



Breastfeeding in the Community: Program Implementation Guide

Reducing Disparities in Breastfeeding through
Peer and Professional Support, 2014 – 2018

October 2018



Public Health
Prevent. Promote. Protect.

NACCHO

National Association of County & City Health Officials



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“Breastfeeding is a natural ‘safety net’ against the worst effects of poverty. If the child survives the first month of life (the most dangerous period of childhood), then the next four months or so, exclusive breastfeeding goes a long way toward canceling out the health difference between being born into poverty and being born into affluence. . . .

“It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.” —
James P. Grant, former UNICEF executive director

For more information, contact:
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This community-level breastfeeding *Program Implementation Guide* offers guidance and tools to help Local Health Departments (LHDs) and Community-Based Organizations (CBOs) design, establish and implement peer and professional lactation support programs. It covers a broad range of practical information that will support communities to ensure evidence-informed practices for successful sustainable programs.

Resources, tools, and information provided in this guide represent current information on breastfeeding practices, lactation support programs and services, lessons learned from successful projects from former NACCHO grantees to ensure effective, efficient, and realistic program outcomes.

Purpose of the Implementation Guide

This breastfeeding guide is a reference document with resources produced by NACCHO and former grantees during the four years of the Reducing Breastfeeding through Peer and Professional Support. This reference document focuses on supporting local-level agencies with limited funds to successfully implement community-level breastfeeding programs, services and activities. Organizations can contact NACCHO should they need technical assistance or have questions related to this manual.

 **NOTE:** The *Implementation Guide* is a resource to support program implementation and management of breastfeeding program activities.

- Additional helpful information, resources, and materials from the Breastfeeding Public Health Partners are included in the Appendix.
- Questions for assistance related to the project or understanding the manual should be sent to the program, at breastfeeding@naccho.org.

Guide Overview

This Guide is divided into six primary sections. These sections include:

- 1 Introduction:** This section provides an overview of the public health impact breastfeeding and inequities within communities.
- 2 Breastfeeding Project Overview:** This section provides an overview of NACCHO and the Reducing Breastfeeding Disparities Project.
- 3 Project Outcomes:** This section features project results, infographics, journal articles, key messages, grantee stories, and webinar links.
- 4 Program Implementation:** This section addresses core program implementation. These include community needs assessments, partnerships, work plan and budget, data collection/evaluation and sustainability.
- 5 Sustainability:** This section describes the Policy, Systems, and Environmental (PSE) Changes in breastfeeding programs, and the Public Health Webinar Series, and information for sustaining health programs.
- 6 Public Health Partners:** Partners strengthen the public health infrastructure and understanding of the significance of breastfeeding as a public health priority.
- 7 Appendix–Tools and Resources:** Provides support documentation, information, and resources, tools and templates related to program implementation.

Public Health

Impact of Breastfeeding

Breastfeeding, the provision of human milk, is one of the most effective measures a mother can take to prevent disease and protect the health of her infant. Optimal infant and toddler nutrition is exclusive breastfeeding for six months and continued breastfeeding for at least one year (up to two years of age or longer), with age-appropriate additional feeding¹ This is in accordance with the 2002 description of optimal feeding from the World Health Organization (WHO) and United Nations Children’s Emergency Fund (UNICEF), and found in the policies of the American Academy of Pediatrics, American College of Obstetrics and Gynecology, and American Academy of Family Physicians.

Although the benefits of breastfeeding are widely accepted, not all infants start or continue to breastfeed for the first six months of their lives.

Table 1 | Healthy People 2020 Breastfeeding Objectives

Objective	Baseline % (2014 Births)	2020 Target %
<i>Increase the proportion of infants who are breastfed:</i>		
Ever	82.5	81.9
At 6 months	55.3	60.6
At 1 year	33.7	34.1
Exclusively through 3 months	46.6	46.2
Exclusively through 6 months	24.9	25.5

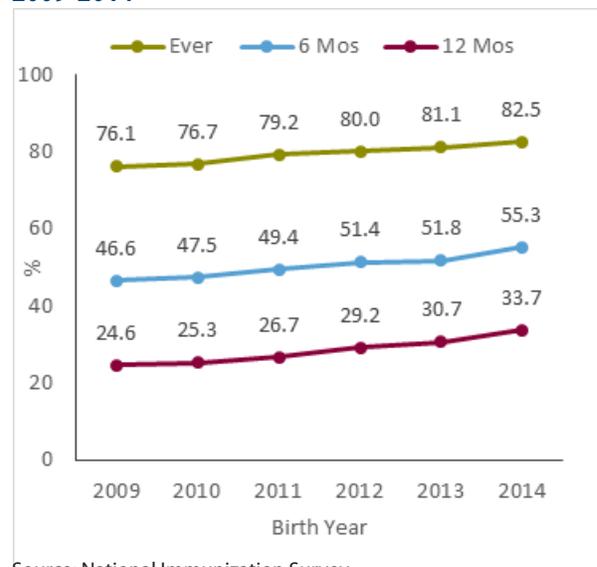
Source: Healthy People, www.healthypeople.gov

The Healthy People objectives are the foundation for many federal prevention initiatives. Through the Breastfeeding Project, NACCHO supports the Healthy People 2020 goal of improving the well-being of mothers, infants, and children. NACCHO envisions that through community-level breastfeeding support projects, the targeted breastfeeding rates of initiation, duration, and exclusivity will be achieved. Table 1 provides an overview of the Healthy People 2020

objectives on breastfeeding. Through Healthy People 2020, national objectives have been set to increase the proportion of infants who are breastfed (US Department of Health and Human Services, 2011).

There have been steady upward trends in the percentage of breastfed infants. Data shows there has been continued improvement in breastfeeding initiation, duration, and exclusivity. Figure 1 shows these increases from 2000-2011 in all Healthy People breastfeeding objectives.

Figure 1 | Percentage of Children Breastfed, by Year, 2009-2014



Source: National Immunization Survey

Inequities in Breastfeeding Rates

The latest National Immunization Survey data from infants born in 2014 shows that most of the national breastfeeding goals have been met when data for all survey participants was aggregated (CDC, 2017). Unfortunately, this achievement is not equitably shared across all subsets of the population. Non-Hispanic black (black) infants born in 2014 have not met any of the national breastfeeding goals, while non-Hispanic white (white) infants met or exceeded all of them (CDC, 2017). On average, there is a 17 percentage-point gap in breastfeeding initiation between black and white infants born between 2009 and 2014 (CDC, 2017). Furthermore, a recent study revealed a widening black-white gap in

¹ American Academy of Pediatrics (2012). Breastfeeding and the Use of Human Milk. Pediatrics 129; e827-e841. Retrieved from <http://pediatrics.aappublications.org/content/129/3/e827.full>.

breastfeeding rates at six and 12 months (Anstey et al., 2017). The percentage difference in rates for exclusive breastfeeding through six months between black and white infants increased from 7.8% points for children born during 2003-2006 to 8.5% points for children born from 2010-2013 (Anstey et al., 2017). During the same period, the 12-month breastfeeding duration rates difference gap increased from 9.7 to 13.7 % points (Anstey et al., 2017).

Breastfeeding can play an important role in addressing and reducing health disparities, however, racial and socioeconomic inequalities still exist.² Although breastfeeding rates have increased across all racial and ethnic groups, breastfeeding initiation and continuation rates for African American infants are approximately 50% lower than Caucasian infants.³ In fact, African American women have the lowest breastfeeding initiation and duration rates of all racial and ethnic groups.

In 2008, the rate of African American infants ever breastfed was 58.9%, compared to 75.2% for Caucasians and 80% for Hispanics.⁴ The rate of infants being breastfed at six months and 12 months was also lower among African American women, 30.1% and 12.5%, respectively, as compared with six month and 12 month duration rates of 47% and 24% for Caucasians, and 45% and 26% for Hispanics.⁵ Figure 2 provides breastfeeding duration rates by race.

Figure 2| Breastfeeding Initiation Disparities— by Race

Gap between **white** and **black** is not closing



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Figure 3| Breastfeeding Duration (6 months) Disparities – by Race

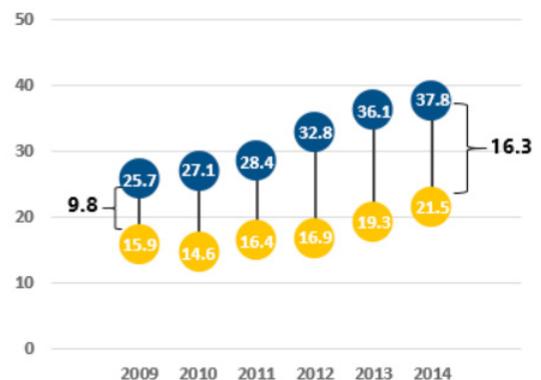
Gap between **white** and **black** infants has increased.



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Figure 4| Breastfeeding Duration (12 months) Disparities – by Race

Gap between **white** and **black** infants has increased



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

² Fielding, J., & Gilchick, R. (2011). Positioning for Prevention from Day 1 (and Before). *Breastfeeding Medicine*, 6: 249-255. doi: 10.1089/bfm.2011.0059.

³ U.S. Department of Health and Human Services. (2011). *The Surgeon General’s Call to Action to support breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; Retrieved from <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>.

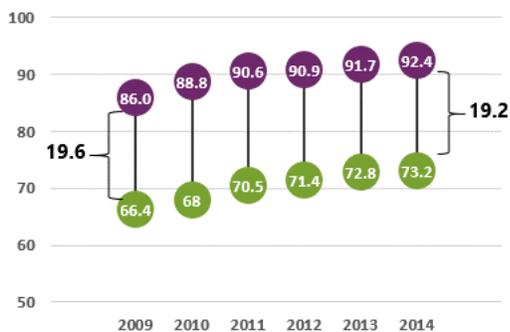
⁴ CDC Breastfeeding Promotion and Support, retrieved August 31, 2014 at www.cdc.gov/breastfeeding/promotion/index.htm

⁵ Centers for Disease Control and Prevention. (2013, June). *Breastfeeding promotion and support*. Retrieved from www.cdc.gov/breastfeeding/promotion/index.htm.

Additionally, the relationship of breastfeeding rates to lower income is demonstrated in the Supplemental Nutrition Program for Women, Infants, and Children by the U.S. Department of Agriculture (USDA). This research program found socio-demographic factors, such as WIC participation (for which eligibility is based on income) and maternal education, are inversely related with the likelihood to begin and continue breastfeeding.⁶

Figure 5| Breastfeeding Initiation Disparities - by Income

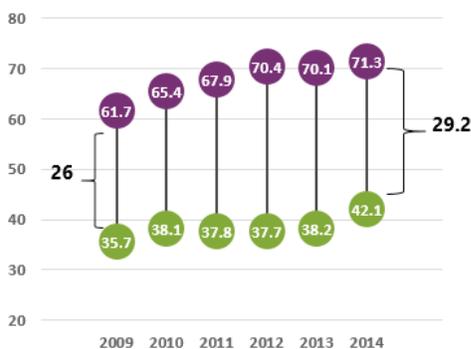
Gap between **over 600%** and **less than 100%** of poverty level is not closing



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Figure 6| Breastfeeding Duration (6 months) Disparities – by Income

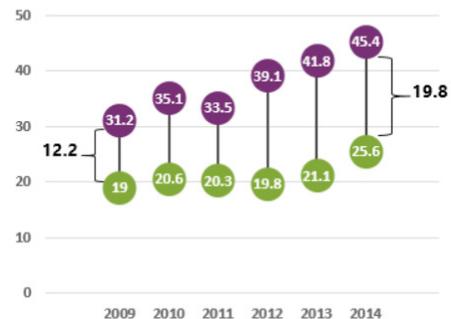
Gap between **over 600%** and **less than 100%** of poverty level has increased



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Figure 7| Breastfeeding Duration (12 months) Disparities – by Income

Gap between **over 600%** and **less than 100%** of poverty level has increased



Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

Risks of Not Breastfeeding

The potential life-long implications of breastfeeding for mothers and babies during the critical period make the outcomes a natural indicator component of life course measurement and equity. Research studies have showed known risks of not breastfeeding a child, including an increase in conditions such as ear infections, gastrointestinal infections/diarrhea, respiratory infections, necrotizing enterocolitis, SIDS, allergies, asthma, celiac disease, obesity, diabetes, childhood leukemia, and lymphoma. Table 2, from the U.S. Surgeon General’s Call to Action to Support Breastfeeding, shows the percentage of excess risk of some diseases associated with not breastfeeding. As children progress into adolescence and adulthood, those who were formula-fed are more likely to be overweight or obese, develop type II diabetes, and experience other chronic diseases. Because human milk contains valuable antibodies, hormones, and enzymes that are not found in breast milk substitutes, infants who are not breastfed do not receive the same protection against illnesses.⁶

Not breastfeeding also increases the mother’s risk of several diseases. Women who do not breastfeed are at higher risk for breast cancer, ovarian cancer, cardiovascular diseases, and type II diabetes. Further, women who breastfeed experience a more

⁶ Academy of Breastfeeding Medicine. (2008). Position on Breastfeeding. Breastfeeding Medicine. doi: 10.1089/bfm.2008.9988

rapid return to pre-pregnancy weight and a decreased risk of bleeding postpartum. In addition, data from the Women’s Health Initiative has demonstrated an association between cumulative lactation experience and the incidence of adult cardiovascular diseases.⁷ Women with a cumulative lactation history of 12 to 23 months also had a significant reduction in hypertension, hyperlipidemia, cardiovascular diseases, and diabetes.⁸

Table 2 | Excess Health Risks Associated with Not Breastfeeding

Objective	Excess Risk
Among Full-Term Infants	
Acute ear infection (otitis media)	100%
Eczema (atopic dermatitis)	47%
Diarrhea and vomiting (gastrointestinal infection)	178%
Hospitalization for lower respiratory tract diseases in the first year	257%
Asthma, with family history	67%
Asthma, with no family history	35%
Childhood obesity	32%
Type II diabetes mellitus	64%
Acute lymphocytic leukemia	23%
Acute myelogenous leukemia	18%
Sudden Infant Death Syndrome (SIDS)	56%
Among Preterm Infants	
Necrotizing enterocolitis	138%
Among Mothers	
Breast cancer	4%
Ovarian cancer	27%

Source: U.S. Department of Health and Human Services. The Surgeon General’s Call to Action to Support Breastfeeding.

⁷ American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3): 827-841

⁸ Association of Maternal & Child Health Programs. (2013). Life Course Indicator: Breastfeeding support - baby friendly hospitals. Retrieved from http://www.amchp.org/programsandtopics/data-assessment/LifeCourseIndicatorDocuments/LC-04_BFSupport_Final-2-14-2014.pdf

⁹ U.S. Department of Health and Human Services. (2011). The Surgeon General’s Call to Action to support breastfeeding. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.; Retrieved from <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf> on October, 2014

¹⁰ Weimer, J. (2001). The economic benefits of breastfeeding: A review and analysis (ERS Food Assistance and Nutrition Research Report No. 13). Washington, DC: U.S. Department of Agriculture, Economic Research Service.

¹¹ Bartick, M., & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125: 1048-105. doi: 10.1542/peds.2009-1616

¹² Fielding, J., & Gilchick, R. (2011). Positioning for Prevention from Day 1 (and Before). *Breastfeeding Medicine*, 6: 249-255. doi: 10.1089/bfm.2011.0059.

Benefits of Breastfeeding

Financial Benefits of Breastfeeding

The economic effects of not breastfeeding can be experienced by families, insurers, employers, schools, and society as a whole through increased healthcare costs, missed work and school days, and the cost of formula for families and providers.⁹

Breastfeeding has been shown to decrease direct and indirect insurance claim costs and missed days from work due to caring for a sick infant. Increased rates of breastfeeding can reduce cases of ear and respiratory infections, gastroenteritis, and necrotizing enterocolitis.¹⁰ If 90% of mothers exclusively breastfed for six months, it would save the U.S. healthcare system \$13 billion each year and prevent over 900 infant deaths.¹¹ Breastfeeding can also improve food security as it is usually readily available, free, and requires no preparation to provide an infant with nutrition.

Obesity and Breastfeeding

Two-thirds of Americans are overweight, but infants who are breastfed have a reduced risk of obesity later in life. There are diverse, protective factors of breast milk that have been studied, such as:

- The role of the hormones in breast milk, such as leptin, ghrelin, and adiponectin, increase appetite satisfaction.
- Breastfed babies self-control their intake as opposed to formula-fed babies, who are often overfed.¹²

CDC reports that for every month an infant is breastfed, their risk of obesity decreases by four percent. Overall, there is a 15–30% decrease in adolescent and adult obesity if any breastfeeding occurs in infancy.

Strategies to Support Breastfeeding

CDC and other national partners have developed a number of evidence-based and innovative strategies to support providers, pregnant and lactating women, communities, and businesses to increase breastfeeding.

Breastfeeding Strategies Overview

Strategy 1 | Maternity Care Practices

Maternity care practices related to breastfeeding take place during the intrapartum hospital stay and include practices related to immediate prenatal care, care during labor and birthing, and postpartum care. Maternity care practices that support breastfeeding include developing a written breastfeeding policy for the facility, providing all staff with education and training on breastfeeding, maintaining skin-to-skin contact between mother and baby after birth, encouraging early breastfeeding initiation, supporting cue-based feeding, supplementing with formula or water only when medically necessary, and ensuring post-discharge follow-up.

