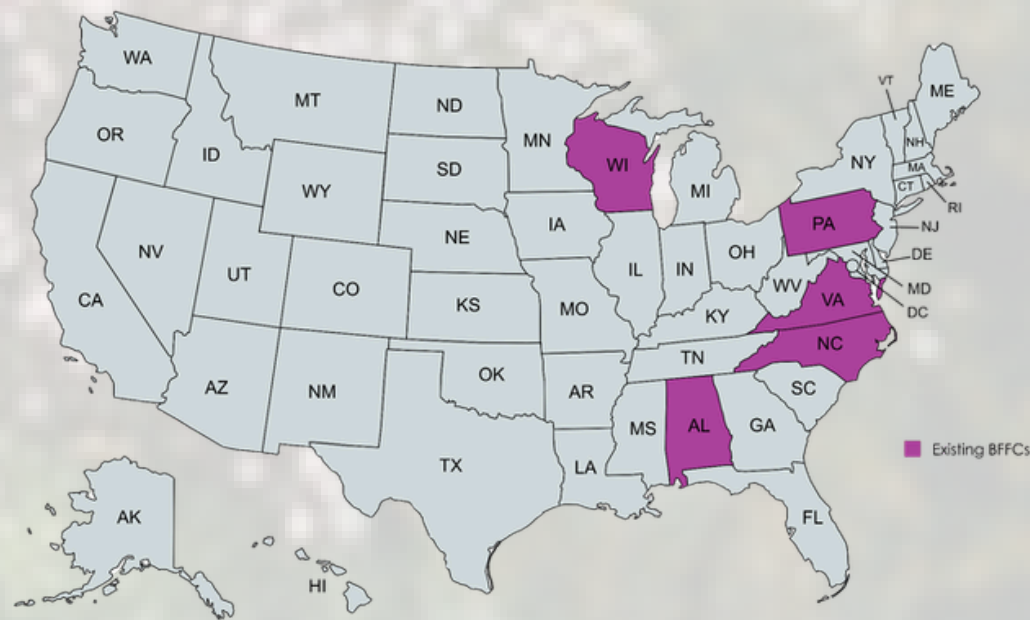
Chair North Carolina Breastfeeding Coalition

Co-founder Safe Feeding Team

Board Member US Breastfeeding Committee



Proud to **providing technical assistance** to Coalition and Health Department across the United States



Our Breastfeeding Family Friendly Communities

- **Alabama:** Tuskegee
- **North Carolina:** Alleghany, Buncombe, Chatham, Durham, Franklin, Guilford, Orange, Northeast NC (8-county cluster), Sandhills Collaborative (4-county cluster), NC Breastfeeding Coalition (Statewide)
- **Pennsylvania:** Chester, Lycoming Clinton, Williamsport, Wilkinsburg, and Statewide via PA Chapter, AAP
- **Virginia:** Hampton Roads Region
- **Wisconsin:** Wood County
- **National:** SAFE Infant Feeding Team



2



Community Infrastructure Recommendations

Breastfeeding Policies, Systems and Environmental Changes

Recommendation: **Create environments that proactively promote, protect, and support breastfeeding throughout the community in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.**

Ten Steps to a Breastfeeding Family Friendly Community

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...



2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...



3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...



4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...



5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...



6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...



7 ROOMING-IN

Hospitals support mothers to breastfeed by...



8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...



9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...



10 DISCHARGE

Hospitals support mothers to breastfeed by...



unicef



Government: Policies in place and a town proclamation supporting breastfeeding



Welcoming Atmosphere: Signage around the community and federal law enforced



Health Leadership: WHO definition of 'optimal infant feeding' supported in facilities

Pregnant Families: Informed about the benefits of lactation/breastfeeding

Healthcare: Facilities know of and apply for breastfeeding-friendly designation

Community Lactation Support: Services and support groups are fully available

Business Organizations: Welcoming locations for lactation/breastfeeding families

Code of Marketing: Followed by local businesses and healthcare facilities

Business Case for Breastfeeding: Workplace accommodation for lactating staff

Educational Systems: Supportive curricula encouraged at all educational levels



Aug 1-7

Aug 8-14

Aug 15-21

Aug 22-24

Aug 25-31

Sep 1-7

Sep 8-14

Sep 16-22



World Breastfeeding Week

National WIC Breastfeeding Week

Breastfeeding for a Sustainable Start in Life: Strengthen What Works

Indigenous Milk Medicine Week

We Keep the Fires Lit: Rising Through Milk Medicine

Asian American, Native Hawaiian, & Pacific Islander Breastfeeding Week

Better Data, Better Care for AANHPI Families

Military Lactation Celebration

Work. Pump. Advance. Empowering the modern parent

Black Breastfeeding Week

We All We Got: 15 Years of Community, Care, and Collective Power

Workplace Lactation Week

A World of Support: Creating Breastfeeding-Friendly Workplaces Everywhere

Latina/x Breastfeeding Week

Roots of Love: Breastfeeding with Pride and Power

Deaf & Hard of Hearing Breastfeeding Week

Establish Breastfeeding Support Access: Close the Gap, Bridge the Divide

RISE 2026

Resilience, Interdependence, Self-Determination, Empowerment

Policies, Systems & Environmental Change

2

Formally adopt a plan through the **County Board of Health**. This elevates breastfeeding from a "program" to a "policy mandate," aligning with NACCHO's call to include breastfeeding in Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.



Photo property of BFFC. All rights reserved.

