



Breastfeeding in the Community: Program Implementation Guide

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

October 2018





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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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Table of Contents

1 Introduction

Breastfeeding in the Community: Program Implementation Guide	1
Acknowledgments.....	1
Purpose of the Implementation Guide	5
Guide Overview	5
Public Health Impact of Breastfeeding.....	6
Inequities in Breastfeeding Rates	6
Risks of Not Breastfeeding	8
Benefits of Breastfeeding	9
Financial Benefits of Breastfeeding.....	9
Obesity and Breastfeeding	9
Strategies to Support Breastfeeding	9
Breastfeeding Strategies Overview	10

2 Breastfeeding Project Overview

NACCHO Overview.....	12
The Breastfeeding Project.....	13
Purpose of the Breastfeeding Project.....	13
Project Goals.....	13
Project Activities.....	14
Table: Virtual Training and Technical Assistance Activities	15

3 Project Outcomes

Project Results.....	17
Infographic, Reducing Disparities in Breastfeeding	18
Infographic, Grantees Improved Access to Services	19
Journal Articles and Other Publications.....	20
Key Messages	20
Other Publications.....	20
Breastfeeding Implementations: Stories from the Field	21
Webinars: Implementations that Work	23

4 Program Implementation

Community-Level Health Program Development	25
Links to Capacity Briefs, Webinars, and Other Resources	25
Capacity Briefs:	
Needs Assessment.....	25
Work Plan & Budgets.....	25
Monitoring and Evaluation.....	25
Breastfeeding-Focused Briefs:	
Continuity of Care	26
WIC Breastfeeding Expansion.....	26
Home Visiting and Breastfeeding.....	26

5 Sustainability

Policy, Systems, and Environment (PSE) Change in	28
Breastfeeding Programs	
Breastfeeding and the PSE Change Approach	30
Presentation of the Recommendations	32
Conclusion	34
PSE and Sustainability of Breastfeeding Programs	34
Public Health Breastfeeding in <i>NACCHO Exchange</i>	34
Training Webinars: Public Health Breastfeeding Webinar Series	35
References.....	39

6 Breastfeeding Public Health Partners (BPHP)

Overview	41
Charting the Course Together Webinar Series.....	42
Series Goals and Objectives	43

7 Appendix: Tools & Resources

Grantees Produced Materials	45
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Social Marketing and Program Recruitment Brief

Cultural Humility in Breastfeeding Care Brief

Stories from the Field

Introduction

Purpose of the Implementation Guide

Implementation Guide Overview

Public Health Breastfeeding

Public Health Impact of Breastfeeding

Disparities in Breastfeeding

Risks of Not Breastfeeding

Equity in Breastfeeding

Strategies to Support Breastfeeding



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 feeding.¹ 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

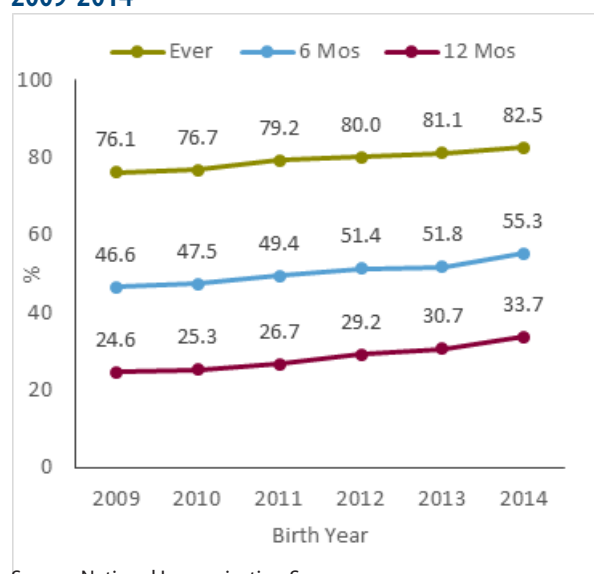
Source: Healthy People, www.healthypeople.gov

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>.