Strategy 2 | Professional Education

Professional education includes any program that improves the knowledge, skills, attitudes, or behaviors of healthcare providers in relation to the importance of breastfeeding, the physiology and management of lactation, or the need for breastfeeding counseling for mothers. Healthcare providers are defined here as doctors, nurses, midwives, nurse practitioners, nutritionists, lactation consultants, and other professionals working in maternity care.

Strategy 3 | Access to Professional Support

Access to support from healthcare professionals including doctors, nurses, or lactation consultants is important for the health of the mother during pregnancy, after giving birth, and after release from the hospital. If a mother chooses to breastfeed, this support may include counseling or behavioral interventions to improve breastfeeding outcomes. It may also include helping the mother and baby with latch and positioning, helping with a lactation crisis, counseling mothers returning to work or school, or addressing concerns of mothers and their families. Professional support can be given in many different ways and settings: in person, online, over the telephone, in a group, or individually. Some women receive individual in-home visits from healthcare professionals, while others visit breastfeeding clinics at hospitals, health departments, or women's health clinics.

Strategy 4 | Peer Support Programs

The goal of peer support is to encourage and support pregnant and breastfeeding women. It is often provided by mothers who are from the same community and who are currently breastfeeding or have done so in the past. It can be provided in several ways: the two most common and effective methods are peer support groups and individual peer support from a peer counselor. Women who provide peer support receive specific training, and may lead support groups or talks with groups in the community or provide one-on-one support through telephone calls or visits in a home, clinic, or hospital. Contact may be made by telephone, in the home, or in a clinical setting. Peer support includes emotional support, encouragement, education about breastfeeding, and help with solving problems.

Strategy 5 | Support for Breastfeeding in the Workplace

Support for breastfeeding in the workplace can include several types of employee benefits and services. Examples include, but are not limited to: (1) Developing corporate policies that support breastfeeding women; (2) Providing designated private space for women to breastfeed or express milk; (3) Allowing flexible scheduling to support milk expression during work; (4) Giving mothers options for returning to work, such as teleworking, part-time work, or extended maternity leave; (5) Providing on-site or nearby childcare; (6) Providing high-quality breast pumps; (7) Allowing babies at the workplace; and (8) Offering professional lactation management services and support.

Strategy 6 | Support for Breastfeeding in Early Care and Education

Early care and education (ECE) is a term used to describe various types of childcare arrangements, including pre-kindergarten (pre-K) programs, Head Start programs, childcare centers, and in-home care. ECE programs play an important role in supporting breastfeeding mothers and their infants by welcoming breastfeeding mothers and making sure staff members are trained to handle breast milk and follow mothers' feeding plans. Increasing access to ECE programs that support breastfeeding families will help women start and continue breastfeeding.

Strategy 7 | Access to Breastfeeding Education and Information

Breastfeeding education usually occurs during the prenatal and intrapartum periods. It should be taught by someone with expertise or training in lactation management. It may be offered in a hospital or clinic setting, as well as at libraries, community centers, churches, schools, and work sites. Education primarily includes information and resources. First-time mothers report that they find books and written information helpful, while experienced women often rely on their past experience and doctors. Although the audience is usually pregnant or breastfeeding women, it may include fathers and others who support the breastfeeding mother. The goals of breastfeeding education are to increase mothers' knowledge and skills, help them view breastfeeding as normal, and help them develop positive attitudes toward breastfeeding.

Strategy 8 | Social Marketing

Social marketing is an excellent tool for promoting public health activities. It may be used to promote breastfeeding practices in community, hospital, and workplace settings; educate policymakers about breastfeeding issues; and educate the public about healthy infant nutrition practices and support programs. Social marketing is a systematic and strategic planning process that results in an intended practice or program. Many different definitions of social marketing exist, but most have these common components: (1) The adoption of strategies used by commercial marketers; (2) A goal of promoting voluntary behavior change (not just improved knowledge or awareness); (3) An end goal of improving personal or societal welfare; and (4) The use of pro-health messages for public health campaigns.

Strategy 9 | Addressing the Marketing of Infant Formula

Monitoring how infant formula is marketed to ensure that potential negative effects on breastfeeding are minimized can help reduce barriers to breastfeeding for women who choose to do so. The negative association between the marketing of breast-milk substitutes and breastfeeding rates was the basis of the World Health Organization's *International Code of Marketing of Breast-milk Substitutes* (the Code). Developed with infant formula manufacturers, the Code is a set of guidelines that apply to the marketing of breast-milk substitutes. It reaffirms the role that key entities—such as governments, healthcare systems, healthcare workers, and manufacturers and distributors of breast-milk substitutes—play in ensuring that infant formula is marketed in ways that minimize its negative effects on breastfeeding.

Adapted from the Centers for Disease Control and Prevention's *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*, Atlanta, U.S. Department of Health and Human Services, 2011.

Breastfeeding Project Overview

NACCHO Overview

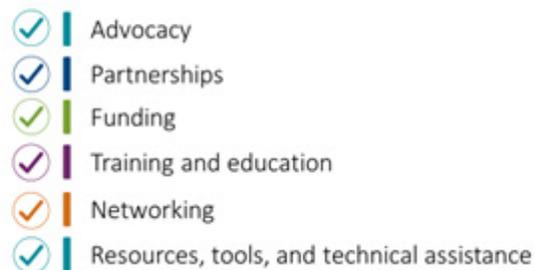
Purpose of the Breastfeeding Project

NACCHO's Breastfeeding Project Activities



NACCHO Overview

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.



NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting local public health practices and systems. NACCHO also provides resources, tools, to LHDs in the following four focus areas:

- 1 **Community Health:** Chronic Diseases, Infectious Diseases, Maternal, Child and Adolescent Health, Injury and Violence Prevention, Health Equity, and Social Justice
- 2 **Environmental Health:** Climate Change, Community Design and Land Use Planning, Health Impact Assessment, and Health in All Policies
- 3 **Public Health Infrastructure and Systems:** Accreditation and Quality Improvement, Community Health Assessment, and Workforce Development
- 4 **Public Health Preparedness:** Bio-surveillance, Medical Reserve Corps, Pandemic Influenza Preparedness, and Radiation Preparedness

The Breastfeeding Project

The Reducing Breastfeeding Disparities through Peer and Professional Support (Breastfeeding Project) is a cooperative agreement with the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity and Obesity (DNPAO) to increase implementation of evidence-based and innovative breastfeeding programs, practices, and services at the community level in African-American and low-income communities, who are disproportionately affected by structural and social barriers to breastfeeding. The Breastfeeding Project is also intended to increase community capacity to develop and maintain public health partnerships critical to building community support for breastfeeding.

The long-term goal of this project is to increase breastfeeding initiation, duration and exclusivity rates within African American and low-income babies.

Purpose of the Breastfeeding Project

The purpose of NACCHO's Breastfeeding Project is to increase implementation of evidence-based and innovative breastfeeding programs, practices, and services at the community level, specifically focused on peer and professional lactation support to breastfeeding mothers in predominantly African American and underserved communities. The Breastfeeding Project is also intended to increase community capacity to develop and maintain public health partnerships critical to building community support for breastfeeding.

“The goal is not simply about promoting breastfeeding; it is about leveling the playing field to give each newborn the right start, one commensurate with his or her full potential. We must do all we can to make this evidence-based, natural practice the easy choice. Nature showed us the right way. So, let us together heed one of nature’s best lessons.” — Fielding & Gilchick, 2011

Project Goals



↑ Implementation

Increase implementation of evidence-based and innovative peer and professional breastfeeding support programs, practices, and service



↑ Awareness

Increase awareness of the processes, successes, and challenges of implementing and expanding access to local peer and professional lactation support services



↑ Partnerships

Increase local, state and national partnerships to support peer and professional breastfeeding support programs

Project Activities

The Breastfeeding Project staff worked collaboratively with federal and national partners to:



- Develop and support an online community of practice portal to disseminate data and information to the project sites
- Provide direct technical assistance for completion of tasks, including periodic webinars and phone/email consultations
- Provide tools and assistance to support organizational capacity to collect project data and evaluate activities
- Provide training in areas identified on needs assessment and through technical assistance meetings
- Assist in the development of sustainability plans
- Communicate via email, phone, or on-site visits as needed
- Provide quarterly individualized contact with grantees

NACCHO funded **69** local health departments (LHD), healthcare providers, hospitals, community-based organizations (CBO), and coalitions across the nation to provide peer and professional lactation support for African American and underserved women and families.

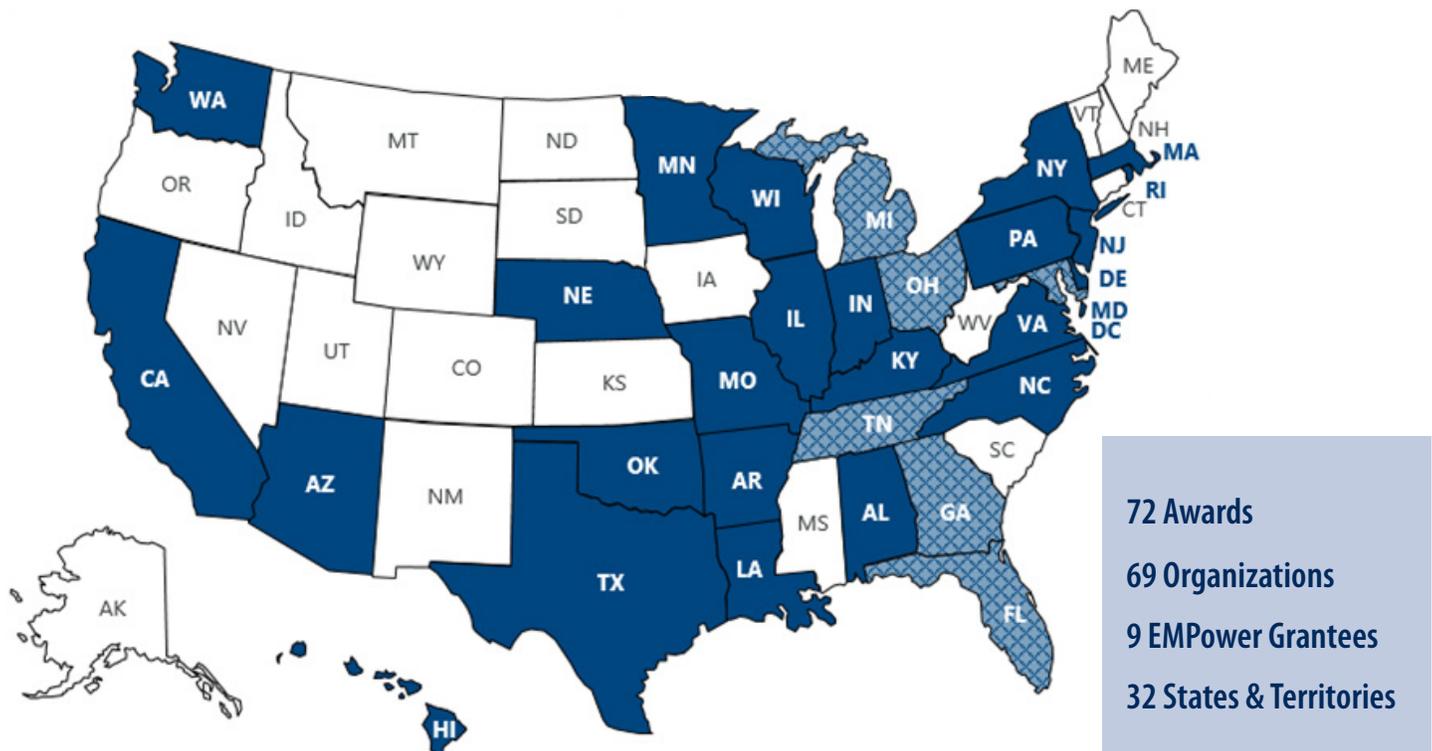


Figure 1 | Map of Funded Breastfeeding Project Locations

Table 2 | Virtual Training and Technical Assistance Activities during the 2015-2018 Project Period

Training Provided	Description	Links
<p>Marketing and Engagement through the Theory of Planned Behavior</p>	<p>Basic marketing concepts to community engagement and planning, informed by a behavior change theory to promote breastfeeding services and increase program recruitment. It features a successful story from a grantee.</p>	<p>Webinar Recording: http://bit.ly/BfMarketing</p> <p>Fact Sheet: Breastfeeding in the Community: Social Marketing and Community Engagement (See Appendix)</p>
<p>Cultural Humility: Shifting the Care Paradigm</p> <p>Presented in 2015 as a webinar, and at 2016 California WIC Conference, and 2016 National Head Start Conference</p>	<p>Effectiveness of cultural humility approach as an alternative to cultural competency to support pregnant and postpartum mothers. Dr. Quinn Gentry describes the RELATE model.</p>	<p>Webinar recording: https://adobe.ly/2oPtONS</p> <p>Fact Sheet: Shifting the Care Paradigm: Cultural Humility in Breastfeeding Care (See Appendix)</p>
<p>Health Inequities and Structural Barriers to Breastfeeding: An Overview</p>	<p>A guest speaker shares NACCHO’s work on health inequities and the established national resources, including the Roots of Health Inequity online course. This webinar also shared resources to identify and address structural barriers leading to breastfeeding inequities.</p>	<p>Webinar Link: http://bit.ly/BfHealthInequities</p>
<p>Social media and virtual groups: an interview with Combat Boots</p>	<p>Watch an informative interview with Robyn Roche-Paull, the executive director of a very successful and engaging social media page known as Breastfeeding in Combat Boots for AD Moms.</p>	<p>Webinar Link: http://bit.ly/Bfvirtualsupport</p>

| Note: For additional training materials, see Appendix

Project Outcomes

Project Reach and Facilitators

Infographics

Journal Articles and Other Publications

Stories from the Field

Webinars: Implementations that Work



Project Reach



92,832
Encounters



3,332 Groups
15,027 Attendees



830
Partnerships

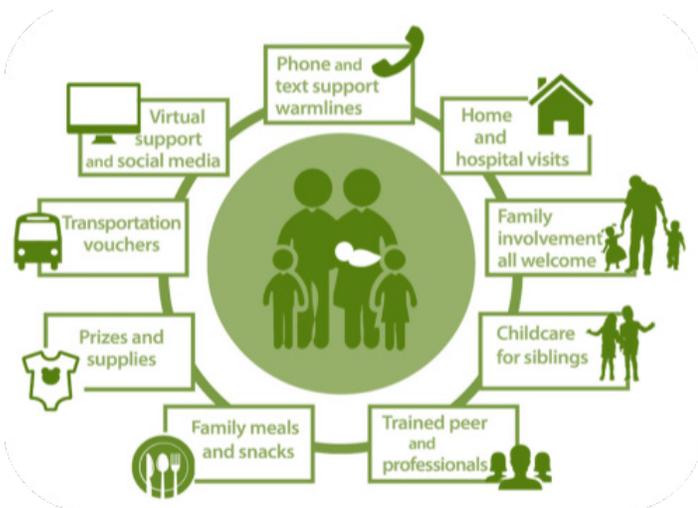


654
Trained staff



27 grantees
implemented
PSE changes

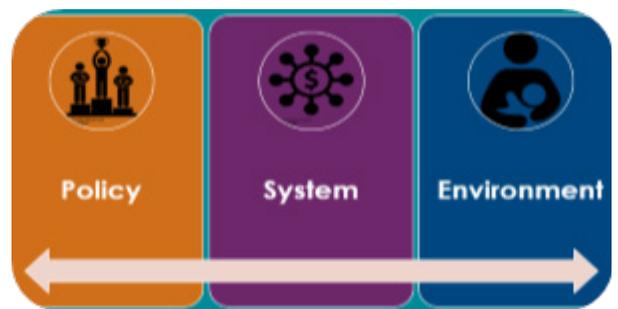
Facilitators



Enabling Access to Care by
Identifying and Addressing Community Needs



Establishing Partnerships for
Community Support Continuity of Care



Approach to Policy, Systems and Environmental (PSE) Changes

Reducing Disparities in Breastfeeding through Peer and Professional Support



The Breastfeeding Project is a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to increase implementation of evidence-based and innovative breastfeeding programs, practices, and services at the community level by providing peer and professional lactation support to breastfeeding mothers in African American and under-served communities. NACCHO provided funds to 69 local health departments and community based organizations to implement 72 demonstration projects between January 2015 and June 2016.

Project Goals

- 1 Increase implementation of evidence-based and innovative peer and professional breastfeeding support programs, practices, and services
- 2 Increase awareness of the processes, successes, and challenges of implementing and expanding access to local peer and professional lactation support services
- 3 Increase local, state and national partnerships to support peer and professional breastfeeding support

Successes

- 92,832** One-on-one encounters with pregnant and post-partum women supported by grantees
- 3,332** Breastfeeding support groups were hosted
- 1,500+** Hours of technical assistance provided to grantees
- 830** Community partnerships established or enhanced
- 150+** Lactation support providers trained

Grantees Enabled Community Access to Breastfeeding Support Services through the Provision of:

 Home & Hospital Visits	 Integration of Lactation Care into Existing Services	 Virtual Support & Social Media	 Childcare for Siblings	 24/7 Support via Telehealth, Texting & Warmlines
 Incentives & Supplies	 Culturally Attuned Support Services	 Family Meals & Snacks	 Transportation Vouchers	 Family Engagement

The Reducing Disparities in Breastfeeding through Peer and Professional Support (Breastfeeding) Project is supported by funding from the Centers for Disease Control and Prevention (CDC), award number U38OT000172. This document and its contents are solely the responsibility of its authors and do not necessarily represent the official views of the CDC.