One Cloth, Many Hands

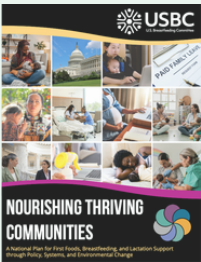
Four frameworks, woven together — each thread answers the same three questions for a different set of hands:
Who is my audience? • **What can I do with my power?** • **What does my capacity look like?**



The Shared Vision

USBC national plan — Nourishing, Thriving Communities (2026) [↗](#)

AUDIENCE Everyone — a part for every set of hands
POWER Align the whole field — policy, milk systems, community
CAPACITY Cross-sector — national all the way to local



The Evidence

NASEM report — Breastfeeding in the United States (2025) [↗](#)

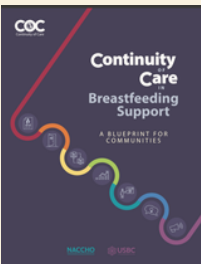
AUDIENCE The nation's researchers & decision-makers
POWER Prove what works, beyond dispute — and fund it
CAPACITY National reach — it sets the evidence standard



The Safety Net

NACCHO & USBC — Continuity of Care Blueprint (2021) [↗](#)

AUDIENCE Local health departments & the lactation workforce
POWER Close the gaps so families don't fall through the cracks
CAPACITY The care journey — the first 1,000 days



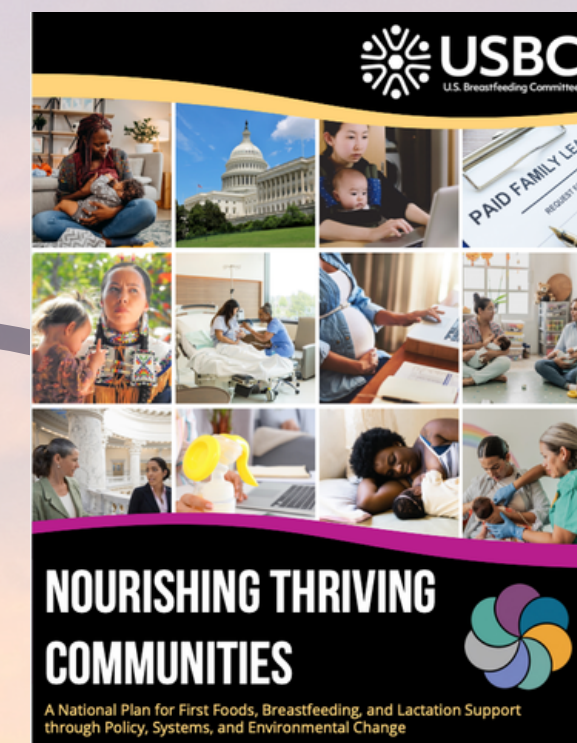
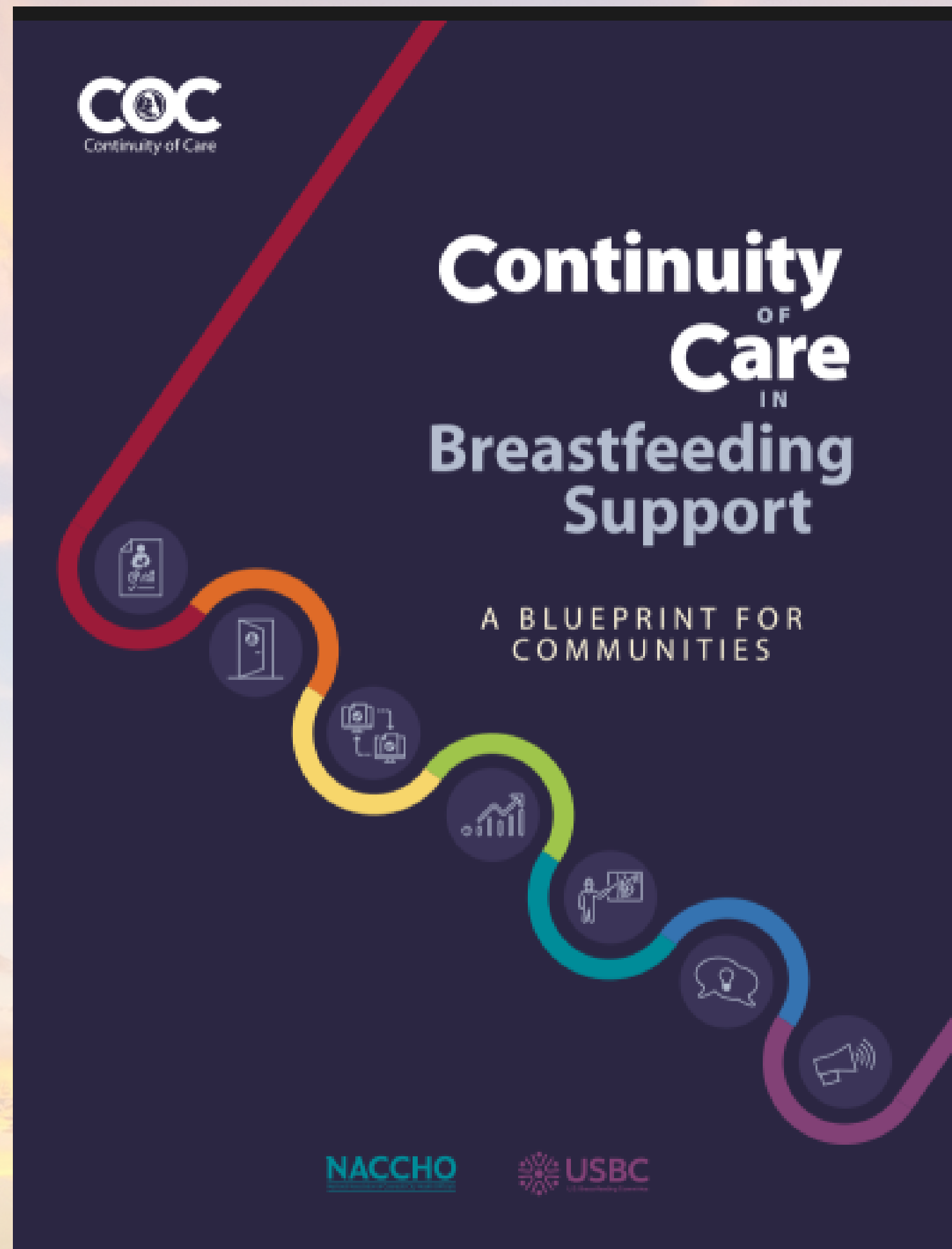
The Community

★ BFFC'S THREAD

BFFC — Ten Steps to a Breastfeeding Family Friendly Community [↗](#)

AUDIENCE The community — leaders, faith, schools, businesses
POWER Make it something a place owns, names & belongs to
CAPACITY Local & civic — one community at a time