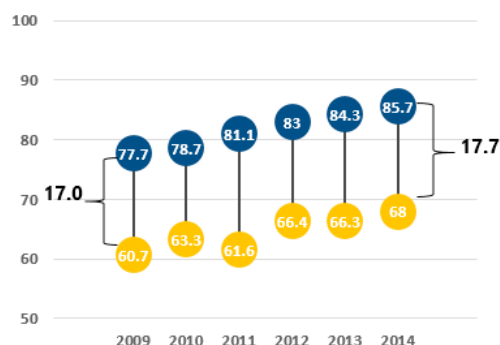
breastfeeding rates at six and 12 months (Anstey et al., 2017). The percentage difference in rates for exclusive breastfeeding through six months between black and white infants increased from 7.8% points for children born during 2003-2006 to 8.5% points for children born from 2010-2013 (Anstey et al.,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

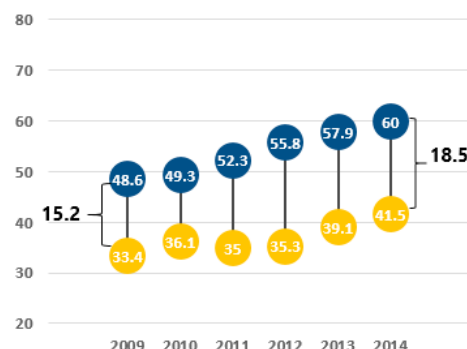
Gap between **white** and **black** is not closing



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

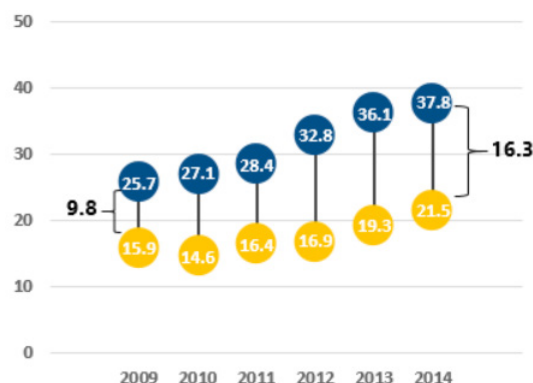
Gap between **white** and **black** infants has increased.



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.

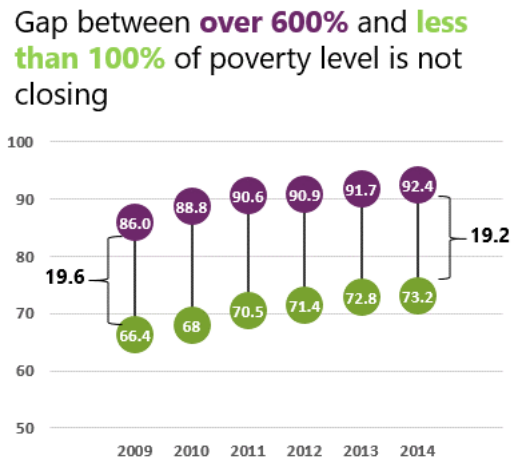
³ U.S. Department of Health and Human Services. (2011). *The Surgeon General's Call to Action to support breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; Retrieved from <http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>.

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.

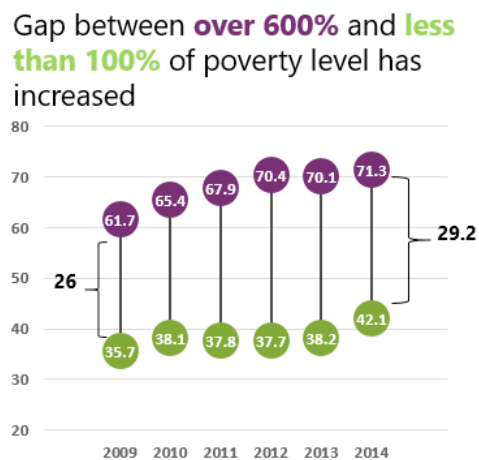
Additionally, the relationship of breastfeeding rates to lower income is demonstrated in the Supplemental Nutrition Program for Women, Infants, and Children by the U.S. Department of Agriculture (USDA). This research program found socio-demographic factors, such as WIC participation (for which eligibility 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



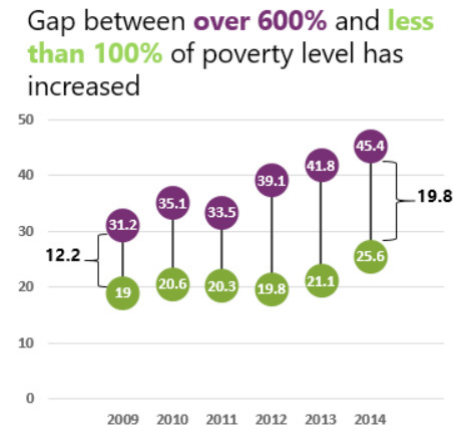
Source: National Immunization Survey data. Rates of Any and Exclusive Breastfeeding by Socio-demographics among Children Born 2009-2013 https://www.cdc.gov/breastfeeding/data/nis_data/index.htm

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



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



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.