Grantees Improved Access to Services through Policy, Systems, and Environmental (PSE) Changes



DID YOU KNOW?

Policy, systems and environmental (PSE) changes seek to go beyond programming and into the systems that create the structures in which we work, live, and play.¹ PSE change makes healthier choices a real, feasible option for the community by looking at the laws, rules and environments that impact people's behavior.²

Florida Department of Health in Broward County

Ft. Lauderdale, FL

Esperanza Health Centers

Chicago, IL

Policy

- Established an MOA with a local hospital to create practice guidelines for WIC peer counselors to provide in-hospital lactation support to mothers post-delivery.

- Established breastfeeding education, promotion and support protocols.

- Ensured that clients received nine points of breastfeeding support contact, starting from the first prenatal medical visit to the infant's first birthday.

Systems

- Developed a Peer Counselor Hospital Curriculum to increase staff capacity to operate within a hospital setting.

- A WIC peer counselor participated in regular hospital staff training and was supervised by hospital IBCLC.

- Updated the EMR system to capture client breastfeeding intentions and status and to document all breastfeeding education and support sessions by staff of the health center.

Environment

- Increased care continuity for mothers through: in-hospital lactation support and frequent post-discharge follow-up by peer counselors.

- Implemented in-hospital peer counseling programs into 4 additional hospitals.

- Enhanced partnership with Saint Anthony Hospital to improve continuity of care.

- Increased organizational capacity to support breastfeeding by training all-staff, from the front-desk to physicians, on the importance of breastfeeding.

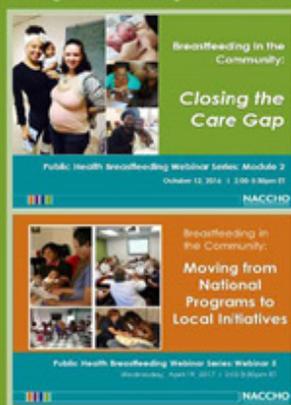
¹ What Is Policy, Systems and Environmental (PSE) Change? The Food Trust. 2012. http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf. Accessed January 3, 2017.

² What Is Policy, Systems and Environmental Change? Cook County Public Health. http://www.cookcountypublichealth.org/files/cppw/pse_change.pdf. Accessed March 30, 2017.

Public Health Breastfeeding Webinar Series: Breastfeeding in the Community

NACCHO Public Health Breastfeeding Webinar Series, funded by the Centers for Disease Control and Prevention, promotes promising practices and shares lessons learned from the Reducing Disparities in Breastfeeding through Peer and Professional Support project. The series aims to identify public health solutions and promote equity in breastfeeding rates and access to care. No cost Continuing Education Credits are available for each webinar. (1.5 CMEs, CNEs, CECHs, and CERPs, 0.7 CEUs)

Archived Webinars are available online: <http://breastfeeding.naccho.org/archived-webinars/>
To learn more, visit the website: <http://breastfeeding.naccho.org> or email breastfeeding@naccho.org.

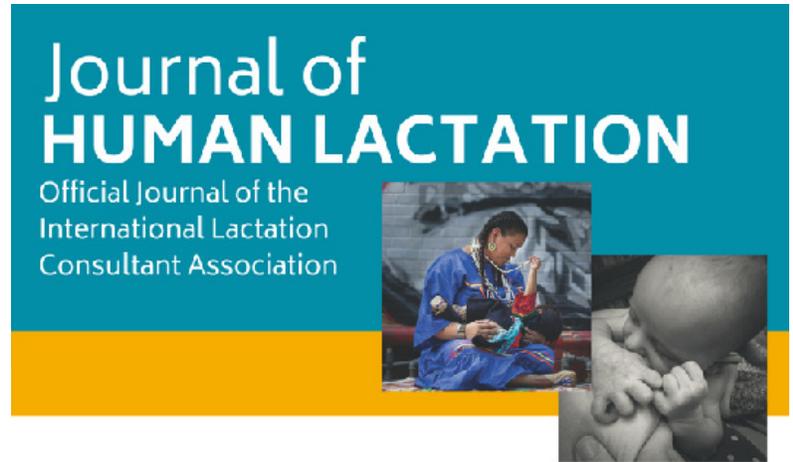


Journal Articles and Other Publications

In spring 2018, NACCHO Breastfeeding team published two articles focused on social justice and lactation issue of the *Journal of Human Lactation*.

“Breastfeeding in the Community: Sharing Stories on Implementations That Work” shares the lessons learned, including barriers and facilitators of breastfeeding community-level implementation projects and highlights the work of 19 NACCHO breastfeeding project grantees.

Link: <http://journals.sagepub.com/doi/full/10.1177/0890334418757957>



Key Messages

Community-level breastfeeding implementation barriers included challenges with participant recruitment and retention and grant management, especially for small agencies. Program facilitators included engaged partnerships that collaborated to leverage multiple funds, resources and staff. These facilitators ultimately led to program sustainability for many of the projects.

Lactation support providers, such as IBCLCs, CLCs and peer counselors, are experts on providing breastfeeding education and support. However, there is a critical need for training on the context of public health program implementation, including the understanding of implementing a community needs assessment to address unique challenges of family served; the development of a comprehensive community engagement plan to recruit and retain participants, which includes continuous outreach to mothers, family members, and traditional and non-traditional partners, and the leveraging of partnerships to maximize resources.

“Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions.” Read more about it in the **PROGRAM SUSTAINABILITY** section of this guide.

Link: <http://journals.sagepub.com/doi/full/10.1177/0890334418759055>

Other Publications

“Improving Community-Based Breastfeeding Support: The Role of Local Health Departments.” *Journal of Public Health Management and Practice*: July/August 2016 - Volume 22 - Issue 4 - p 427–429.

Link: <http://bit.ly/BreastfeedingandHealthDepts>

Breastfeeding Implementations: Stories from the Field

These stories share successful implementation strategies and common challenges encountered by grantees from the breastfeeding project.

[Dakota County Public Health, MN, Builds on Breastfeeding Program to Create Rapid-Referral System](#)

Dakota County Public Health Department (DCPHD) in Minnesota, a 2017 NACCHO Model Practice awardee, built upon their comprehensive breastfeeding program and implemented a rapid referral system to expand access to critical lactation care to low-income families. Through the Reducing Breastfeeding Disparities through Peer and Professional Support grant, DCPHD increased participation by 68% in prenatal breastfeeding classes and more than doubled their rapid-response lactation visits.



[Leveraging existing resources to achieve equity](#)

In order to reduce breastfeeding disparities and achieve health equity, [Kent County Health Department](#), in Michigan, partnered with a local hospital, conducted a gap analysis and identified strategies to improve African American breastfeeding rates during NACCHO Breastfeeding project. Read more about their implementation highlights and get inspired!



Leveraging Peer Counseling and Public Health Services in Rural Arkansas

In rural, underserved communities in the Arkansas delta region, women face multiple societal barriers that hinder their ability to access breastfeeding support services, including lack of public transportation; limited internet access; and no trained lactation service professionals providing breastfeeding support. Learn how the Arkansas Breastfeeding Coalition addressed these barriers to improve access to breastfeeding support services in Desha County (AR): <https://www.nacchostories.org/breastfeeding-peer-counseling-in-the-arkansas-delta/>



Integrating Breastfeeding Peer Support into Hospital Setting for Improved Continuity of Care

With CDC-NACCHO funding, the Florida Department of Health, Broward County-WIC, worked to increase breastfeeding rates for African American women in their community. They conducted a community breastfeeding needs assessment to understand the major challenges of the population they were serving. Informed by the results, they developed an in-hospital peer counseling program, which has now been expanded to additional 5 area hospitals due to its success! Read Broward's story here: <https://www.nacchostories.org/integrating-breastfeeding-peer-support-into-the-hospital-setting-for-improved-continuity-of-care/>



Reaching teen moms with breastfeeding education and support

Historically, breastfeeding rates among teens are lower than other subsets of women in the U.S. The decision to breastfeed can seem overwhelming for young parents struggling to balance multiple priorities. Although many organizations work to improve breastfeeding rates, few offer programs tailored to teen moms. TOPS instituted systemic and environmental changes to meet teen needs. <https://www.nacchostories.org/reaching-teen-moms-with-breastfeeding-education-support/>

Video: <https://www.youtube.com/watch?v=bH6RP9xhnSI&feature=share>



Shifting Internal Policies and Systems to Create Breastfeeding Continuity of Care in Chicago, IL

Esperanza Health Centers, a former NACCHO Breastfeeding Project Grantee improved access to lactation care to new Latina moms by implementing sustainable changes in policy and system changes. The program is a success! Learn more here: <http://ow.ly/uixr30dZsQx>

<https://nacchovoice.naccho.org/2017/07/17/shifting-internal-policies-and-systems-to-create-breastfeeding-continuity-of-care/>



Webinars: Implementations that Work

Explores results and lessons learned from the Reducing Breastfeeding Disparities through Peer and Professional Support project. (No continuing education credits available for this webinar.)

Introduction: <http://bit.ly/2mrPyR2>

CDC Overview: <http://bit.ly/2flhOeV>

Public Health Breastfeeding: <http://bit.ly/2gtih6t>

Project Outcomes: <http://bit.ly/2mZffQ>

Project Lessons Learned: <http://bit.ly/2nEkuPf>



Program Implementation

Community-Level Health Program Development

Descriptions and Links to Capacity Briefs,
Webinars, and Other Resources

Community-Level Health Program Development

Planning an effective program is usually more challenging than implementing it. Planning, implementing and evaluating programs are interrelated, but good planning skills are prerequisite to programs worthy of evaluation (Breckon, Harvey & Lancaster, 1998, p.145). Before designing an intervention, it is important to understand what other existing maternal-child community programs are available, and what other services have worked well in the past. There might be some “best practices,” exceptional programs, policies and resources out there that could be leveraged. A thoroughly literature review may also point out to effective interventions that could be replicable to certain communities.

Gaining leadership and other stakeholders buy-in is essential to program implementation success, and this task should be included in the program planning. Most of the successful and sustainable programs have support from the highest level (administration, chief executive officer, church elders, board of health, health officials) of the community being served. These top-level people in decision-making positions are able to provide the necessary support for the program. Without the support of decision makers, it become challenging to implement and sustain programs.

To get buy-in, it is important to have a clear perceived set of values and benefits associated with the proposed program (Chapman, 1997). To “sell” the program to those at the top, planners need to meet the organization’s goals and carry out its mission. Having a community needs assessment with epidemiological state and county data, and a community health improvement plan handy helps enhance the program proposal to engage leadership.

Developing a program logic model provides a good overview of how the initiative is supposed to work, and states the activities and its results expected for the community. (Read more about the [logic model](#) on page 4 of the [Monitoring and Evaluation](#) brief.) There are several models of program planning, however most models include the following basic steps:

1. Understanding the community, including strengths, challenges, and existing services, and engaging the community
2. Assessing the needs and wants of the community
3. Developing appropriate goals and objectives
4. Creating an intervention that considers the peculiarities of the setting
5. Implementing the intervention
6. Evaluating the results

Capacity Briefs, Webinars, and Other Resources

These resources include examples from former grantees:

- [Needs Assessment for Breastfeeding Programs](#): This brief explains the importance of conducting needs assessments to inform program needs and activities and share examples of former grantees’ assessments.
- [Work Plan & Budget Alignment Essentials](#), which includes program goals development: This brief addresses the importance of key factors for community project success, including work plan and budget congruence.
- [Setting Up Your Own Monitoring and Evaluation Plan](#): This brief provides insights on the importance of setting up monitoring and evaluation plan for your projects using examples from NACCHO’s 2014 grantees.

- Social Marketing & Engagement: Basic marketing concepts to community engagement and planning, informed by a behavior change theory to promote breastfeeding services and increase program recruitment. It features a successful story from a grantee. **See Appendix** for “Marketing & Engagement through the Theory of Planned Behavior.”

Capacity Briefs and Webinars Specific to Breastfeeding Programs

- [Community support for Continuity of Care and Closing the Care Gap](#): This issue brief describes the importance of establishing a breast-feeding Community Continuity of Care, to improve the experience of families served within the community via various service agencies to enable women to sustain breastfeeding.
- [Integrating Breastfeeding Services into Home Visiting Programs](#): This brief discusses practical strategies to incorporate breastfeeding into home visiting programs.
- Cultural humility: Effectiveness of cultural humility approach as an alternative to cultural competency to support pregnant and postpartum mothers. Dr. Quinn Gentry describes the RELATE model. Webinar recording: <https://adobe.ly/2oPt0NS>
To read the fact sheet [Shifting the Care Paradigm: Cultural Humility in Breastfeeding Care](#), **See Appendix.**
- [WIC breastfeeding services expansion](#): This brief highlights several examples of WIC breastfeeding expansion activities.
- Health Inequities & Breastfeeding Support: A guest speaker shares NACCHO’s work on health inequities and the established national resources, including the Roots of Health Inequity online course. This webinar also shared resources to identify and address structural barriers leading to breastfeeding inequities. Webinar link: <http://bit.ly/BfHealthInequities>
- Social Media and Virtual Support: An Interview with Combat Boots. Watch an informative interview with Robyn Roche-Paull, the executive director of a very successful and engaging social media page known as Breastfeeding in Combat Boots for AD Moms. Webinar Link: <http://bit.ly/Bfvirtualsupport>

To complement these basic program implementation capacity briefs, NACCHO also developed a webinar series to discuss key lessons learned, barriers and facilitators related to program implementation and sustainability such as Engaging the Hard-to-Reach communities, Leveraging Partnerships, Integrating local-programs to national initiatives, and sustaining projects through the use of Policy, Systems, and Environment (PSE) approach See webinar links in the Appendix.

Program Sustainability

Policy, Systems, and Environment (PSE) Change in Breastfeeding Programs

Public Health Webinar Series

Breastfeeding in the Community Webinar Series

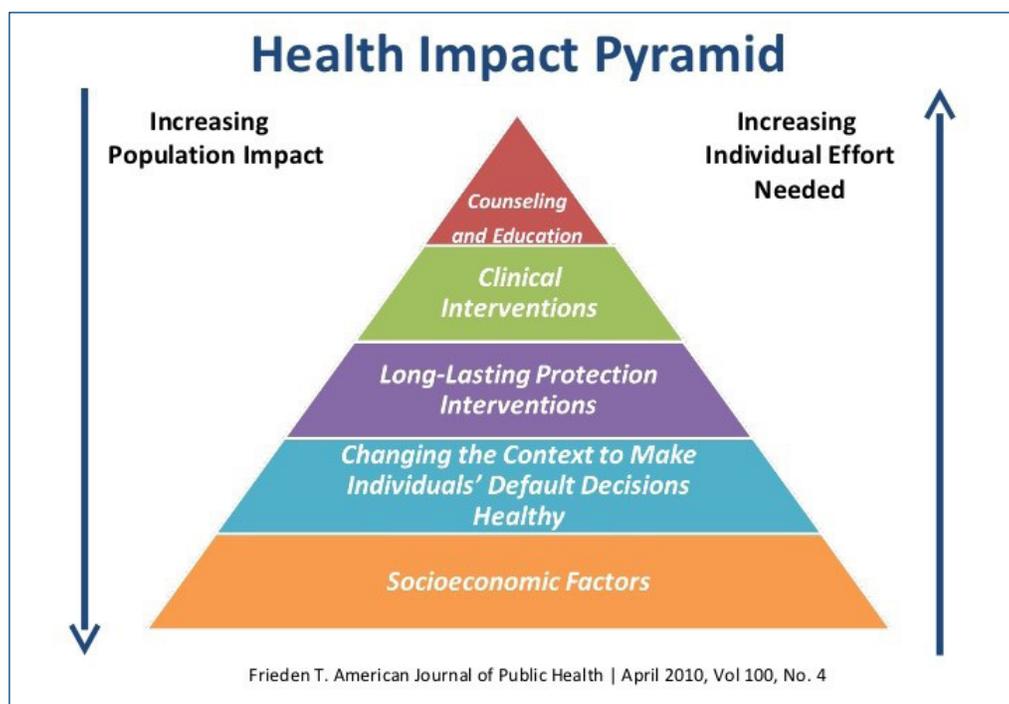
NACCHO Exchange, Volume 17, Issue 3, Summer 2018: Breastfeeding Issue