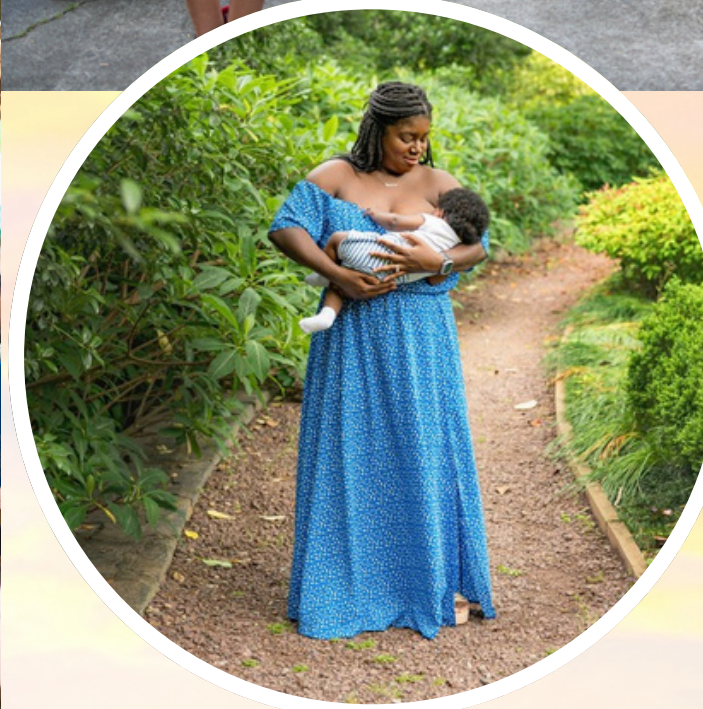


Community Infrastructure Recommendations

Breastfeeding Policies, Systems and Environmental Changes

Recommendation: **Create environments that proactively promote, protect, and support breastfeeding throughout the community in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.**

Educate the Community and Foster Robust Community Partnerships



Trust is built over time (not extracted)

Vision

Family-
Centered
Support



Community-
Wide
Welcoming
Atmosphere



Workplace
Accommodation

Informed
Families

Culturally
Appropriate
Perinatal
Services



Promotion of
Breastfeeding

Accessible
Support
Services



Emergency
Preparedness

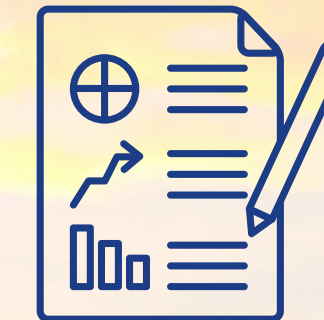
Leadership in
Health



Inclusive
Support in
Health Services

Breastfeeding-
Friendly Public
Spaces

Data-Driven
Strategies



Infrastructure
& Policy
Development



Public Health



Breastfeed
Durham



FAMILY
CONNECTS
DURHAM



La Leche League
of Durham
Nursing babies, Nurturing families





Welcoming Atmosphere

Breastfeeding Family Friendly Community



Breastfeed Durham- Feeding the Future



3



Transfer of Care Accountability and Referral Systems

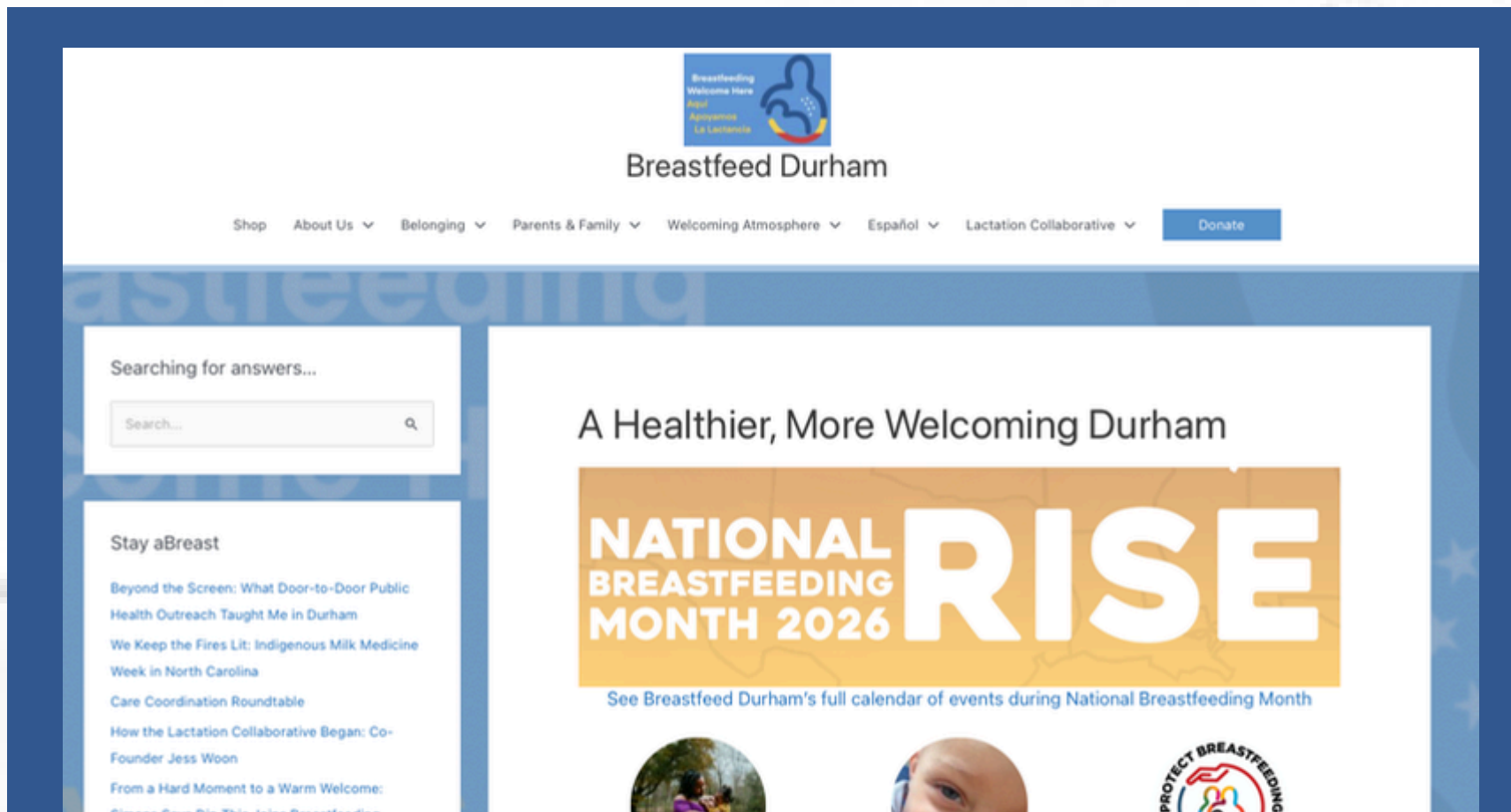


Recommendation:

Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.