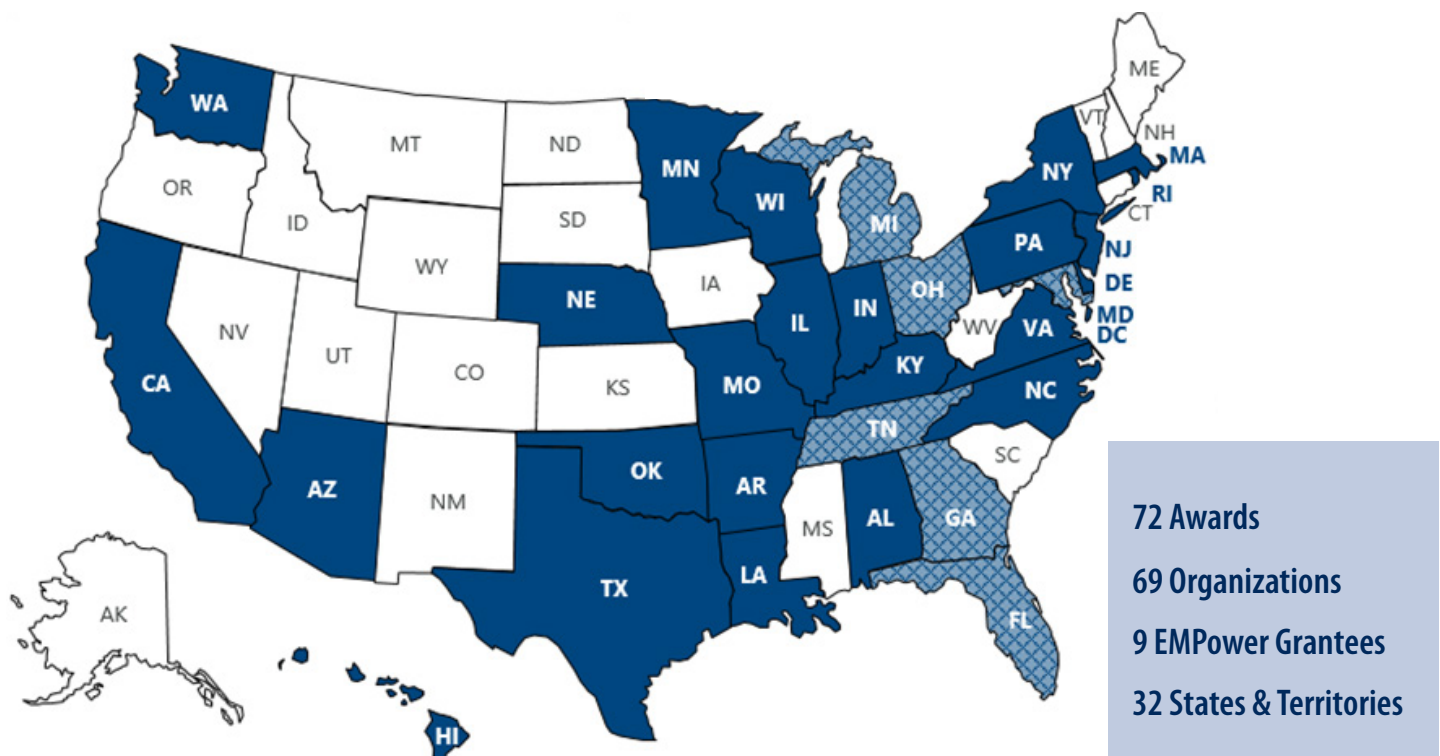


Figure 1 | Map of Funded Breastfeeding Project Locations

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

Training Provided	Description	Links
Marketing and Engagement through the Theory of Planned Behavior	<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>
Cultural Humility: Shifting the Care Paradigm Presented in 2015 as a webinar, and at 2016 California WIC Conference, and 2016 National Head Start Conference	<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/2oPt0NS</p> <p>Fact Sheet: Shifting the Care Paradigm: Cultural Humility in Breastfeeding Care (See Appendix)</p>
Health Inequities and Structural Barriers to Breastfeeding: An Overview	<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>
Social media and virtual groups: an interview with Combat Boots	<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