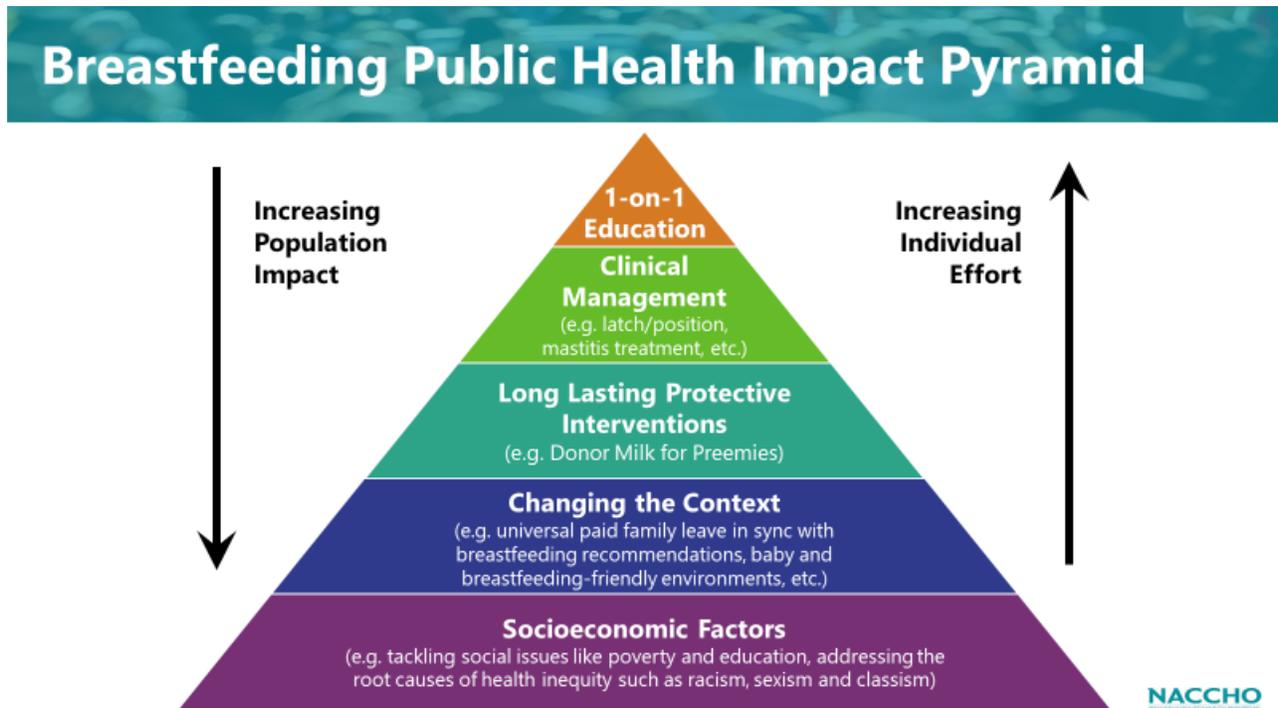
Policy, Systems, and Environment (PSE) Change in Breastfeeding Programs

Factors known to influence maternal breastfeeding behavior include lack of breastfeeding knowledge; poor maternal self-efficacy or concerns about supply; unsupportive cultural and social norms; limited access to high quality lactation support; and, non-supportive workplace and childcare environments (HHS, 2011; Dunn, Kalich, Fedrizzi, & Phillips, 2015). Furthermore, there are structural barriers to breastfeeding that exist largely outside of the mothers' sphere of power. Black and low-income mothers are disproportionately affected by these unjust barriers, such as unsupportive policies and systems that affect their ability to breastfeed. Black women are more likely to: return to work earlier (Spencer & Grassley, 2013); work in environments not conducive to supporting breastfeeding mothers (Johnson, Kirk, Rosenblum, & Muzik 2015); experience inadequate breastfeeding support from healthcare providers (HHS, 2011); and, deliver at birthing facilities that do not exercise evidence based maternity care practice that support breastfeeding (Anstey et al., 2017).

Local health departments and community-based organizations are uniquely positioned to lead breastfeeding promotion and support efforts in the community. These agencies must strive to provide breastfeeding services that are consistent, frequent, predictable, and not offered reactively where women are expected to initiate contact. (Renfrew, McCormick, Wade, Quinn, & Dowswell, 2012). Moreover, interventions to increase black breastfeeding rates and ameliorate disparities must be multilevel, touching on the many systems and social structures that shape maternal capacity to breastfeed (Johnson, Kirk, Rosenblum, & Muzik 2015). Traditional public health programs—or downstream implementations—that focus solely on individual behavior change, e.g. increasing maternal knowledge and self-efficacy, do not achieve long-term systemic influences on health. In addition, these behavior-focused interventions require a high level of individual efforts, as seen in the public health pyramid.



NACCHO modeled the Public Health Breastfeeding Impact Pyramid after the Public Health Impact Pyramid shown above.



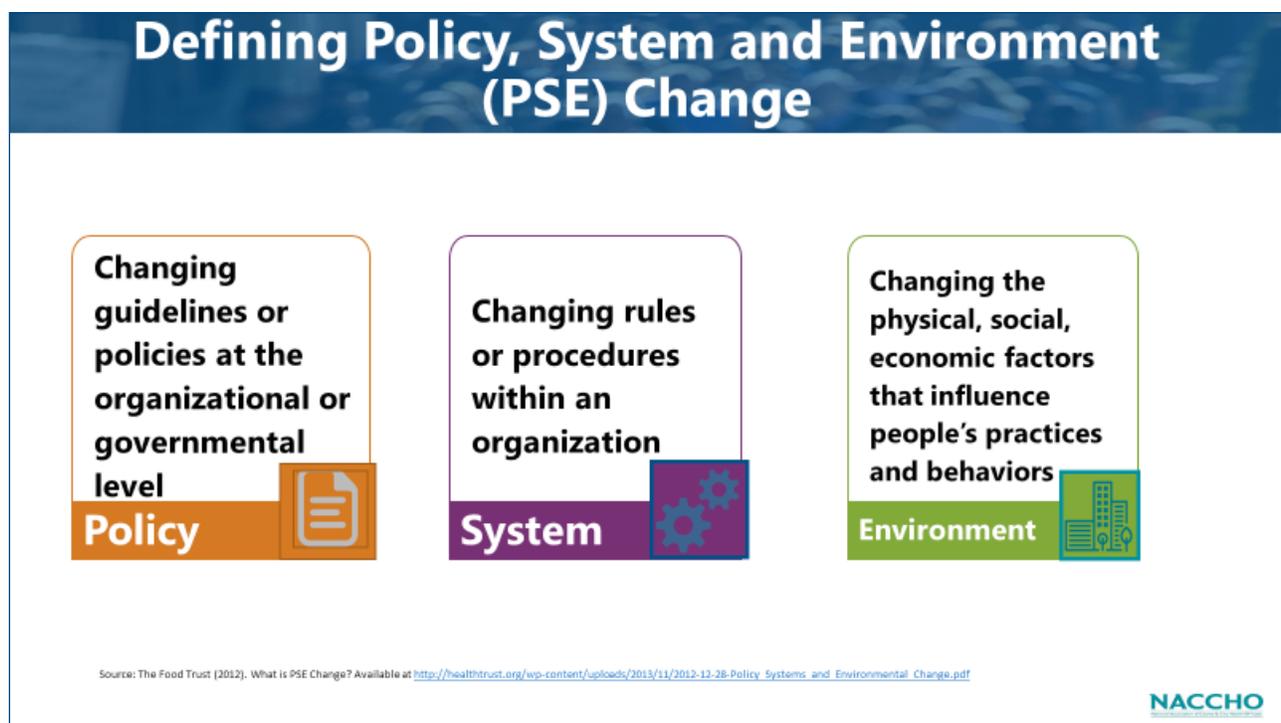
Breastfeeding promotion and support efforts focused on individual behavior are critical for increasing maternal knowledge and self-efficacy; however, without concerted attention to assuring an environment supportive of breastfeeding, the inequities leading to disparities in breastfeeding rates will persist.

The Socioeconomic factors or socio determinants of health: Isms (race, gender, class), access to 1st food (not just about having a mother close by- but inequalities/structural barriers due to poverty, education, lack of paid maternal and sick leave, place of living, work conditions (no place to pump breast milk, or no breaks allowed to pump).

The blue tier is related to Changing the context to make individuals' default decision healthy- We need to ensure that mothers are enabled to embrace breastfeeding as the easy option. Those includes national policies, such as the Family Medical Leave Act, state and county-specific maternity leaves, (e.g: supportive workplace environment, breastfeeding-friendly environmental (hospitals (baby friendly initiatives), creating breastfeeding-friendly local health departments, schools, airports, childcare centers. In addition, the Affordable Care Act included breastfeeding counseling and nursing supplies at no cost. The pyramid's fifth tier represents counseling and health education during clinical encounters as well as education in other settings, which is perceived by some as the essence of public health action but is generally the least effective type of intervention. The need to urge behavioral change is symptomatic of failure to establish contexts in which healthy choices are default actions. For example, although clear, strong, and personalized smoking cessation advice, even in the absence of pharmacological treatment, doubles quit rates among smokers who want to stop and should be the norm in medical care, it still fails to help 90% of those who are motivated to quit. Nevertheless, educational interventions are often the only ones available, and when applied consistently and repeatedly may have considerable impact.

Breastfeeding and the Policy, System, and Environmental (PSE) Change Approach

The Policy, System and Environmental (PSE) change approach to public health interventions uses the socioecological model to identify systems-level factors that affect individual and community health (Comprehensive Cancer Control National Partnership, 2015). Implementing PSE changes provides an opportunity to create sustainable organizational and community shifts to enable long-term improvements in population health. The PSE change approach seeks to address upstream structural or systemic barriers that lead to poor health outcomes and inequities. PSE shifts help to deconstruct barriers and build environments where breastfeeding is the easy default option. Definitions and examples of PSE change are included below.



The PSE change approach focuses on systemic solutions to community issues rather than individual behavior. It is an upstream implementation approach, which are often proactive and sustainable beyond the funding period. Table 2 identifies key characteristic differences between traditional program activities and PSE-oriented implementations.

Event/Program Characteristics	PSE Change Characteristics
One time	Ongoing
Additive: often results in only short-term behavior change	Foundational: often produces behavior change over time
Individual level	Community/population level
Not part of an ongoing plan	Part of an ongoing plan
Short term	Long term
Non-sustaining	Sustaining

Source: The Food Trust (2012). What is PSE Change? Available at http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf

Originated from the CDC and the Institute of Medicine (IOM) efforts, the PSE change approach is widely used in community health programming (Comprehensive Cancer Control National Partnership, 2015). Within the breastfeeding support context, there are also well-known programs that implemented the PSE change approach. For example, the Baby-friendly Hospital Initiative (BFHI) is a PSE change intervention that sets requirements for hospitals and birth centers to adopt a comprehensive set of policies and systems based on evidence based maternity care practices to improve the environment where breastfeeding initiation takes place.

For community-level breastfeeding programs, the use of the PSE change approach seeks to change the context to enable breastfeeding at recommended levels to be the default, easy option for families. Changing the community context includes increasing access to breastfeeding care by establishing supportive policies, systems and environments within the community. NACCHO grantees implemented several PSE changes, including: development of culturally tailored curriculums and community resource guides; implementation of social marketing campaigns to promote normalization of breastfeeding; establishment of referral systems to institutionalize care transitions for mother-infant dyads; and, use of technology, such as social media interaction groups, online portals, semi-automated texting programs, and telehealth applications.

Presentation of the Recommendations

A total of 27 grantees reported inclusion of PSE change strategies in their projects. However, qualitative analysis of final reports and call notes from quarterly meetings revealed that additional grantees implemented or were on the pathway to creating PSE shifts through their project. This discrepancy in reporting indicates a gap in public health breastfeeding knowledge and the need for training and technical assistance on the use of the PSE change framework for agencies implementing community-level breastfeeding programs.

NACCHO identified four key drivers for the PSE change approach implementation. These critical facilitators include: 1) building a community-specific understanding of breastfeeding barriers; 2) assessing organizational opportunities and capacities to improve breastfeeding support services; 3) leveraging internal resources (e.g. grant funds, staff and systems); and, 4) leveraging external partner resources (e.g. shared space, community connections, client access) to affect change in the policies, systems and environments that serve families and communities. Based on lessons learned from grantees and these identified driving forces, NACCHO recommends the following for local agencies aiming to implement community-level breastfeeding support programs:

1 – Assess Community-Specific Needs and Breastfeeding Barriers

Although, overall breastfeeding barriers research identifies a set of common challenges that disproportionately affect low-income mothers of color, the specific PSE changes necessary to sustainably support breastfeeding at the community level depends on the unique assets and needs of the servicing community. Forty-one grantees conducted a pre-implementation community needs assessment or environmental scan. Some assessments were an informal polling of community mothers and others were formalized evaluations, typically embedded in a local health department, healthcare system or health coalition's existing community health assessment plan.

A key lesson learned during the project is that service availability is not synonymous with service accessibility. Factors such as timing and location of services, transportation, childcare, and cultural appropriateness of educational materials and providers, made existing lactation support services largely inaccessible to women in the community.

Grantees who were empowered with this knowledge from a community needs assessment were able to modify their implementation to better support families by addressing identified needs. One of the most poignant lessons learned by all grantees was eloquently stated in grantee's final report: "If we are truly supporting moms, we must listen to their needs, meet their expectations and remove barriers to their participation."

See *Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions*, Table 3 shows selected grantees' examples of needs assessment-informed programming.

2 – Identify Organizational Levers for Change

Organizations seeking to implement community-level breastfeeding support interventions should conduct a comprehensive analysis of internal operations to determine the organizational limitations to continuously support breastfeeding, by making it easier for mothers to sustain breastfeeding and

identify potential organizational contributions to community breastfeeding barriers. The grantees presented in Table 4 conducted self-assessments and identified strategic opportunities to improve the nature and quality of their breastfeeding services to their communities by implementing PSE changes within their organizations.

Identified organizational limitations included, having poorly trained staff members that are not knowledgeable about breastfeeding; not providing a welcoming space for mothers to breastfeed within the agency; offering support services that families are not able to access because of timing, location and not welcoming family members and older siblings; and providing inconsistent, conflicting messaging within the organization staff.

Table 4 shows selected example of grantees who identified and addressed organizational limitations supporting breastfeeding in the community.

3 – Leveraging Internal Resources and 4 – Leveraging External Resources

In the face of limited resources, it is challenging to make a lasting and sustained impact on many public health efforts, including breastfeeding. Strategically leveraging internal and external resources through integration and co-location of services to extend the lactation support safety net available to families is part of a PSE change solution.

Grantees that used NACCHO funds to complement or expand pre-existing projects, instead of investing in a downstream lactation support interventions limited to provision of direct services only, were more effective in supporting more families during the funding period. Grantees leveraged resources not only to sustain programs, but also to benefit partners and the broader community. Some outcomes of leveraging included: expanding program or organizational capacity to serve more families; supporting program activities sustainability; increasing utilization of current and new programs and services; meeting identified needs of the community; providing and identifying unused or underused resources; and avoiding duplication of services.

Some grantees formally incorporated breastfeeding intervention activities into their organizational strategic plans. As a result, they were able to make essential lactation services available to a vast number of women and families by integrating those services into existing programs. Across all projects, organizations invested grant dollars to increase the capacity of staff, contractors, community volunteers and staff from partner organizations to provide lactation support services in the community. Through the project, more than 150 people were trained as Certified Lactation Counselors (CLCs), or the equivalent, and several projects supported team members in becoming prepared to sit for the International Board Certified Lactation Consultant (IBCLC) Exam.

See [Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions](#), Table 5 for selected examples of grantees' leveraging internal organizational resources.

Grantee partnerships with other members of the community level organizations enabled the leveraging of multi-organizational resources, skills, and policies and systems to expand service capacity, improve coordination of referrals, and integrate breastfeeding support into other public health and social services programs. Collaboration with agencies that also provide health services to the community allows for leveraging of space, staff and programming. In addition, partnerships with non-traditional--non-health agencies—such as faith based organizations, social service agencies, housing agencies and transportation offices, created the space to broaden the reach.

Breastfeeding services should be incorporated into or co-located with and be provided around the same time as existing well-attended programs, rather than being a stand-alone program. (Lileston Nhim, & Rutledge, 2015). Programs prime for integration include groups that already have mandatory attendance or participation such as maternal and infant home visitation programs and prenatal care program such as [CenteringPregnancy](#). This strategy of providing a one-stop shop for program participants enable families to overcome barriers of lack of transportation and time constraints. Grantees were innovative in their approach to service integration and co-location. [Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions](#), Table 6 for selected grantees examples leveraging partnerships.

Conclusion

Community agencies seeking to provide breastfeeding promotion, education and support services in black and low-income communities in an effort to ameliorate breastfeeding disparities must operate with the understanding that sub-optimal breastfeeding rates among these populations are largely influenced by social and systemic barriers that exist outside the parents' sphere of power. Programs focusing solely on individual behavior change miss the opportunity to identify and creatively address the underlying needs of the families within their communities.

To implement PSE changes, organizations must understand and address the needs of the community and strategically plan to sustain activities initiated with time-limited grants by incorporating breastfeeding services into the agency's larger programming and by building solid community partnerships. Partnerships are critical for PSE change implementation and can strengthen collective capacity to address structural barriers that contribute to inequitable breastfeeding rates that local agencies cannot overcome alone.

Read more about PSE & Sustainability of Breastfeeding Programs:

Through the journal article [Breastfeeding in the Community: Addressing Disparities Through Policy, Systems, and Environmental Changes Interventions](#), NACCHO discussed lessons learned of the project and share practice-oriented strategies for agencies seeking to sustain community-level breastfeeding interventions through a public health policy, systems, and environmental change approach.

Link: <http://journals.sagepub.com/doi/full/10.1177/0890334418759055>

Public Health Breastfeeding in NACCHO Exchange:

The summer 2018 issue of *NACCHO Exchange* showcases the ways in which local health departments are implementing policy, systems, and environment changes to increase breastfeeding rates in their communities. Link: <https://nacchovoice.naccho.org/2018/09/07/naccho-exchange-summer-2018-breastfeeding/>



Training Webinars: Public Health Breastfeeding Webinar Series

Background

The Surgeon General Call to Action in Breastfeeding (2011) called for an improved public health infrastructure to provide breastfeeding support to mothers, through a skilled body of lactation professionals to serve mother-baby dyads after discharged from hospital. It also recommends funding organizations in local communities to provide services to women of color, which is the group with lowest breastfeeding rates.