Goal 3. Continuity of Lactation Care

- ✓ 3.1: Centralized, evidence-based messaging
- ✓ 3.2: Public lactation resource directory
- 🕒 3.3: Community-clinical referral linkages
- 🕒 3.4: PHI-sharing systems
- ✓ 3.5: Co-created education materials
- ✓ 3.6: Continuously updated resources
- ✓ 3.7: Defined roles via Ten Steps
- 🕒 3.8: Cross-system data integration



Breastfeeding resource
Rack card in Spanish





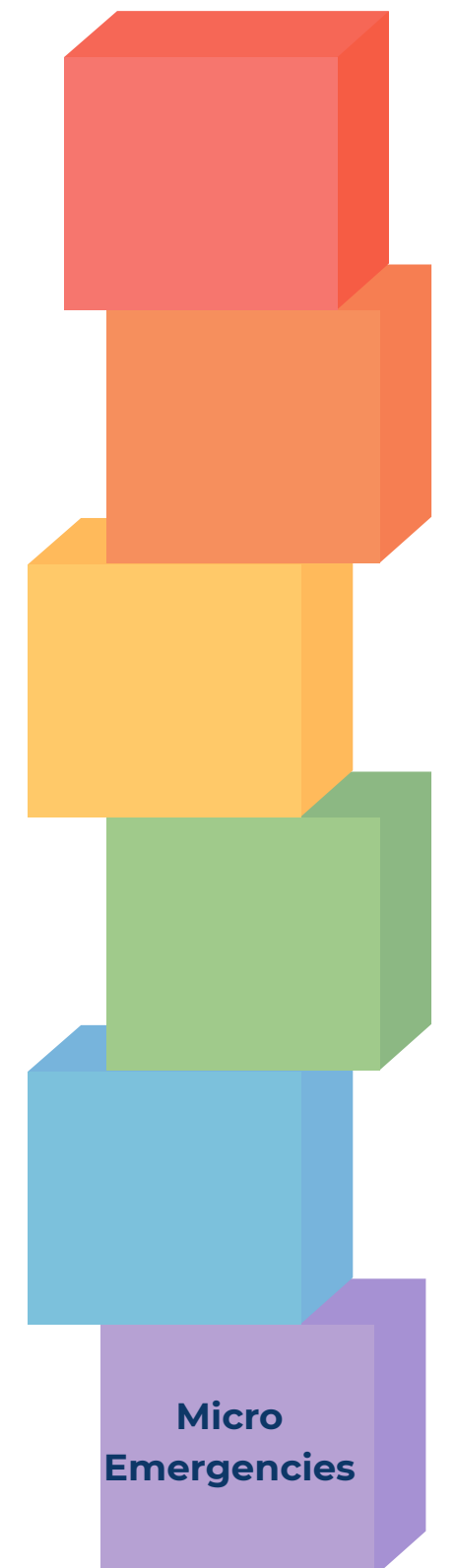
Creating a community where breastfeeding is normalized and celebrated as a vital aspect of child and family health.