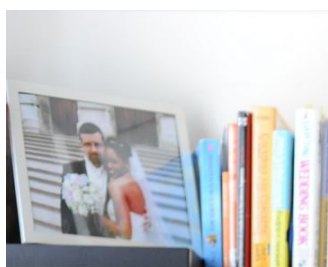
Project Reach and Facilitators

Infographics

Journal Articles and Other Publications

Stories from the Field

Webinars: Implementations that Work



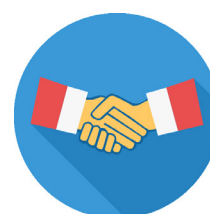
Project Reach



**92,832
Encounters**



**3,332 Groups
15,027 Attendees**



**830
Partnerships**



**654
Trained staff**



**27 grantees
implemented
PSE changes**

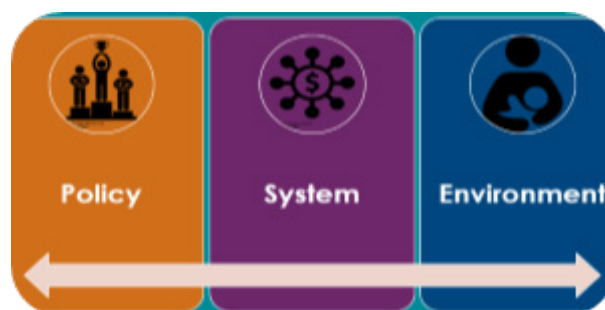
Facilitators



**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.

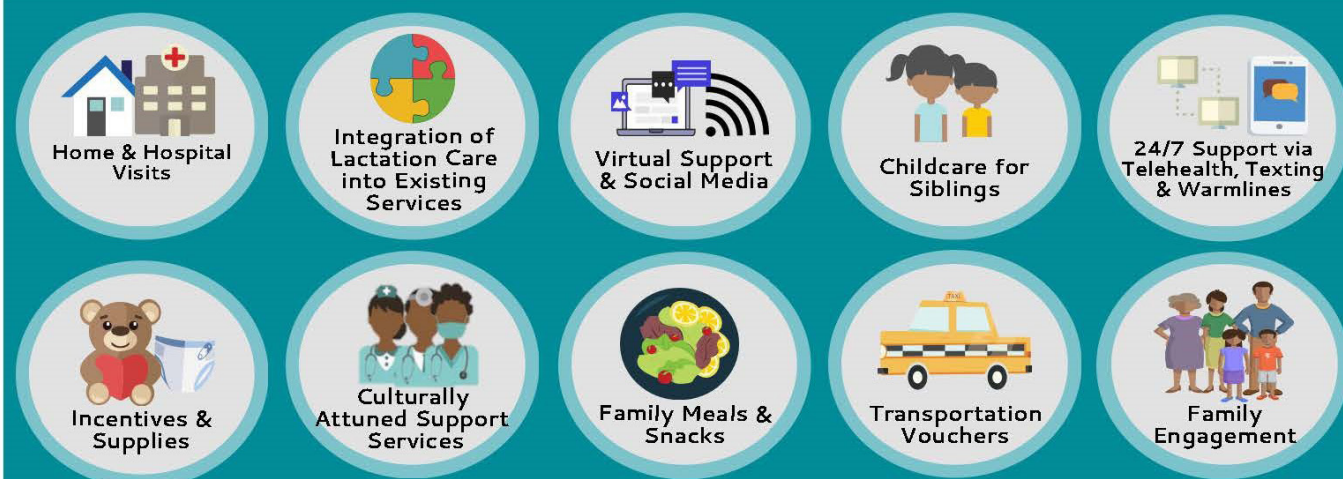
Project Goals

- 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:



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.

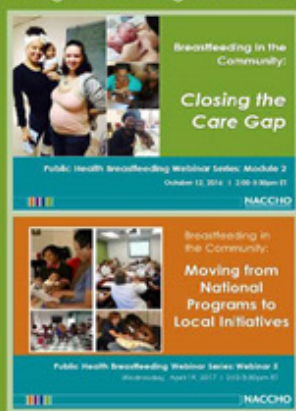
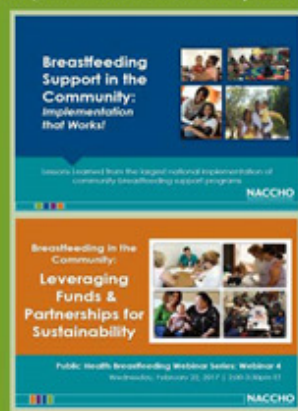
¹ What Is Policy, Systems and Environmental (PSE) Change? The Food Trust. 2012. http://healthtrust.org/wp-content/uploads/2013/11/2012-12-28-Policy_Systems_and_Environmental_Change.pdf. Accessed January 3, 2017.