On average, healthcare providers in local agencies designing community breastfeeding programs often have the skillset of counseling and building rapport with mothers, but lack high-level technical skills and implementation best practices knowledge. Further, the direct service skillset they possess do not translate to the needed public health knowledge of structural barriers to breastfeeding underserved mothers face in their communities. NACCHO conducted a training and technical assistance needs survey to over 100 grantees and partners staff and confirmed the needs for assistance on the areas of partnership building, referral network, recruitment and retention of clients and other sustainability practices. The purpose of this training and technical assistance (T/TA) assessment was to help NACCHO to offer relevant, practical and focused assistance to the Breastfeeding Project grantees. Information gathered from the assessment helped us to choose training topics and offer targeted technical assistance so participants more effectively achieve breastfeeding project goals.

On average, the results showed overall community organizations needs as the following topics:

- Partnerships (engaging partners),
- Establishing referral networks (client recruitment)
- Connect women and families with support services (continuity of care and breastfeeding within public health context)
- Sustainability of community programs

Access to care and equity in breastfeeding training has been frequently discussed during recent maternal-child health conferences, however this webinar series will give NACCHO the opportunity to bring this conversation for a broader audience working directly in the communities without a cost.

Series Goal and Objectives

The goal of this training is to increase breastfeeding program implementation capacity which will result in the development of strong, sustainable and effective local-level programs.

1. List three ways that differentiate between clinical and public health perspectives as it relates to breastfeeding promotion, protection, and support.
2. Describe three strategies public health professionals can use to address structural barriers and promote equity in breastfeeding in underserved communities.
3. Identify 2 approaches to promote sustainability of community-level implementations of breastfeeding support programs.
4. Identify at least two continuity of care strategies public health entities can employ to enable broad access to breastfeeding promotion and support services in underserved communities.

Public Health Breastfeeding Webinar Series Archived Webinars



The series identifies public health solutions and promotes equity in breastfeeding rates and access to care. To learn more, visit <https://bit.ly/2NLsDmt>, or email breastfeeding@naccho.org.

— No-cost continuing education available for MDs, RNs, CPHs, CHESs —



Building Sustainable Projects through PSE Changes

Addresses how communities can implement Policy, Systems, and Environmental (PSE) changes to integrate lactation services into existing programs.

Link for CE: <http://bit.ly/2FSzO41>



Moving from National Programs to Local Initiatives

Explores how breastfeeding has been woven into the performance measures of national public health programs, including Title V, Healthy Start, and Home Visiting.

Link for CE: <http://bit.ly/2FLglpT>



Leveraging Funds and Partnerships for Sustainability

Focuses on how local-level organizations can amplify the impact and longevity of community breastfeeding programs by skillfully leveraging funds and partnerships.

Link for CE: <http://bit.ly/2HMskXk>



Engaging the Hard-to-Reach

Addresses how local-level organizations can better support communities with low breastfeeding rates by engaging and retaining women and families who are hard to reach.

Link for CE: <http://bit.ly/2pp4dAR>



Closing the Care Gap

Examines varying mechanisms that can be used to create a continuum of care to support breastfeeding in underserved communities.

Link for CE: <http://bit.ly/2HNSFOa>



Implementations that Work

Explores results and lessons learned from the Reducing Breastfeeding Disparities through Peer and Professional Support project. (No continuing education credits available for this webinar.)

Introduction: <http://bit.ly/2mrPyR2> | CDC Overview: <http://bit.ly/2flhOeV> | Public Health Breastfeeding: <http://bit.ly/2gtih6t> | Project Outcomes: <http://bit.ly/2mZffqQ> | Project Lessons Learned: <http://bit.ly/2nEkuPf>

Breastfeeding Public Health Partners (BPHP) Webinar Series: Charting the Course Together - Archived Webinars



— No-cost continuing education available for MDs, RNs, CPHs, CHESs. CERPs and CPEUs expire within one year of webinar date. —



Broadening the Spectrum of Skilled Lactation Care in the Community

Focuses on access and availability of skilled lactation support and defines the public health landscape for breastfeeding continuity of care at the community level. This series also identifies mechanisms to build equitable access to lactation care by working collaboratively with skilled lactation support providers, families, and community stakeholders. <https://adobe.ly/2KSif6E>

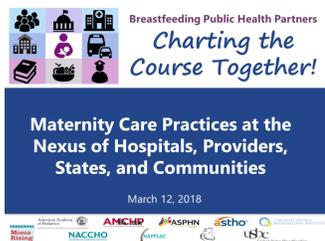
Link to CEs: <https://bit.ly/2u90f0F>



Supporting Breastfeeding at Work

Examines workplace support through supportive policies and practical tools to implement a breastfeeding-friendly workplace and childcare environment. This session provides the public health context on the importance of workplace support, and the return on investment for supporting both employers and employees to accommodate breastfeeding at work. <https://adobe.ly/2tY9VvY>

Link to CEs: <https://bit.ly/2KRuqAX>



Maternity Care Practices at the Nexus of Hospitals, Providers, States and Communities

Addresses breastfeeding support within the maternity care settings. Beyond hospitals, many entities — including healthcare providers, state and local health departments, breastfeeding coalitions and community-based organizations — can play a role in ensuring that birthing facilities incorporate evidence-based practices to increase in-hospital initiation and community duration rates through sustained collective efforts. Link for CERPs & CPEUs: <http://bit.ly/2G3F1JR>

Link for CEs: <http://bit.ly/2ppF6wU>



Breastfeeding and Public Health Equity

In this webinar, CDC's Division of Nutrition Physical Activity and Obesity (DNPAO) and the Breastfeeding Public Health Partners discusses the significance of breastfeeding as a public health issue and explores equity in access and outcomes in breastfeeding.

Link for CERPs & CPEUs: <http://bit.ly/2G1wTff> | Link for CEs: <http://bit.ly/2pooN4u>



BREASTFEEDING IN THE COMMUNITY: A TWO-PART WEBINAR SERIES



Innovations to Advance Rural Health

Compared to urbanites, the 46 million Americans living in rural areas of the nation shoulder a disproportionately heavy burden of poor health outcomes. This webinar addresses rural barriers to breastfeeding and presents innovative solutions to advance rural health through breastfeeding support expansion. CERPs expiring within a year of webinar date: <http://bit.ly/2m18LM6>

October 16th, 2017
2pm EST

NACCHO
National Association of County & City Health Officials



Engaging and Empowering Families

Successful public health programs reach community members where they are with services and supports designed to meet their identified needs. Many organizations host quality programming, but struggle to engage and catalyze the community. CERPs expiring within a year of webinar date: <http://bit.ly/2CL4Sp4>

December 15, 2017
2:00 pm ET

NACCHO
National Association of County & City Health Officials

**For more information, contact:
the Breastfeeding Team at
breastfeeding@naccho.org**

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Breastfeeding Public Health Partners (BPHP)



BPHP's purpose

To strengthen the public health infrastructure and understanding of the significance of breastfeeding as a public health priority.

Collective effort to maximize federal dollars invested in breastfeeding

Inform the various project activities of partner organizations

Increase resource and information sharing about breastfeeding programs

Improve collaboration and coordination of breastfeeding support activities

Goals



Overview

The Breastfeeding Public Health Partners (BPHP) was established to coordinate national breastfeeding efforts in the areas of peer and professional lactation support, workplace breastfeeding policies, and breastfeeding maternity care practices.

There are currently nine national partners in the Breastfeeding Public Health Partners (BPHP) group: NACCHO, Association of State and Territorial Health Officials (ASTHO), United States Breastfeeding Committee (USBC), the Association of Maternal and Child Health Programs (AMCHP), National WIC Association (NWA), Carolina Global Breastfeeding Coalition (CGBI), Association of State and Public Health Nutritionist (ASPHN), American Academy of Pediatrics (AAP) and National Association of Professionals and Peers Lactation Support of Color (NAPPLC). (Note: Most organizations are/were funded by CDC, but not all of them).

Charting the Course Together Webinar Series

In 2018, the BPHP developed the **Charting the Course Together** webinar series. This series of four 90-minute webinar sessions addresses how local, state and national organizations can work together to increase breastfeeding initiation, duration, and exclusivity rates. Each agency has experience implementing breastfeeding programming at national, state and local levels and will share their expertise. The webinar series showcased the work of their constituents and grantees articulating how national, state and local level agencies can work together in the areas of Maternity Care, Workplace Support.

Series Goal and Objectives

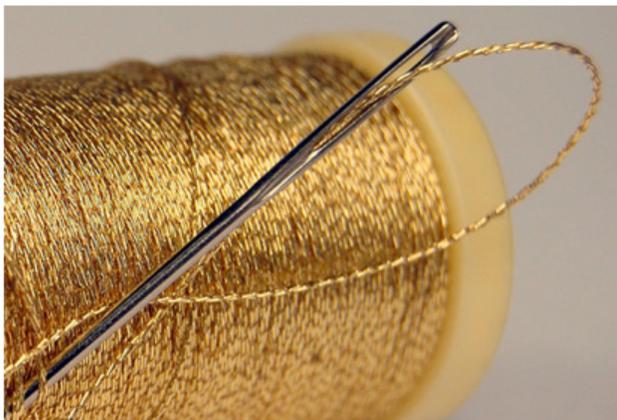
The goal of this training is to identify and share replicable models of breastfeeding support through partnerships between state, local and national agencies, which will result in the development of sustainable and effective programs that leverage efforts and resources.

1. Describe two ways that breastfeeding can improve health equity
2. Describe three ways to reduce breastfeeding inequities
3. Discuss a state or local initiative that supports breastfeeding as a preventive strategy for childhood obesity and chronic diseases
4. Identify two approaches for local and state agencies to collaborate to advance breastfeeding workplace support
5. Identify two approaches for local and state agencies to collaborate to advance maternity care practices
6. Identify at least two strategies public health entities can employ to enable broad access to breastfeeding promotion and support services in underserved communities.

The Golden Thread

- ***Breastfeeding is the golden thread woven through all of our public health initiatives.***

- Jarene Fleming
- Virginia Department of Health



NACCHO
National Association of County and City Health Officials

Appendix: Tools and Resources

Grantees Produced Materials: Curriculums

Social Marketing & Program Recruitment Brief

Cultural Humility in Breastfeeding Care Brief

Stories from the Field



Grantee-Produced Materials

1) Black Infant Health Breastfeeding Curricula

Developed by Alameda County Health Department, CA, in conjunction with Alameda County African American Breastfeeding Taskforce.

Description: Tool developed by a grantee during the NACCHO Reducing Breastfeeding Disparities through Peer and Professional Support project. A breastfeeding curriculum proposal for California Department of Public Health (CDPH) Black Infant Health program. BIH Coordinators from across the state and other program leaders were asked to share their priority challenges in promoting and supporting breastfeeding for BIH program participants. Dozens of BIH eligible mothers were engaged in three process evaluation groups facilitated by BIH Coordinators and WIC Regional Breastfeeding Liaison from Alameda County to explore participants' health care, community and personal experiences and needs, and to test draft lessons, activities, handouts and resource listings developed by the team of African American breastfeeding experts.

This curriculum includes breastfeeding education within the African American culture facilitation guidelines for prenatal education and postpartum support group sessions. It also includes a session for new African American dads, and self-advocacy.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5803>

2) The S.H.A.R.E Curriculum

Developed by Dekalb Board of Health, Georgia

Description: Tool developed by a grantee during the Reducing Breastfeeding Disparities through Peer and Professional Support. A peer breastfeeding support facilitation guide, and tips to start a support group. Sisters helping other sisters by creating a respectful environment that shares breastfeeding stories and information and provides peer support is an effective tool for increasing young African American women's breastfeeding rates.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5803>

3) Breastfeeding core competencies for home visiting staff and intake forms

Developed by Family League of Baltimore

Description: Tool developed by a grantee the Reducing Breastfeeding Disparities through Peer and Professional Support project. It describes basic breastfeeding knowledge and skills to support postpartum mothers during home visits. It also include a sample of questions added to regular intake form.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5812>

4) Breastfeeding Referral Algorithm/Criteria from home visiting staff to IBCLC

Developed by Northeast Florida Healthy Start Coalition, FL

Description: Includes: Breastfeeding Family Engagement Intervention Algorithm for Referral Process. Tool developed by a grantee the Reducing Breastfeeding Disparities through Peer and Professional Support project. This policy/procedures and breastfeeding referral algorithm was created during the Reducing Breastfeeding Disparities through Peer and Professional support for the home visiting staff of the Northeast Florida Healthy Start program. It describes organizational policy and procedure related to referring a client with intent to breastfeed.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5817>

5) The Grape Vine Project: Supporting Breastfeeding Mothers and Babies: staff training and text messages content

Developed by the Wisconsin Women Health Foundation, WI

Description: Tool developed by a grantee the Reducing Breastfeeding Disparities through Peer and Professional Support project. Basic breastfeeding education for training staff to support breastfeeding families. PowerPoint slides. It gives tips for new dads, community resources, and basic breastfeeding support for the early days. This tool also includes a set of 100 breastfeeding-related text messages for supporting breastfeeding mothers. It also includes automated text samples for all holidays. It is provided in a excel sheet.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5816>

6) B'more for Healthy Babies Basic Breastfeeding Education for African American Families

Developed by: Family League of Baltimore

Description: Tool developed by a grantee the Reducing Breastfeeding Disparities through Peer and Professional Support project. Breastfeeding basic education and photos and testimonials of black families about different topics. Part of the B'more for Healthy Babies initiative in Baltimore.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5815>

7) Community Needs Survey & Results

Developed by: the Center for Health Equity

Description: This survey was developed to inform project activities during the Reducing Breastfeeding Disparities through Peer and Professional Support. It was conducted to gather needs, wants and breastfeeding knowledge from the community. The results are also included.

Link: <http://toolbox.naccho.org/pages/tool-view.html?id=5814>

BACKGROUND

The Reducing Disparities in Breastfeeding project is a cooperative agreement between National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) to increase implementation of evidence-based and innovative breastfeeding programs at the community level by providing peer and professional support to breastfeeding mothers in African American and underserved communities. Through a needs assessment, most grantees identified program recruitment as the top challenge. A training on Social Marketing and Community Engagement was provided to all grantees in Year 1 (2015) of the project.

Nearly all community health programs face challenges with participant recruitment and retention. These key elements, along with participant engagement, can be particularly difficult when enrolling low-income populations that are usually considered harder to reach. However, those are the populations that need community health programs, including breastfeeding support services, the most. Simply providing high quality services does not guarantee participant engagement. It is essential to create a program recruitment plan that includes the use of social marketing techniques and community engagement strategies. This plan should be created at the onset of program development and should be updated frequently to meet the changing needs of the target community.

INTRODUCTION

Social marketing endorses a health behavior for the benefit of the public, rather than a product for the benefit and profit of the product developer.¹ The goal of using social marketing for community-level breastfeeding programs is to increase the use of the available breastfeeding services by mothers and families within the community.² Therefore, focus must be maintained on addressing mothers' wants and needs while considering their socio-cultural and environmental contexts in order to increase use of services. When the social product is a breastfeeding support group, the goal of social marketing is to increase awareness of the behavior and use of the available services by mothers and families within the community, increase breastfeeding rates and, ultimately, improve overall health for mother and baby.²

THE FOUR P'S OF MARKETING

There are four main principles to consider when developing a marketing strategy: product, price, place, and promotion^{2,3,4}, which are shown in the table below.

Table 1 | The Four P's of Social Marketing

	RELATION TO BREASTFEEDING SUPPORT SERVICES	POTENTIAL SOLUTIONS
<p>PRODUCT</p> <p>Concrete physical products, services, or desired behavior change</p>	<p>Breastfeeding support services provided should be perceived as beneficial and consistent solutions to a community need.</p>	<ul style="list-style-type: none"> • Partner with community groups or maternal and child health organizations. • Identify a breastfeeding champion at each site to educate their clients on your support services. • Integrate organizations to host non-breastfeeding related, personal development workshops, such as insurance navigation or healthy cooking lessons at your services.
<p>PRICE</p> <p>What the consumer must do in order to attain the marketed product</p>	<p>The emotional, physical, financial, or social costs of participating in breastfeeding support programs.</p>	<ul style="list-style-type: none"> • Provide healthy food and snacks for families at breastfeeding support meetings. • Create a space for older siblings to play, read, and do homework.
<p>PLACE</p> <p>Ways that the product reaches the consumer</p>	<p>The breastfeeding support service should co-locate or integrate services with existing community programs and should be in a safe and familiar location, and accessible to mothers and families.</p>	<ul style="list-style-type: none"> • Bring services to the community at a convenient time and preferably in close proximity to other community resources to encourage mothers and families to attend the breastfeeding support services offered. • Use virtual meetings during inclement weather. • Arrange for transportation through taxi vouchers or bus passes to alleviate some of the burdens that have an impact on a mother's decision to attend services.
<p>PROMOTION</p> <p>How prospective clients know about your product</p>	<p>Consistent promotional materials are vital for generating and sustaining demand for services. Materials should appeal to the mothers' interests and be advertised in their most frequented community spaces and through appropriate mediums.</p>	<ul style="list-style-type: none"> • Engage people via social media platforms such as Facebook, Instagram, and Twitter to provide social support, peer sharing, and meeting updates. • Promote community events from partners that may be beneficial to families.