**Healthy Babies
and Families**

**Improved
Child Growth
and
Development
Health**

**Improved Child
Nutrition**

**Infant Feeding
in Emergencies**

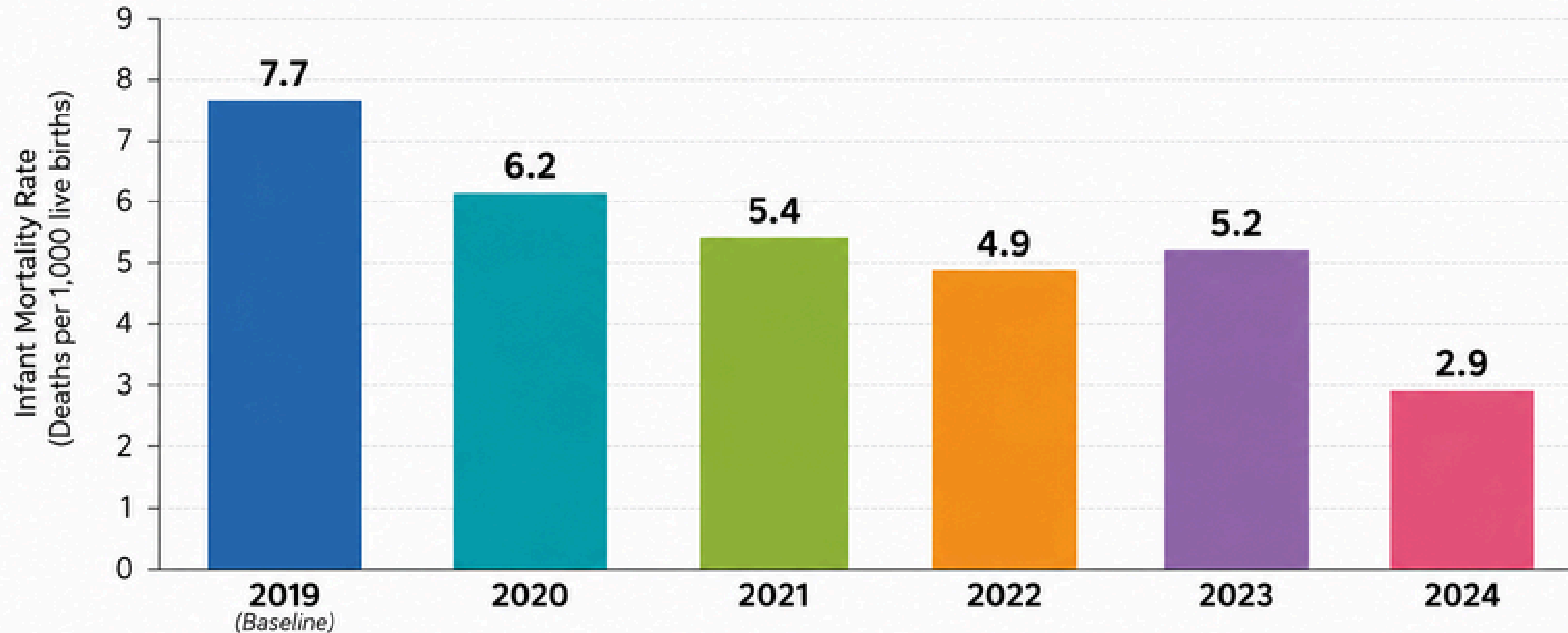


Durham County Infant Mortality Rate, 2019–2024

Deaths per 1,000 live births



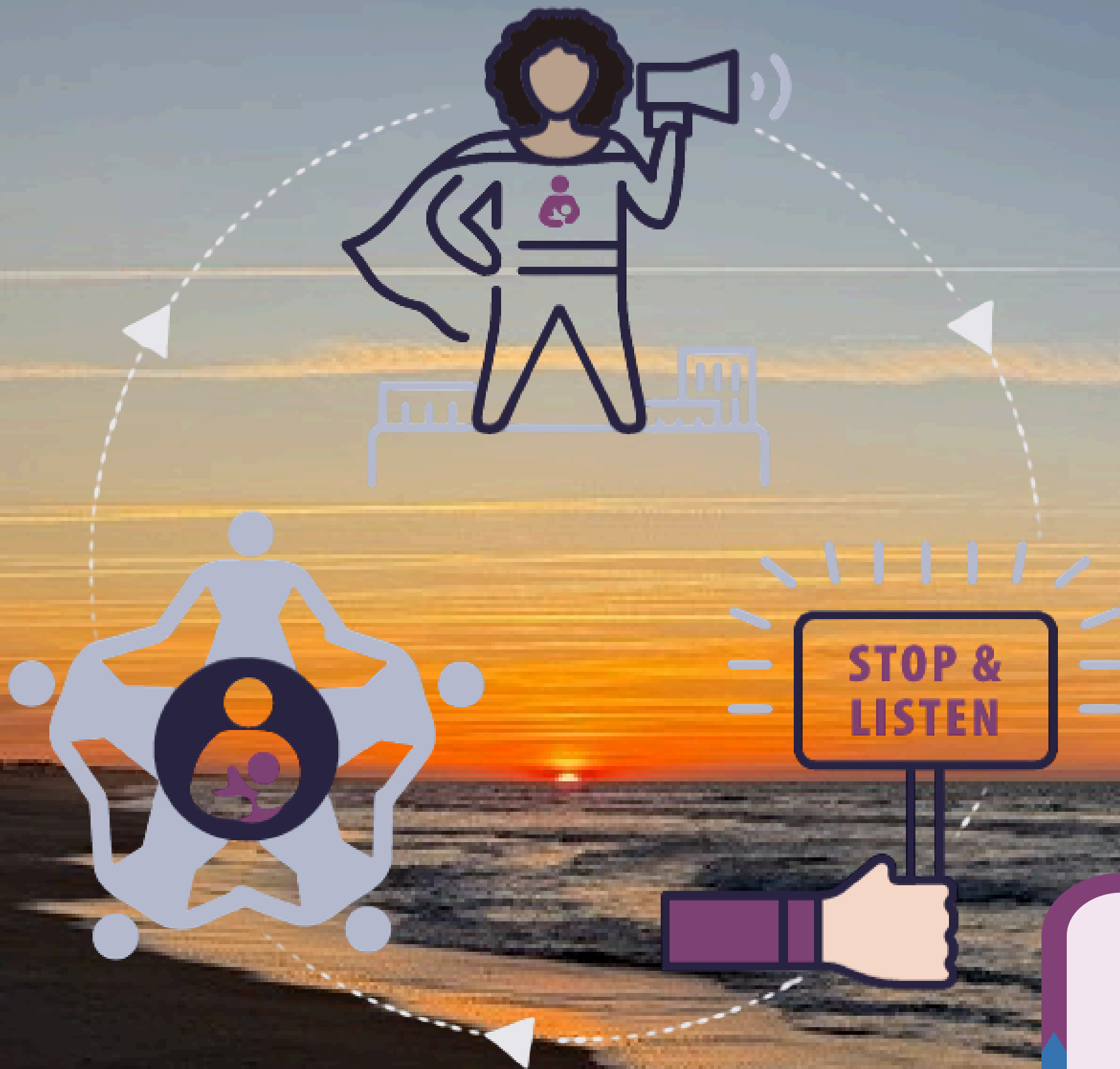
62.3% REDUCTION from 2019 to 2024
7.7 deaths per 1,000 live births in 2019 to **2.9** in 2024



Durham County's infant mortality rate declined from 7.7 deaths per 1,000 live births in 2019 to 2.9 deaths per 1,000 live births in 2024—a **62.3% reduction** over five years.

7

THE FUTURE
IS YOURS
TO CREATE



Health Advocacy and the Local Breastfeeding Champion Role



Recommendation: Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove barriers to breastfeeding within systems, organizations, and the community.



The Future of Breastfeeding

Family Friendly Communities: A Three-Altitude Strategy



SAFE: The National Engine
Leading national emergency preparedness through the SAFE Infant Feeding Team (Support and Advocacy for Feeding in Emergencies).



Scientific Validation by 2027
Independent research by UNC will provide quantitative proof that the Ten Steps move health outcomes.



SAFE: Support & Advocacy for Feeding in Emergencies
Advocating for the "Babies Clause" to ensure infant feeding is mandatory in federal emergency planning.

NCBfC: The Statewide Movement
Transitioning the North Carolina Breastfeeding Coalition into a sustainable, funded statewide institution for policy change.

Durham: The Local Flagship

Durham serves as the "living laboratory," proving that implementation can reduce infant mortality.