The use of the Four P's of Social Marketing during the development of a social marketing strategy can provide further understanding and familiarity of the social networks and groups within the target community. Conducting research to understand the social networks in the target community, as well as recognizing community-specific barriers to breastfeeding, will result in a more effective community engagement plan. Behavior theory models, such as Ajzen's Theory of Planned Behavior (TPB)⁵, can increase understanding of key influencers of behavior such as perceptions, motivation, and the social environment.⁶

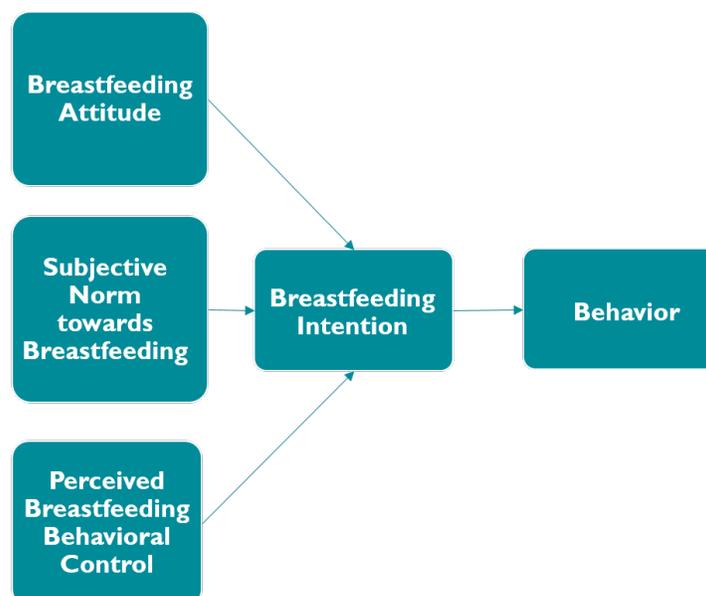
THEORY OF PLANNED BEHAVIOR (TPB) AND BREASTFEEDING INTENTION

Ajzen's Theory of Planned Behavior asserts that behavioral intention is the key determinant of behavior. The figure below shows the TPB in relation to breastfeeding behavior. This theory can also be applied to participation in breastfeeding support services.

Intention is determined by three variables:⁵

- **Attitude** – The personal evaluation of the behavior. Attitudes toward accessing breastfeeding support services can be addressed by understanding how support is perceived. It is essential to name your services appropriately so that they appeal to the community. For example, the North Carolina Breastfeeding Coalition re-named their support service "Momma's Village," which drew more interest from their community.
- **Subjective norm** – Beliefs about whether key people approve or disapprove of the behavior can affect the decision to use services offered. Engaging family members, community partners, doctors' offices, and faith-based organizations is an important way to address norms regarding breastfeeding in the mother's social network. For example, Oakland County Breastfeeding Coalition includes mothers and their entire families in their breastfeeding support services by having homework and reading clubs for older children, and groups for fathers to learn how to support their breastfeeding partners.
- **Perceived behavioral control** – Belief in personal likelihood of performing the behavior. Improving a mother's self-efficacy, or belief in her ability to perform the behavior, is a key component in addressing her perceived behavioral control towards breastfeeding and a strong predictor of engagement. Eliminating families' barriers to program participation by providing childcare and transportation, a welcoming environment, and offering other services, for example, can improve maternal engagement in breastfeeding support services. Ensuring that the *price* of participation is low enough and the service is adequately placed can increase the mother's self-efficacy to participate in these services.

Figure 1 | Ajzen's Theory of Planned Behavior, Modified in Relation to Breastfeeding Intention⁵



ENGAGING THE COMMUNITIES

Community engagement involves working and collaborating with groups of people affiliated by geographic location or similar conditions to address issues affecting the well-being of people in that community.⁷ Broad community outreach and engagement planning also increases understanding of the target population. Though community workers may not all be focused directly on breastfeeding or even maternal and child health, they are key partners when engaging community members, as they are typically resourceful, trusted, and influential members of their communities.

Ideally, breastfeeding should be the norm in a woman's social network, but unfortunately, that is not always the case. Creating partnerships and breastfeeding champions within human and health service organizations, schools and daycares, medical practitioners offices, and community groups in which families already frequent can provide beneficial knowledge, resources, and exposure to breastfeeding support service.^{7,8} If the majority of their social networks have positive attitudes towards breastfeeding, families may begin to see breastfeeding as a norm as well.

Community partnerships formed should be strategic and meaningful. These strategic partnerships consist of allies who share the similar interests or have capacity and resources to support your services and achieve a collective goal.⁸ Forming partnerships can be difficult to navigate. To ease the complexity of these efforts, leveraging similar work that potential partners already have in place and integrating breastfeeding support services into existing services can be mutually beneficial towards each other. Health and non-traditional partners will be more likely to collaborate if they will benefit from its success.⁸

CONCLUSION

Community-based organizations are key facilitators in community-level interventions, but often lack social marketing skills and community engagement plans to engage mothers into their services. The integration of social marketing and community engagement in health promotion planning is essential for any program to have success in recruitment and participation. Engaging with the community and forming strategic community partnerships to leverage efforts and cross-promote services are necessary to create behavior change and improve the participation of your breastfeeding support service.⁸ It is important to identify and address community challenges to care access, while remaining flexible enough to meet their changing needs. Using a behavior theory model, such as Ajzen's Theory of Planned Behavior,⁵ can assist in developing a greater understanding of the needs of the population, which, along with efficient social marketing and community engagement strategies, can add value to the implementation of an effective breastfeeding program recruitment plan.

ACKNOWLEDGEMENTS

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FOR MORE INFORMATION, PLEASE CONTACT:

Breastfeeding Project at breastfeeding@naccho.org, or visit the website to watch the Social Marketing and Community Engagement archived webinar: www.breastfeeding.naccho.org.

Shifting the Care Paradigm: Cultural Humility in Breastfeeding Care



BACKGROUND

In 2014, the National Association of County and City Health Officials (NACCHO), in partnership with the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity, and Obesity (DNPAO), implemented the Reducing Disparities in Breastfeeding through Peer and Professional Support project to increase breastfeeding rates among African American and underserved populations. The effort supported the implementation of 72 community-level peer and professional breastfeeding support programs in 32 states and territories from January 2015 through May 2016. Grantees provided direct breastfeeding support, based on recommendations of the [CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#) while addressing families' challenges to accessing services.

At times, grantee organization staff believed the stereotypical ideas that lactation support providers needed to be the same race or ethnicity as their clients to better relate to them and provide culturally appropriate care; that clients will not take advice from someone from a different background, which is usually not true. While there is an urgent need for a more diverse workforce among providers, there is also substantial work being done towards lactation workforce equity, not only to remove barriers to the profession for people of different races, but also different nationalities, genders, and providers from different socioeconomic status.

This factsheet describes the content of the cultural humility training provided to grantees in 2015. This training was presented at the 2016 National Head Start Conference and at the 2016 California WIC Association. Click on the link to review slides:

<http://calwic.org/storage/documents/conference/2016/Cultural%20Humility%20CWA.pdf>



INTRODUCTION

Cultural humility (CH) is a lifelong process of self-reflection, used to better understand the multi-dimensional identities of clients in order to establish and maintain respectful, healthy, and productive relationships. It analyzes root causes of suffering and gives a more inclusive view of the world.¹ CH is used in public health as a framework that contributes to the ultimate goal of working with all populations with a sense of equity and

respect. Trainings in cultural competency, address only static constructs, such as race, nationality and religion, and do not factor in the worldview that the provider brings to the interaction. CH takes into account financial, emotional, and marital status, oppression and privilege, mobility, sexual orientation, provider approaches, as well as race and ethnicity and the individual's self-identification of race, gender, generation, and multiple cultures of an individual, providing a more dynamic methodology.² Cultural humility recognizes the personal culture of every individual.

"Mothers are looking for help, but it is important to meet them where they are first and find even the smallest connection to establish and maintain a working relationship." – Stephanie Hidalgo, Breastfeeding Peer Counselor

Cultural humility is likely to have a positive association with a working alliance between provider and client, because the client is likely to develop a sense of trust and safety with a provider who engages with his or her cultural background with an interpersonal stance of openness, rather than superiority. Results of a study exploring important skills desired in a therapist by clients showed that cultural humility demonstrated from the therapist was one of the most important skills — more so than other factors, such as racial similarities, gender, years of experience, and content expertise. Further, the results showed that clients' perceptions of their therapist's cultural humility was positively associated with developing a strong working alliance and improvement in therapy.³

CULTURAL HUMILITY PRINCIPLES

Cultural humility includes a set of principles that guides the thoughts and actions of individuals and institutions that seek to address inequity in access to healthcare services, such as breastfeeding support.¹

Lifelong commitment to learning and self-reflection: Remaining humble and flexible allows for the provider's rejection of ethnocentrism and personal ideas of "normal" breastfeeding.⁴ It requires providers to conduct a critical, ongoing self-evaluation to remain aware of their own biases and limitations, and continuously seek out additional resources that will enhance the understanding of their client's worldviews and behaviors.^{1,5} Failure to develop this self-awareness can become an additional barrier to mothers accessing breastfeeding support services, despite the provider's knowledge.

Desire to fix power imbalances within provider-client dynamic: Lactation support providers should act as students of their patients, who hold the expertise of their personal story. Providers should actively immerse themselves in the community history, traditions, and norms to create a balanced, collaborative environment with pregnant and breastfeeding mothers.⁵ When providing breastfeeding education and support, providers should suspend the prescribing authority language of "this is what you should do." Instead, they should allow ample space for mothers and their families to voice their questions, beliefs, or concerns about breastfeeding.⁶ Asking for familial opinion provides more insight into a mother's personal goals and helps to identify options that work for her family. This encourages patient empowerment and self-efficacy or belief in her ability to breastfeed.¹ Patient-centered care and motivational interviewing are some of the counseling methods that are in line with cultural humility principles and are appropriate to develop a strong working relationship and conduct effective counseling with a client who is culturally different⁷, where the provider must be able to overcome the natural tendency to view one's own beliefs, values, and worldview as superior, and instead be open to the beliefs, values, and worldview of the diverse client.¹

Institutional accountability and mutual respectful partnership based on trust: Cultural humility goes further than the individual self. Accountability is also required within the institutions that aim to provide culturally appropriate support through educational programs. There should be engagement in social justice and advocacy, as well as mutually respectful, beneficial, and non-paternalistic community partnership based on trust and dialogue.¹ Assessing community needs, engaging the community by listening to and addressing the

clients' concerns about accessing services, and including community members in coalitions, decision-making, and program planning are some examples of this principle.

Watch this video (<https://www.youtube.com/watch?v=SaSHLbS1V4w>) to understand the Cultural Humility concept better.

In addition to these principles, lactation support providers may use the **ASSESS**⁸ method when aiming to provide culturally-appropriate education and support to pregnant and postpartum mothers:

- Ask questions in a humble, safe manner
- Seek self-awareness
- Suspend judgment
- Express kindness and compassion
- Support a safe and welcoming environment
- Start where the patient is

"We must become action-oriented in moving marginalized mothers to the center of the breastfeeding movement. Cultural humility comes into play here, as these mothers are often in very different situations than the 'ideal' mother and often do not have the privilege to define themselves primarily as a mother. Thus, breastfeeding may not be at the forefront of her child-rearing decisions." – Quinn Gentry, MPH

BREASTFEEDING CARE AND CULTURAL HUMILITY

It is important to look at each mother-baby dyad as unique. Asking mothers questions about the specific structural barriers and personal challenges that need to be addressed in order to make the decision to breastfeed can help providers better understand each mother's worldview.⁷ These challenges can be a lack of resources and power, poor access to support, lack of maternity or sick leave, lack of social and workplace support, and much more.⁹ The recommended breastfeeding duration and breastfeeding benefits will not resonate with these mothers until the provider actively listens and brainstorms solutions to the mother's specific hurdles.⁵ The purpose of the visit should not be limited to the provider's agenda and point of view of what breastfeeding should look like for that mother. It should focus on understanding what the mother can and is willing to do, and actively supporting her personal goals.

Using the CH principles and suspending prior judgment and stereotypes about a mother's likelihood of breastfeeding supports a safe, welcoming environment for mothers.⁵ It is better to look at personal culture of the clients, or what they decide to share with the providers about themselves, rather than using stereotyped ideas of racial or ethnic cultures as a resource for predicting breastfeeding behavior, and providing the appropriate, personalized care.⁴ Race is only the tip of the iceberg; culture is the values, norms, and beliefs that you cannot see that determine decision, length of time, self-efficacy, and effort put into breastfeeding.

Low socioeconomic status (SES) alone generates its own set of cultural, beliefs, and practices, especially those related to barriers to breastfeeding.¹⁰ Within this population, there is an inability to overcome those barriers due to lack of resources and power. Underserved new mothers usually struggle with transportation, safety, food security, childcare, healthcare, housing, and lack of available and accessible support services in the community.⁹ There are differences in the perceptions and reactions to breastfeeding barriers between different socioeconomic status, regardless of race. It is more likely that a low-income black and a low-income white new mother will have more in common and share more cultural similarities and struggles to breastfeeding than two black mothers from different socioeconomic status.

Mothers need to know that they are truly being heard by their providers and that providers are not solely feeding them information and answers based upon what providers believe to be the best practices.⁴ Instead, they need solutions to their personal barriers that hinder them from reaching their breastfeeding goals.

CONCLUSION

One of the most serious barriers to providing culturally appropriate care is not a lack of knowledge of the details of any given cultural orientation, but the providers' failure to develop self-awareness and a respectful attitude toward diverse points of view.

Lactation support providers should not assume that they understand the client's cultural background or experience based on prior trainings or stereotypes. Rather, providers should *partner* with clients and the community to understand individual patients' cultural background, experiences, personal challenges, and specific goals, and help facilitate the achievement of these goals.

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Story From the Field: Breastfeeding Peer Counseling in the Arkansas Delta

Lucy Tobin, Arkansas Breastfeeding Coalition



Nationally, women in rural areas are less likely to breastfeed than those in urban areas. In rural, underserved communities in the Arkansas delta region, women face multiple societal barriers that hinder their ability to access breastfeeding support services. The Arkansas Breastfeeding Coalition (ABC) addressed these barriers through strategic partnerships and by leveraging both internal and external resources.

Challenge

The Maternity Practices in Infant Nutrition and Care (mPINC) survey, which is administered by the Centers for Disease Control and Prevention (CDC), evaluates birthing facility practices and policies that support breastfeeding initiation. Among states and territories surveyed nationally in 2015, Arkansas ranked 52nd of 53 in 2015. Across all key indicators, breastfeeding rates for Arkansas are significantly lower than the national average. ABC implemented the CDC-NACCHO funded Peer Counseling Project in Desha County, which is located in the southeastern region of the Arkansas delta. This region has a high percentage of African American residents and is predominately rural. According to the CDC's National Immunization Survey, children living in rural areas are less likely to have ever been breastfed (74.0%) compared to children in urban areas (80.6%). Data from the CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) highlights racial disparities in breastfeeding within Desha County; the breastfeeding initiation rate for African American women (28%) in Desha County was significantly lower than the rate for white women (68%). U.S. Census Bureau data indicates that the poverty rate for Desha County, 27.3%, is more than twice the national poverty rate of 13.5%. County residents have no access to public transportation, limited internet access, and no trained lactation service professionals providing breastfeeding support.



Executive Committee for the Arkansas Breastfeeding Coalition

Solution

The objective of Arkansas Breastfeeding Coalition’s Peer Counseling Project, funded through a cooperative agreement between CDC and the National Association of County and City Health Officials (NACCHO), was to train an African American breastfeeding peer counselor recruited from the targeted community. Although the peer counselor worked at a local health unit under the administration of the Arkansas Department of Health, she also provided services at Delta Memorial Hospital. During her visits to the hospital, the peer counselor had access to an iPad for video conferencing with an International Board Certified Lactation Consultant (IBCLC). Video conferencing allowed the Little Rock-based, IBCLC to support moms with lactation problems that were beyond the peer counselor’s scope of expertise.

ABC developed a formal partnership with Say Yes to Best, a baby safety project implemented by the Arkansas Department of Health’s Minority Health Division. The peer counselor served as an intermediary who procured free baby safety items from the Say Yes to Best Project and distributed them to families in conjunction with her breastfeeding support and promotion activities. Other organizations who worked with ABC include Chicot County Birthing Project, Desha County Mom and Me Program, and Star Health Home Visiting Program. Unlike WIC peer counselors, the ABC peer counselor hired through the NACCHO project could support all families, and was not limited to only those families enrolled in WIC. The peer counselor also enhanced her skills through training as a certified lactation counselor.

Results

The improvement in maternity practices within Delta Memorial Hospital is one of several policy, systems, and environmental changes implemented by Arkansas Breastfeeding Coalition. By working with its partners to change the environmental context in which women were being supported during the prenatal and postpartum period, ABC increased access to breastfeeding support within Desha County

and made progress towards normalizing breastfeeding among families and community service agencies. These strategic partnerships brought together expertise from multiple stakeholders, encouraged interagency referrals, and allowed for resource leveraging.

The baby safety items served as incentives for expectant mothers and created an opportunity for the peer counselor to educate families about the benefits of breastfeeding. Although hospital staff and department of health nurses encouraged women to breastfeed, the peer counselor served as a role model for many women in the community who did not have anyone in their peer network who had successfully breastfed. The sole obstetrician in Desha County recognized the peer counselor's unique role and now refers his patients to her for breastfeeding support during the postpartum period. The collective work of ABC and its partners throughout the Arkansas delta will undoubtedly lead to improvements in breastfeeding outcomes for African American women in the region.

Lessons Learned

ABC encountered some challenges with the reimbursement aspect of the NACCHO grant due to the organization's small operating budget. Given the opportunity to replicate the breastfeeding project in other communities similar to Desha, ABC would offer additional incentives to women such as transportation stipends and cell phone minutes. Conducting follow-up calls and home visits with low-income moms who expressed a desire to breastfeed was extremely challenging in a rural setting. Oftentimes, moms did not answer their phones because they could not afford to use up their minutes. Occasionally, some women were absent when the peer counselor conducted home visits, while others did not have transportation to keep their appointments at the clinic. ABC achieved its objective of recruiting a peer counselor who had breastfeeding experience. The peer counselor was willing to receive additional training to expand her skills and knowledge, and now the county has a Certified Lactation Counselor (CLC). The peer counselor (now CLC) played a significant role in the success of the project and was formerly hired by WIC at the end of the NACCHO grant. ABC's partnerships with existing projects underscores the importance of leveraging resources. Through the collective work of this coalition more women in Desha County have been encouraged to breastfeed.

For More Information

To learn more about ABC please visit: <http://www.arbfc.org/>
Website for Arkansas Breastfeeding Coalition: <http://www.arbfc.org/>



Story From the Field: Florida Department of Health, Broward County

*By Esther March Singleton MBA, RN, BSN, BHS, IBCLC, RLC
Florida Department of Health in Broward County, Florida*

Integrating breastfeeding peer support into the hospital setting for improved continuity of care

Challenge

The Florida Department of Health in Broward County-WIC program (DOH-Broward WIC) was a grantee of NACCHO's Breastfeeding Initiative. With NACCHO funding, Broward County-WIC's goal was to increase breastfeeding rates for African American women in the community. Prior to implementing the project, Broward County conducted a community breastfeeding needs assessment to understand the major challenges of the population they were serving. The results highlighted the need for in-hospital support and accessible lactation support services upon discharge.

Solution

In response to the needs assessment, DOH-Broward WIC designed a program to increase access to lactation care, and expand services beyond the WIC clinic walls to include additional community spaces that were familiar to African American families. To improve breastfeeding initiation rates, DOH-Broward WIC also developed an in-hospital peer counseling program. It established a strong partnership with Holy Cross Hospital and implemented a Memorandum of Agreement (MOA), which outlined the scope of practice for hospital peer counselors. Through this agreement, trained peer counselors were able to provide lactation support immediately after delivery and enroll WIC-eligible clients. Peer counselors were able to enter a breastfeeding care plan into the WIC data system to ensure mandatory post-discharge follow up, thus improving continuity of care for





WIC families. Additionally, all clients were referred to the community peer support group, “It’s Natural – Sisters Taking Charge.” Furthermore, high-risk cases were referred to the LHD lactation consultant. Through the project, from January 2015 to May 2016, DOH-Broward produced 1,637 individual breastfeeding contacts with mothers, and held 255 breastfeeding classes and support groups.

Results

As a result of the program, DOH-Broward WIC increased breastfeeding rates in one of its nine sites that served mostly African American clients with the lowest breastfeeding rates in the county: 19.9% at six months’ breastfeeding duration compared to the county’s rates at 33.9%, and state rates at 31%. By working closely with an area hospital to implement an in-hospital breastfeeding peer counseling program, Broward County was able to close the lactation care gap from pregnancy through the postpartum period, and increase breastfeeding initiation by 4%, with duration rates at six months by 8.5% of WIC clients during the project.

Other identified challenges were to address families competing priorities in order to fulfill mothers’ basic needs, including financial and emotional support. Beyond partnering with Holy Cross Hospital, DOH-Broward joined forces with additional community partners to support the identified needs. Through the Broward Breastfeeding Coalition, DOH Broward-WIC engaged other partners, including the Urban League and Healthy Mothers, Healthy Babies, to create a comprehensive breastfeeding resource guide and select educational materials to be widely promoted and distributed to area hospitals. This activity ensured providers were presenting standard and consistent messages.

Lessons Learned

As a result of the program’s success, the in-hospital peer counseling program was implemented in four additional area hospitals. DOH-Broward WIC attributes the program’s success to the investment in building key partnerships, especially with the area hospitals. An additional lesson learned through its program was the need to provide specific hospital setting training for peer counselors. Finally, empowering peer counselors to build relationships with clients, preferably during the prenatal period, and to be a resource that can provide or help find psychosocial, emotional, and economic support for clients was a key factor in its success. DOH-Broward County WIC learned that if a family’s basic needs are not met, they are often unable to breastfeed at recommended levels.

For more information

To learn more about this project, watch the recording webinar Leveraging Funds and Partnerships and receive no-cost continuing education credits: <http://bit.ly/2nAF0pm>

For more information:

<http://www.floridahealth.gov/programs-and-services/wic/breastfeeding/index.html>

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Story From the Field: Children's Home Society of Florida

By Shannon Currie, MSL, Community School Director, Children's Home Society of Florida and Harumi Reis-Reilly, MS, LDN, IBCLC, Lead Program Analyst, Breastfeeding Project, Safe, Healthy and Resilient Communities, NACCHO

Meeting Teen Moms Where They Are: An Innovative School-based Breastfeeding Program

Children's Home Society and Commonsense Childbirth engaged the community of Pine Hills from community-based partnerships designed to demonstrate improvement in breastfeeding practices for registered participants in the early post-partum period, at 6 months and 12 months, as compared to 2013 statistical data collected from the Florida Department of Health. Children's Home Society (CHS) of Florida provided Wellness Coaches to deliver peer lactation support and education through direct referral and online support through the Peer and Online Lactation Support (POLS) portal.

Adolescent African American mothers face unique challenges to breastfeeding at optimal rates in the rural, low-income area of Pine Hills, Florida. Through funds from NACCHO's Reducing Disparities in Breastfeeding through Peer and Professional Support grant, Children's Home Society of Florida implemented a breastfeeding support program in a local high school, bringing much-needed support services to new and expecting teen mothers.

Challenge

Pine Hills, one of the poorest areas in Florida, is a predominately African American community, with significant racial disparities in birth outcomes, Sudden Infant Death Syndrome (SIDS) rates, and breastfeeding initiation rates. Pine Hills is located within Orange County. In 2016, the overall infant mortality rate for Orange County was 7.1 per 1,000 live births, while the black infant mortality rate was 12.3 per 1,000 live births. These both represent an increase over infant mortality in 2015.¹ In 2015, the Orange County birth rate among adolescent mothers aged 15-19 was 15.1 per 1,000 for white teens and 29.6 per 1,000 among black teens, higher than the Florida state adolescent birth rate of 20.3 per 1,000.² In addition, Pine Hills' overall unemployment rate is 14%.³

The lack of a supportive environments in the Pine Hills community makes breastfeeding an unfeasible option for families, especially for adolescent African American mothers. There are no Baby-Friendly Hospitals (BHFH) serving Pine Hills residents, and their community lacks formal workplace breastfeeding support policies and breastfeeding-friendly Early Care Education facilities. Within the community, there is only one part-time, professional lactation support provider located in the local WIC office. Transportation is usually an additional barrier to accessing services in rural areas. This barrier is heightened for adolescent mothers, as they often must rely on parents or guardians for transportation.

Additionally, teens may not be empowered to make their own health decisions. Therefore, if their families do not support breastfeeding, they may not be able to access support services at all.

Children’s Home Society (CHS) of Florida is the oldest and largest statewide organization in Florida serving children and families. During their 112-year history, CHS has worked with pregnant and post-partum women to provide home visiting services including Healthy Start, Healthy Families America, and Early Head Start. With funding from NACCHO, CHS focused on engaging Pine Hills’ adolescent mothers in breastfeeding support services.



Working with minors brings unique challenges. Many lack transportation, have competing time demands of school and work, and experience the social stigma around teen pregnancy, which often results in a lack of social support. Prior to working with CHS, Evans High School (EHS) had no existing breastfeeding support for student mothers to breastfeed at school. Teen mothers and their families did not have the education and support needed to challenge common breastfeeding myths and overcome barriers.

Solution

CHS developed a breastfeeding support program at EHS to provide educational, emotional, and social support to pregnant and new teenage mothers. Teens today are digital natives and new mothers tend to spend more time online after giving birth. CHS made use of technology to engage expecting and new adolescent mothers in breastfeeding support services through their Peer Online Lactation Support (POLS) program, which provides mothers with interactive online lactation support and educational resources.

Establishing relationships with key partners including school administration, staff and students, Orange County Public Schools (OCPS), and True Health Wellness cottage was essential to the program’s success. Cultivating relationships with community partners including WIC, Healthy Start Coalition of Orange County, and Common Sense Childbirth (CSC) helped to identify resources for mothers beyond the school setting.

In collaboration with CSC, CHS increased their organizational capacity by training culturally diverse community health workers, also known as Wellness Coaches, using the Community Outreach Perinatal Education (COPE) curriculum. This enabled the Wellness Coaches to become doulas, childbirth educators, and lactation educators. Those newly trained coaches were then matched with pregnant clients to provide breastfeeding support throughout the pregnancy and postpartum period.

Results

CHS used their partnership with OCPS and EHS to open a “No-Judgment Zone” lactation room, equipped with a hospital-grade lactation pump, within the high school building for the student mothers to pump

and store breast milk privately during the school day. Participating students were issued special hall passes from school administrators who acted as student advocates to ensure that pumping breaks did not affect class attendance. Additionally, a new lunch program was introduced for pregnant and breastfeeding students to receive additional healthy foods to meet the increased nutritional needs of breastfeeding mothers.

Wellness Coaches engaged teen mothers' families to improve support at home. Students were encouraged to invite their support system, including grandmothers and fathers, to ongoing group meetings. Wellness Coaches used these opportunities to dispel breastfeeding myths and provide educational support to every person directly involved with the mother's parenting and breastfeeding process.

CHS addressed the transportation barrier for teens co-locating lactation support services within the school grounds meeting the teens where they were. Additionally, providing support through their online portal, <http://www.ifeedmybaby.com>, allowed teen mothers and fathers to ask questions and engage with Certified Perinatal Educators at any time.

Lessons Learned

CHS encountered some challenges when implementing its program. Establishing key partnerships enabled them to succeed and sustain the program. Partnering with OCPS and EHS and training breastfeeding champions within the high school allowed CHS to create a more accepting breastfeeding environment within the school setting. In addition to the school partnership, CHS worked in collaboration with the Easy Access Women's Health Clinic to integrate CHS perinatal educators, who then provided education and resources to expecting mothers in the clinic. An additional partnership was established with the pregnancy center to provide monthly breastfeeding support groups with new and expecting mothers. CHS can also attribute their success to engaging the teens' families, who often are the decision-makers in their children's lives.

CHS has improved the breastfeeding landscape in Pine Hills by changing systems and strengthening partnerships to create a more breastfeeding-friendly environment. CHS support services have become a signature initiative that is well attended by pregnant and post-partum teen mothers and fathers. Currently, CHS has extended their breastfeeding services to two additional community providers who serve teen and adult mothers. They have also expanded the program to another high school within a predominately black and largely underserved community.

For more information

Children Home Society of Florida: <https://www.chsfl.org/>

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Story From the Field: Contra Costa County Health Services

Contra Costa County Health Services, Family, Maternal and Child Health Programs — WIC

Breastfeeding initiation rates in the Contra Costa Regional Medical Center (which serve most of our Medi-CAL eligible population) for "any" breastfeeding are over 95% and for exclusive breastfeeding 66%. However, by 2 months the rate of breastfeeding drops by more than half that rate. The rate of Breastfeeding for African Americans is usually ten percent less than average breastfeeding rate in CCC.

Contra Costa's project has been concentrating on building sustainable lactation support (integrated into the health care system) to improve breastfeeding rates in the early postpartum period. We are also committed to addressing gaps in lactation support for our postpartum mothers, especially African Americans.

This concept of newborn lactation clinics with a medical provider and an IBCLC was started and continued by seed grant funding in 2012 (CDC COPP Grant) until present (Kaiser, CDC and NACCHO). The project has continued to be funded with Contra County Health Services dollars as well to expand to all regions of the county. We now have 6 newborn outpatient lactation clinics throughout Contra Costa County with sustainable FQHC funding.

Program Activities

- Created a System of Breastfeeding Support for mothers delivering at Sutter Delta Medical Center
Hired an African American lactation consultant to deliver direct lactation services for African American mothers
- Developed a system of coordination of post-discharge support including Lactation clinics, Public Health Nursing and WIC referrals
- Developed a breast pump loan program for mothers needing lactation equipment to initiate or sustain successful breastfeeding
- Provided breastfeeding training for Sutter Delta nursing staff and East County Providers serving breastfeeding mothers

Key Successes

- The African American Lactation Consultant provided 158 lactation consultations over the past 4 months, 29% of the contacts were African American mothers.
- The in-hospital Breast Pump Loan Program assisted women to initiate and/or sustain breastfeeding
- The coordination of lactation clinics, PH Nurse and WIC referrals improved post-discharge care for mothers and babies born in Sutter Delta Medical Center
- There was a 12% improvement in exclusive breastfeeding rates in Sutter Delta Medical Center over the past few years
- Breastfeeding Training for Sutter Delta Staff and community partners increased capacity to support breastfeeding in East Contra Costa County

Lessons Learned

- The system to get contracts approved in Contra Costa County is slow and impeded grant implementation
- The system to improve post-discharge care takes perseverance to navigate the health care system and make it sustainable

Sustainability

- The breast pump rental system will be a stable support for women who need lactation equipment to continue breastfeeding
- Jessica Lee (Lactation Consultant) proved herself to be indispensable and will be hired by Sutter Delta to continue her work
- The follow-up care referral system and lactation clinics will continue to expand and be a cost-effective way to improve lactation services
- The breastfeeding training for staff and community partners will increase the capacity to support breastfeeding in the hospital and community, affecting thousands of people in the years to come

For More Information

Contra Costa Health Services webpage on WIC Services: <https://cchealth.org/wic/>
Breastfeeding: <https://cchealth.org/wic/breastfeeding/>

Dakota County Public Health Builds on Breastfeeding Program to Create Rapid Referral System

By Harumi Reis-Reilly, MS, LDN, CHES, IBCLC, Lead Program Analyst, NACCHO, and Katie Galloway, MBA, RD, LD, IBCLC, Dakota County WIC Program



Dakota County Public Health Department (DCPHD) in Minnesota, a 2017 NACCHO Model Practice awardee, built upon their comprehensive breastfeeding program and implemented a rapid referral system to expand access to critical lactation care to low-income families. Through the Reducing Breastfeeding Disparities through Peer and Professional Support grant, DCPHD increased participation by 68% in prenatal breastfeeding classes and more than doubled their rapid-response lactation visits.

DCPHD provides many services to the large underserved members of its community, especially pregnant women and new mothers. For example, in 2010, about 33% of babies born were to low-income women on Minnesota's Medicaid Program. Dakota County WIC participants started breastfeeding at high rates (85%) in 2013, however only 38% of them were still breastfeeding at six months. While breastfeeding initiation among African

Americans in the Dakota County WIC program are among the highest in Minnesota, there are concerning inequities related to the exclusively breastfeeding rates. For instance, according to the WIC database, African American clients are more than four times less likely to exclusively breastfeed than white, non-Hispanic women.

One of the reasons for low exclusivity breastfeeding rates among African American moms was the limited availability of affordable lactation support services in Dakota County. Hospitals and medical providers outsource prenatal and postpartum breastfeeding classes and support services to for-profit businesses, whose fees pose a financial barrier that prevents low-income families from receiving appropriate breastfeeding education and support. Due to staffing limitations and inadequate lactation training for public health professionals, there are few affordable breastfeeding services available in the area.

Although DCPHD's family health nursing staff regularly promoted breastfeeding, only 8% of its staff had have completed advanced breastfeeding training. While all DCPHD WIC staff was trained at the Certified

Lactation Counselor (CLC) level, staff and clinic scheduling constraints made it difficult to provide adequate support.



Prior to NACCHO funding, DCPHD led the Breastfeeding-Friendly Health Department initiative, designed to improve the breastfeeding environment and increase organizational capacity to support breastfeeding. This initiative was piloted in ten local health departments (LHD) in the state. Pilot sites implemented the ten-step protocol, including supportive policies and use of champions as outlined in the Breastfeeding-Friendly Health Department Toolkit. This program has been successful and is now

recognized as a Model Practice, receiving the 2017 NACCHO Award due to its contribution to the overall improvement of public health through effective evidence-based practice methods. Watch their presentation here: [Link to Dakota Presentation](#).

In 2015, with funds from NACCHO and the Centers for Disease Control and Prevention (CDC), DCPHD enhanced its comprehensive breastfeeding program by implementing a new component: the rapid response system. This initiative provided advanced lactation support by trained public health nurses within 24 hours of referral. The program addressed critical gaps in breastfeeding support services for African American, low-income, and underserved communities in Dakota County.