62.3% reduction
since 2019

Durham Business Partners:
700 (Target) : **388** (Actual)

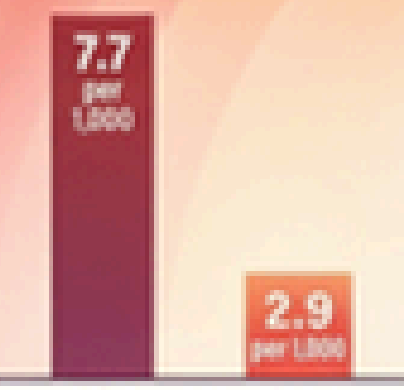
BFFC National Footprint

2019
2 Communities

2024:
30 Municipalities across 5 States



Universal Access as the Ground
Using a universal access model to protect the mission of serving historically marginalized families.





Love Anderson

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info@BreastfeedDurham.org

contact@ncbfc.org

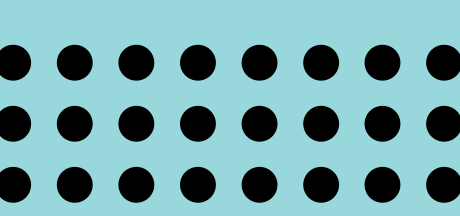
info@safeinfantfeeding.org

919-622-8787



Durham
La Leche League





From Services to Systems:

Using Implementation Science and the NACCHO Continuity of Care Blueprint to Build Breastfeeding Systems of Support

Augusta University School of Public Health (Augusta, Georgia)

Presented By: **Dr. Marlo Vernon**



Blueprint Recommendations in Action

Services to Systems:

- Assess Community Strengths and Gaps (**Rec 5, 7**)
- Implementation Science Approach (**Rec 2**)
- Strengthen Policies and Workflows (**Rec 2**)
- Improve Referral Pathways (**Rec 3**)
- Build Workforce Capacity (**Rec 6**)
- Engage Community Partners (**Rec 1, 4, 7**)



AUGUSTA UNIVERSITY
**SCHOOL OF
PUBLIC HEALTH**



From Services to Systems: Using Implementation Science and the NACCHO Continuity of Care Blueprint to Build Breastfeeding Systems of Support

The MILKS Pipeline Experience in Albany, Georgia

In your community, do families experience breastfeeding support as a connected system of care or as a series of separate services they have to navigate?

Dr. Marlo Vernon, PhD, MPH

The Opportunity: Moving From Services to Systems



Albany, Georgia

- Southwest Georgia community
- Mix of rural and suburban communities
- Significant maternal and infant health disparities
- Historically low breastfeeding initiation and duration rates

Families experience challenges related to:

- ✓ Access to healthcare
- ✓ Transportation barriers
- ✓ Resource availability
- ✓ Social and economic conditions
- ✓ Navigating multiple systems of support



The Blueprint + Implementation Science: Moving From Vision to Action

The Blueprint helped us move from:

Individual Programs



Connected Systems of Care

Guided by key focus areas:

- ✓ Understanding community needs and gaps
- ✓ Strengthening policies and workflows
- ✓ Improving referrals and transitions
- ✓ Building workforce capacity
- ✓ Creating cross-sector partnerships

Blueprint helped us ask:

- ✓ What are we already doing well?
- ✓ Where are families experiencing gaps?
- ✓ How do we connect existing strengths?

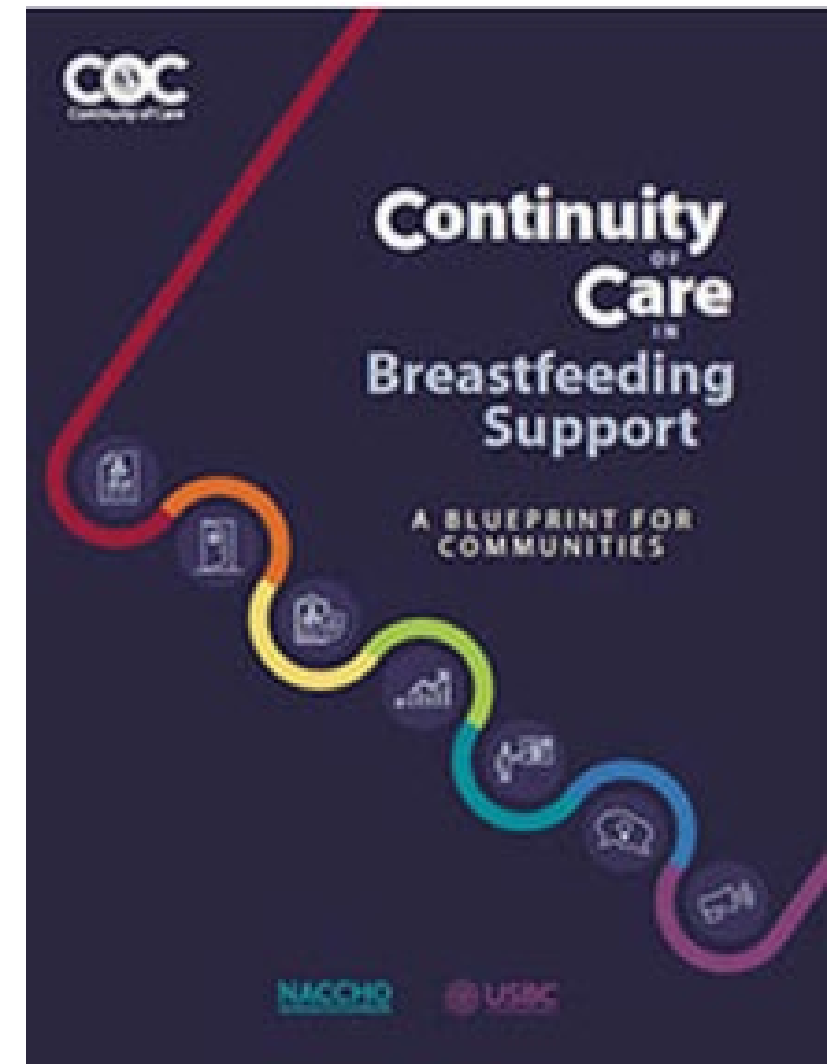
Key realization

**The work was happening.
It just wasn't always:**

Named

Connected

Coordinated



Implementation Science: Understanding How to Make Change Happen

Implementation Science: The “How” Behind Systems Change

Implementation science helps us understand:

- **How do we successfully integrate evidence-based practices into real-world settings?**

It helps us examine:

- ✓ What supports successful implementation?
- ✓ What creates barriers?
- ✓ What conditions need to change?
- ✓ How do we sustain improvements over time?