DCPHD works cooperatively with the Dakota County WIC program to support prenatal breastfeeding classes, since most DCPHD clients who are pregnant women and new mothers are also WIC participants. DCPHD also worked with Dakota County's 360 Communities, a faith-based organization, and the Community Action Program to provide breastfeeding education training to home visitors with the goal of increasing the provision of lactation education among nursing mothers.

DCPHD was able to meet the identified community needs of access to immediate, critical support through the implementation of the rapid-response to lactation referrals. DCPHD increased organizational capacity by training 60 staff members on basic and advanced lactation management. This increased number of available trained lactation support providers led to greater availability of free-of-charge breastfeeding classes throughout the community, and a 68% increase in participation in classes. In addition, the rapid referral system more than doubled the number of rapid-response lactation visits (from 2.8 to 6.9 visits/month) during the grant period.

In addition to training public health nurses who visit clients, DCPHD was also able to build on the capabilities of additional home visitors, enabling them to provide basic lactation support and make appropriate referrals to sustain breastfeeding.

Since Dakota County already had a foundation of supportive policies and systems in their Breastfeeding-Friendly Health Department before NACCHO's grant, they were able to build upon this supportive environment and quickly implement additional components to its program. The key factors in their success were the supportive leadership within the organization, the previously built foundation of implemented policies and systems, and prior key partnerships with WIC and a home visiting agency.

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Story From the Field: Esperanza Health Centers, Chicago

By Harumi Reis-Reilly, MS, CNS, CHES, IBCLC (NACCHO) and Carmen Vergara, RN, MPH, Esperanza Health Centers

Shifting Internal Policies and Systems to Create Breastfeeding Continuity of Care

Esperanza Health Centers, a former grantee of NACCHO Breastfeeding project, is a Federally Qualified Health Center (FQHC) on the Southwest side of Chicago. The main population served is predominately low-income and Latino. Families in Esperanza's service area experience significant economic, educational, and health inequities. Over 70% of area residents live 200% below the poverty level. Esperanza's main services are adult primary care, pediatrics, prenatal care and behavioral health. Additional public health services include programs related to children's weight management, diabetes management, and physical activity. referral and online support through the Peer and Online Lactation Support (POLS) portal.

Healthy Tomorrows Program (HTP)

In 2013, the HTP was launched with funds from Health Resources and Services Administration (HRSA). The program has been endorsed by the Department of Public Health in Chicago, IL due to its potential to reduce inequities by providing access to high-quality culturally-appropriate care. The program aims to improve breastfeeding rates among Latinas, who typically initiate breastfeeding, but have lower rates of duration and higher rates of formula supplementation.



Beyond providing culturally-appropriate breastfeeding education and support, the HTP seeks to address client social service needs and remove barriers to care access by helping Latinas navigate the US insurance (or healthcare) system to ensure that they receive comprehensive prenatal and postpartum care. The HTP aligns the medical specialties, including, but not limited to, OB/GYNs and Pediatricians, and frontline staff within the FQHC to work together to increase breastfeeding rates.

In 2015, with funds from the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control (CDC) and other sources, Esperanza expanded the HTP by implementing



weekly breastfeeding peer support groups in a highly visible public area at one of its three clinic locations and partnered with a local library branch to host offsite support groups within the broader community. Esperanza went beyond the provision of direct services by implementing internal policy and system changes to improve the consistency and quality of breastfeeding support services provided by staff in a way that would sustain after grant funds ended.

Policy System and Environmental (PSE) Changes and Partnerships

Policy: Esperanza implemented an agency-wide Breastfeeding Support and Education Work Flow system by establishing protocols to ensure that clients receive seven points of breastfeeding support contact, starting from the first prenatal medical visit to the infant’s first month of life and at least two or more contacts until baby’s first birthday.

Systems: The center updated its electronic medical record (EMR) system to capture client breastfeeding intentions and status and to document all breastfeeding education and support sessions (e.g., during client medical visits, by phone and at the hospital post-birth) by different staff within the center

Figure 1 illustrates the client contact points and indicates who and how breastfeeding support services are provided.

Environment: Increased broad acceptance and support of breastfeeding by training all center employees, including front-desk staff, medical assistants, and physicians, on the importance of breastfeeding and lactation support management. They tested staff knowledge and attitudes through and pre and post training assessment. In addition, Esperanza instituted weekly breastfeeding support groups in a highly visible clinic area and at a local library branch.

Electronic Health Records Update

HT Contacts	Type	By	Weekly Breastfeeding Peer Support Group Breastfeeding Counselor (IBCLC) and Peer Counselor
1 First OB Visit	👤👤	Obstetrician Peer Counselor	
2 3rd Trimester Visit	👤👤	Obstetrician Peer Counselors	
3 Birth Visit (SAH)	🏥	Lactation Consultant (IBCLC) Covering Pediatrician	
4 Newborn Visit	👤👤	Pediatrician Peer Counselors	
5 1 Week after Newborn Visit	📞	Peer Counselor	
6 3 Weeks after Newborn Visit	📞	Peer Counselor	
7 1 Month Baby Visit	👤👤	Pediatrician Peer Counselor	
8 Ongoing Breastfeeding Support from 1 to 12 Months as Needed	📞👤👤	Lactation Consultant (IBCLC) Peer Counselor	

Figure 1

Partnerships: To address community continuity of care and close the gap in services that often occurs between hospital delivery and the early postpartum period, Esperanza enhanced their partnership with Saint Anthony Hospital, a local hospital where most FQHC clients deliver. Esperanza joined the hospital’s baby-friendly committee, and also invited hospital staff to join the centers’ advisory board. A result of

the partnership is the Birth Visit by Esperanza's lactation staff or covering pediatrician at the hospital, which is one of the seven points of contact in the HTP Breastfeeding Support and Education Work Flow system. The main facilitators for this key partnership and program implementation were leadership buy-in, and the use of physician champions that were engaged and advocate for the program.

By shifting internal policies and systems and integrating breastfeeding support into other existing culturally appropriate, population-based services within the clinic, Esperanza Health Centers' HTP was able to increase breastfeeding community continuity of care for the predominately low-income Latino community served by the FQHC in Southwest Chicago.

For More Information

To learn more about this project, watch the recording of the webinar Breastfeeding in the Community: Closing the Care Gap *No Cost Continuing Education Available* here: <http://bit.ly/2mRL48m>

Leveraging Existing Resources to Achieve Breastfeeding Equity



By Emily Bernard, IBCLC, NACCHO Consultant; Barb Hawkins Palmer, KCHD, Executive Director of Healthy Kent; Bonita Agee, Strong Beginnings, Education Coordinator; Teresa Branson, KCHD, Deputy Administrative Health Officer; and Chelsey Saari, KCHD, Project Director for Population Health & Accreditation Coordinator

Synopsis

Recognizing there was significant racial inequity in breastfeeding among African American mothers, the Kent County Health Department (KCHD), in Grand Rapids, Michigan, deemed the disparity unacceptable and convened a group of stakeholders to discuss this issue and ways to address it. Only 53% of African American mothers initiated breastfeeding, compared to 79% for white clients. Although there is a WIC program operated by KCHD and various additional maternal and infant health support services in the community, stakeholders determined that mothers would benefit more from receiving one-on-one breastfeeding-specific care. Using the well-documented success of peer mentor models, and with funds from NACCHO, KCHD formed a committee who worked in collaboration with the Healthy Kent Breastfeeding Coalition and the EMPOWER Hospital (Mercy Health Saint Mary's), to create the Mothers Helping Mothers Breastfeed project, peer mentor home visiting program, in an effort to close the breastfeeding continuity of care gap for African American women.

Instead of developing a brand-new program and realizing the value of partnership, the project aligned with Strong Beginnings, a federal Healthy Start program, and their already established Breastfeeding Café support group, known as Helping Us Grow Strong (HUGS). Women participating in the project received weekly group support from other moms, mentors and lactation consultants at HUGS. The project partners also provided a culturally attuned training, *Breastfeeding from an African American Perspective* curriculum, for health professionals and related organizations.

Challenge

About 35% of African American women in Kent County discontinue breastfeeding within the first month after delivery. A lack of awareness of local support services and the need for peer support may be reasons why they choose to discontinue breastfeeding. Prior to this project, information being provided

to new mothers by healthcare professionals and related organizations about breastfeeding was largely unknown, and speculative at best.



Through a pre-implementation gap analysis with community members, local agencies and clinical professionals, KCHD identified that the

community had limited accessible breastfeeding support services for new African American mothers and lacked culturally attuned lactation support providers. Many African American mothers reported that healthcare providers did not typically refer them to lactation care or supports. Furthermore, there was not a consistent and comprehensive resource guide detailing breastfeeding support services available to African American mothers within the Greater Grand Rapids area. Healthcare providers appeared to be giving inconsistent information, missing prime breastfeeding education opportunities during prenatal visits, and not regularly referring breastfeeding mothers to existing community resources.

This project had a short timeframe of 6 months and required an engaged multisector partnership to gather information, expand support, train and sustain the engagement. While KCHD had the desire to improve community breastfeeding rates among African American mothers they recognized the need for new and existing partnerships to effectively engage with African American breastfeeding mothers. To accomplish the project's objectives, KCHD leveraged an existing infrastructure and key existing partnerships.

Solution

Informed by the gap analysis, which included a survey of healthcare professionals and a series of focus groups with African American mothers, KCHD identified three key strategies aimed to improve African American breastfeeding rates. The project focused on training healthcare staff, expanding an existing breastfeeding support program and developing a comprehensive breastfeeding resource guide.

KCHD recognized a gap in internal organizational capacity, appropriate skill set, and the level of cultural competency needed to support breastfeeding initiation among African American mothers. To address this gap, KCHD assembled a team which included a community program health educator, an International Board-Certified Lactation Consultant (IBCLC) and a Certified Lactation Consultant and former WIC Breastfeeding Peer Counselor, all of whom were African American women. These women then identified and mentored five Peer Breastfeeding Mentors from the Greater Grand Rapids community through the HUGS breastfeeding support group. Once trained, Peer Breastfeeding Mentors provided support for other African American mothers who were interested in initiating and sustaining breastfeeding, especially in the first four weeks following birth.

Results

Expanding upon an existing community program, HUGS, instead of building a new one allowed for rapid engagement of African American mothers. Five Peer Breastfeeding Mentors were trained during the six-month project, and four started actively supporting mothers with in-person individual and group counseling, phone calls and text messaging support. In addition, a private virtual support group through Facebook was created for the Peer Breastfeeding Mentors as an additional form of mother-to-mother support. Each Peer Breastfeeding Mentor was equipped with a universal breastfeeding kit that was taken to all support encounters to standardize education and care. This resource kit, adopted from the

Strong Beginnings program, contained a cloth breast and belly size models, visual educational materials and information on pumping and milk storage.

The Healthy Kent Breastfeeding Coalition, Mercy Health Saint Mary's and KCHD also provided training as a component of this project. The one-day culturally attuned training, *Breastfeeding from an African-American Perspective*, created and developed by Bonita Agee (Strong Beginnings Education Coordinator), Latoyia Thomas (IBCLC), and Christine Stangle (former WIC Breastfeeding Peer Counselor and now Certified Lactation Counselor), all of whom are African American women, was attended by 100 participants from various healthcare and related organizations including hospital employees, community program staff, and community health workers who work primarily with women of color. The curriculum included topics such as the historical context of breastfeeding in African American communities, factors that contribute to disparities, and breastfeeding benefits and barriers. The training also identified multiple teaching opportunities for breastfeeding education during prenatal appointments and information on how to refer African American women to culturally appropriate support groups.

To enhance training and support, KCHD compiled a universal resource guide, launching it online in conjunction with the Healthy Kent Breastfeeding Coalition. It was also made available in hard copy for distribution among healthcare providers. The extensive engagement of the Peer Breastfeeding Mentors and IBCLC expanded into the faith-based community and known community networks to increase families receiving support.

An unexpected and welcome outcome of this project is the additional financial support provided by the Healthy Kent Breastfeeding Coalition to build a sustainability plan for the activities started during the NACCHO project period. KCHD applied for a Michigan State Health Innovation grant that was awarded for one additional year of breastfeeding support through the Mothers Helping Mothers Breastfeed project.

Lessons Learned

For a 6-month grant period, the proposed work plan was ambitious. Conducting a gap analysis with African American mothers and healthcare staff was important for informing project activities and training needs. KCHD did not struggle with recruiting Peer Breastfeeding Mentors, however, did become aware of some barriers mentors face. Several of the Peer Breastfeeding Mentors faced health issues, childcare dilemmas and family difficulties similar to the women they were mentoring.

Peer Breastfeeding Mentors were often current or former clients of home visiting programs which contributed to their interest in serving in a mentor role for other women. This initiative furthered conversation and recognition that breastfeeding support services are multi-faceted, need to account for cultural considerations, should include staff that reflect the population served, and should be delivered in collaboration with existing programs and services like home visiting programs, WIC, and related services. When determining service needs and strategies for addressing those needs, it is essential to utilize an equity lens to reduce disparities in breastfeeding and improve overall health.

www.accesskent.com/health/

<http://kentcountybreastfeeding.org/local-resources/>

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Laying the Infrastructure for Breastfeeding Partnerships in Lee County



By Emily Bernard, IBCLC, NACCHO consultant in collaboration with Carol Lawrence, PhD, MS, BSN, RNC-OB and Lori Riddle, Lori H. Riddle, RD, LD/N, CLC Florida DOH and Lee Health

Synopsis

The Florida Department of Health in Lee County (DOH Lee) worked alongside three hospitals during NACCHO's Reducing Breastfeeding Disparities through Peer and Professional Support project. DOH Lee's project was designed to improve the county's environment to support breastfeeding for black families through the establishment of a strategically developed coalition, as well as through the provision of advanced training of agency and hospital staff, other than nurses, to improve breastfeeding support within the hospital and the community. DOH Lee helped to implement the EMPower Breastfeeding Project by providing prenatal education and postpartum support to low-income, black families delivering in these enrolled hospitals.

Challenge

Although Florida breastfeeding initiation rates have already achieved Healthy People 2020 goals, inequities among African Americans are evident (See Table with rates comparison). Increasing the percentage of mothers who exclusively breastfeed is one of the core goals of the State Health Improvement Plan (SHIP). To achieve this goal, it is essential that hospitals and community agencies work together to support breastfeeding initiation and continuation. With funding from NACCHO, Lee Health and DOH Lee was able to develop a vital collaboration to boost breastfeeding rates.

	Florida 2014	Lee County 2014
Average (2014)	84.2%	75.8%
African American (2014)	75.1%	59.9%

The DOH Lee WIC (Women, Infants, and Children) program had previously implemented the Loving Support[®] Makes Breastfeeding Work to guide staff training, ensure the provision of quality client education and appropriate support, and expand outreach efforts. However, there was a lack of diversity in the lactation workforce, few coordinated breastfeeding efforts, and no community-wide discussions on these issues.

Solution

DOH Lee developed formal partnerships by establishing a local breastfeeding coalition to support the project. Under supportive leadership, they were able to use the same framework of the successful pre-existing countywide coalition by creating the project’s mission, vision and goals. The newly established diverse community-wide coalition identified effective strategies to address breastfeeding inequities in its community.

DOH Lee also provided professional lactation education to women within the targeted underserved community. The need for a higher level of support was identified in both hospitals and at WIC. Five candidates were selected to receive advanced breastfeeding training. Hospital policy prevented its staff from providing direct breastfeeding assistance without additional training; thus, the hospital scholarship recipients included two certified nursing assistants and one child advocate with no formal breastfeeding education. The remaining scholarship recipients worked for WIC as Breastfeeding Peer Counselors and had limited breastfeeding education. Both groups reported frustration that they could not help women and families with assistance when lactation issues arose.

In addition to training, these candidates also received a paid mentorship. DOH Lee believed that the bi-directional training between the hospital and WIC was imperative in order to address continuity of care. They wanted them to be exposed to each other’s setting to broaden perceptions, understand challenges faced with breastfeeding initiation immediately post-delivery, and the issues faced post-discharge. A policy for hospital staff training at the WIC clinic was developed, but the short grant period made it a challenge to complete the policy for WIC staff to go the hospital. These trainings required a high level of collaboration between the two systems and removing the barriers that frustrate and inhibit many short-term projects.

Results

As a result of this project, there was an improved continuity of care for low-income, African American and Hispanic families in Lee County. There is now a hospital-WIC policy in place and available trained staff, which allows for support during bedside “teachable moments” at the hospital. In addition, breastfeeding messaging is accurate and consistent, which is a result of the improved communication among partners.

Furthermore, the stand-alone breastfeeding coalition is growing and building momentum for lasting environmental changes and future policy. The countywide coalition, HealthyLee, incorporated breastfeeding as a health and nutrition improvement goal into the strategic plan for a healthy

community. The breastfeeding coalition is now moving breastfeeding into the policy arena with participation on the infant mortality taskforce. They have also created a pathway for professional lactation education.

A significant project outcome was the development of a strong partnership among the county's three local hospitals and the County Health Department. These newly formed partnerships have opened up communication to reduce barriers for clients between hospital and WIC offices. The training allowed for an increased potential staffing pool for future program growth and development. This grant opened up lines of communication that will improve breastfeeding support and reduce barriers along racial, ethnic, and economic fronts.

To learn more about DOH Lee County project, watch this webinar on Building Sustainable Projects through PSE Changes <https://naccho.adobeconnect.com/a1053915029/pmlwrb7ewnjw/>. Continuing Education credits are available.

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