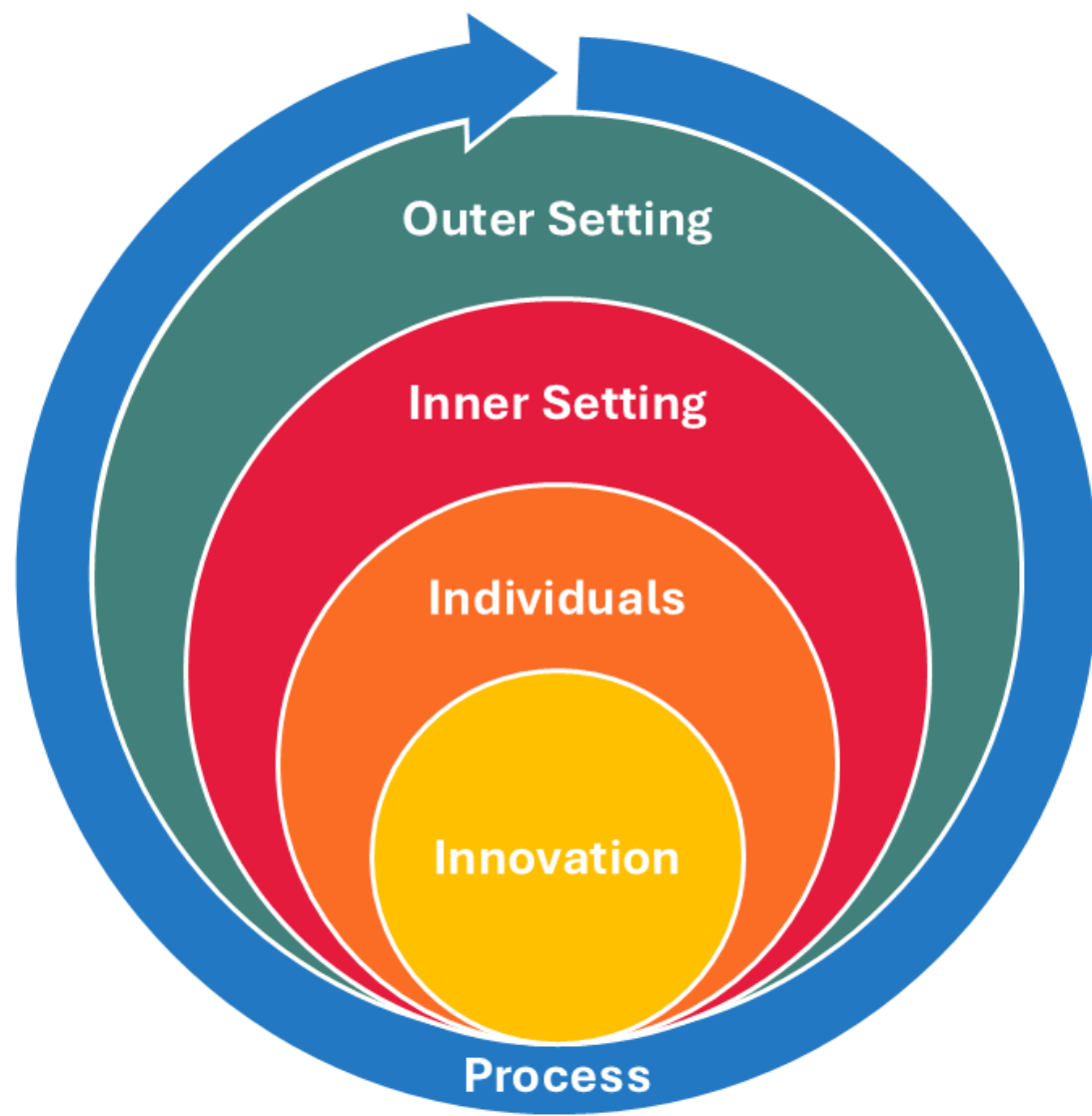


Implementation Science: Understanding How to Make Change Happen

**Systems Conditions
Influence Success**



Implementation Science: Closing the Gap Between Knowing and Doing



When something is not working, ask:

Outer Setting

What barriers and realities are families experiencing?

Inner Setting

How do our systems communicate and function?

Individuals

Do our teams have confidence and support?

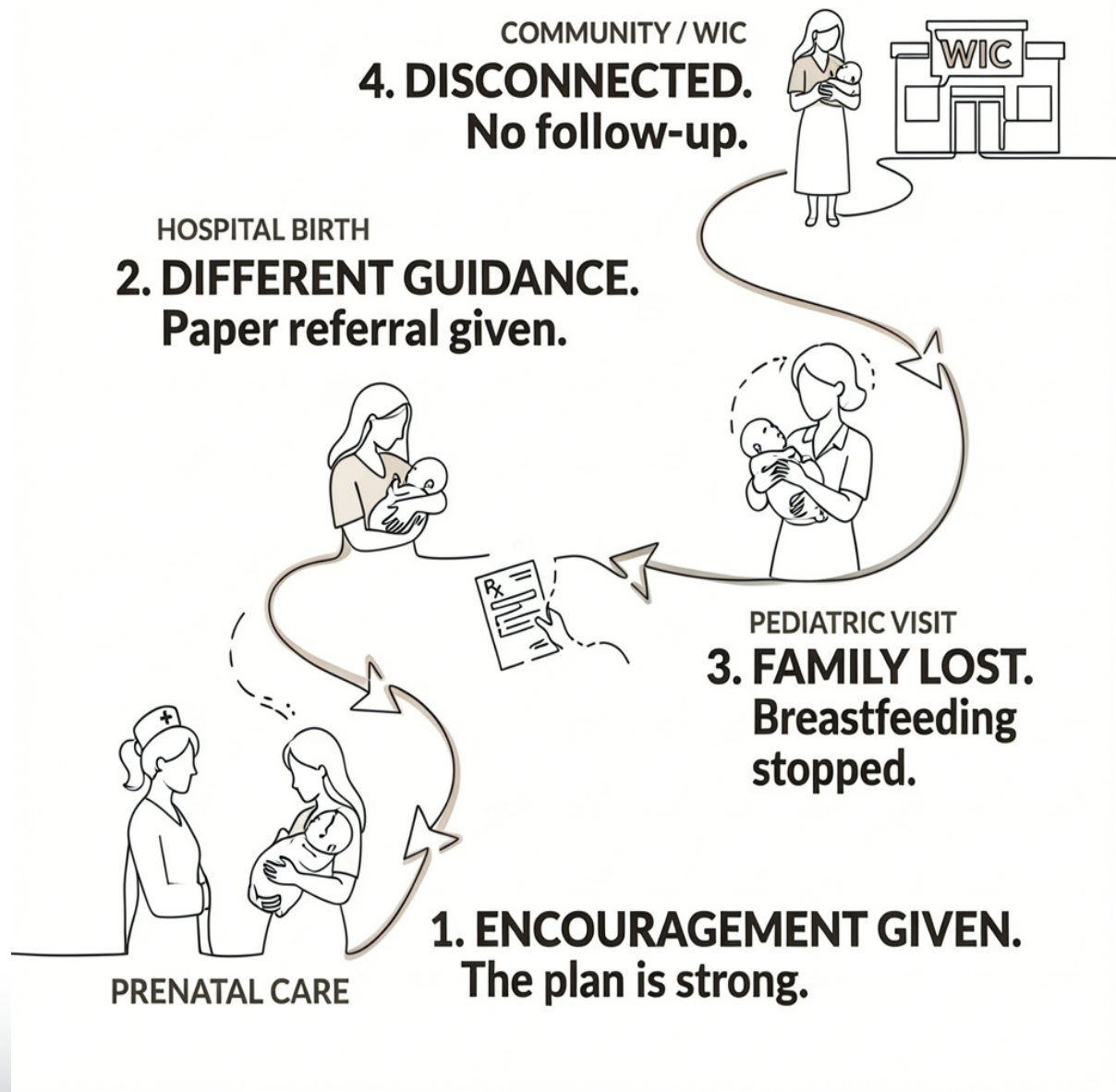
Innovation

Do we have the structures needed?

Process

How do we move from idea to action?

Systems Mapping: Seeing the System Before You Change It



The NACCHO Breastfeeding Continuity of Care Blueprint helped us ask:

How does a family actually experience our system?

Blueprint Recommendations Guided Our Work:

- Assess community strengths and gaps
- Strengthen policies and workflows
- Improve transfer of care and referral systems
- Build workforce capacity
- Engage community partners

**Individual programs →
Coordinated systems of care**

From Mapping the System to Redesigning the System: The MILKS Pipeline

Fragmented services → coordinated breastfeeding support

The question:

"What if we connected the resources we already have around the family?"

MILKS focused on:

- ✓ Strengthening prenatal breastfeeding support [Rec. 3]
- ✓ Connecting WIC and healthcare systems [Rec. 5 & 7]
- ✓ Creating warm handoffs [Rec. 3]
- ✓ Aligning breastfeeding messaging [Rec. 5 & 3]
- ✓ Building relationships across organizations [Rec. 1, 4 & 7]

Key lesson:

We did not add more services.

We strengthened the connections between existing services.



From Partnership to Practice: What Our Community Partners Achieved

- **RECONNECTED**
Rebuilt relationships and face-to-face connections across organizations
- **BUILT SHARED WORKFLOWS**
Created clearer processes for communication and collaboration
- **STRENGTHENED REFERRAL PATHWAYS**
Made it easier to connect families across healthcare, WIC, and community services
- **EXPANDED CROSS-SECTOR COLLABORATION**
Connected organizations serving many of the same families
- **CREATED A COMMON FRAMEWORK FOR CARE**
Built shared understanding of roles, resources, and how partners can support families together



Shared patients → stronger relationships → staff buy-in → referrals → continued collaboration



From Partnership to Practice:

“Building those relationships has strengthened our ability to work together and better support the families we serve.” — WIC Community Partner



Lessons Learned & Where We're Going Next

Three Lessons From Albany

1. Start With Strengths

Identify what already exists before building something new.

2. Relationships Are Infrastructure

Trust and communication are essential components of care.

3. Redesign One Connection Point

Small system changes can create meaningful impact.

Continuing the Blueprint Journey

Our next focus:

- ✓ Strengthening referral accountability and closed-loop communication
- ✓ Expanding workforce capacity and confidence
- ✓ Improving shared learning and data systems
- ✓ Continuing cross-sector collaboration

The question we continue to ask:

How do we move from connected partners to a coordinated system of care?

Your Next Move: Building Systems Around Families

**The Blueprint gives us the roadmap.
Implementation science helps us move it into practice.**

- **Reflect**

Where are families experiencing fragmentation in your community?

- **Identify**

What system condition needs to change?
(Workflow? Communication? Referral? Training? Partnership?)

- **Connect**

Who needs to be at the table to redesign that experience?

Let's stay connected...



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Cross-Cutting Themes: **Systems Change**

- Assess your community. Start with existing strengths
- PSEs start with Relationships. Relationships are infrastructure
- Coordinating services matters more than adding services
- Referral systems need accountability
- Workforce development is foundational
- Sustainability requires planning
- Local adaptation is essential

Blueprint as a Systems Change Tool

Where Can You Get Started?

The Blueprint Helps Communities Build Sustainable Infrastructure:

- Map the local breastfeeding support landscape
- Improve communication pathways
- Identify fragmentation and gaps
- Train the community to respond to breastfeeding needs
- Center community-reflective care
- Align partners around shared goals

Resources and Information



Access the Webinar Resource Guide



Complete the webinar evaluation to earn 1.50 R-CERPS



View the CoC Blueprint Key Concepts Document



Subscribe to NACCHO's Maternal, Child, and Adolescent Health Newsletter



Aligning Strategy and Systems to Improve Breastfeeding Outcomes:

Five Years of the Continuity of Care Blueprint

Q&A



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Thank You!



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