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.

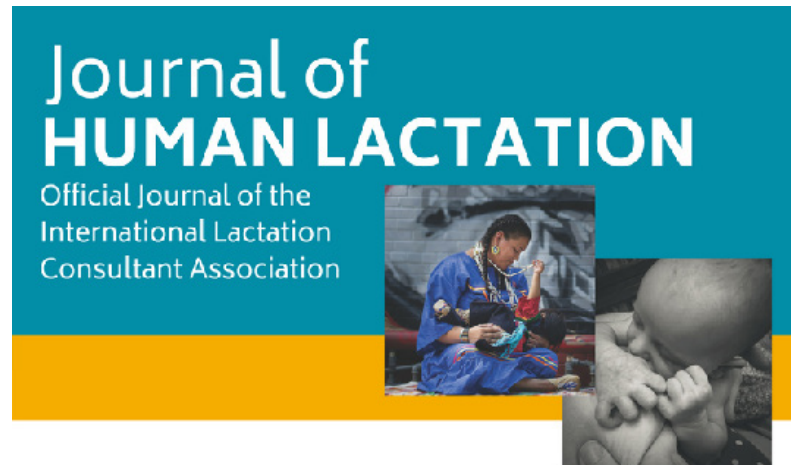


Journal Articles and Other Publications

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/2mZfffQ>

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

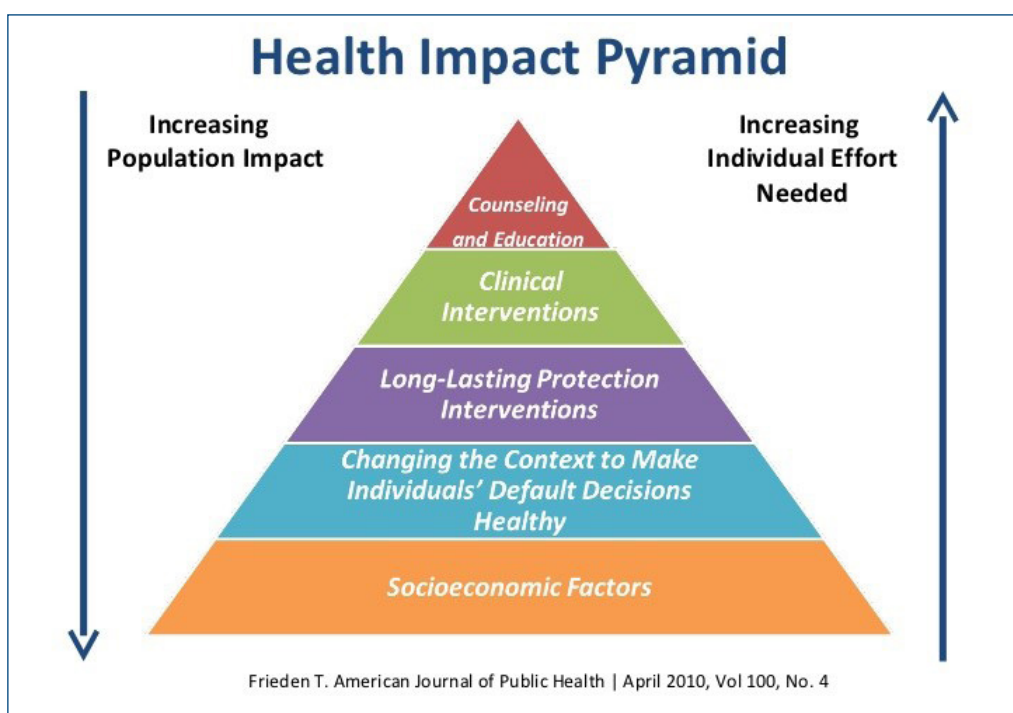
NACCHO Exchange, Volume 17, Issue 3, Summer 2018: Breastfeeding Issue



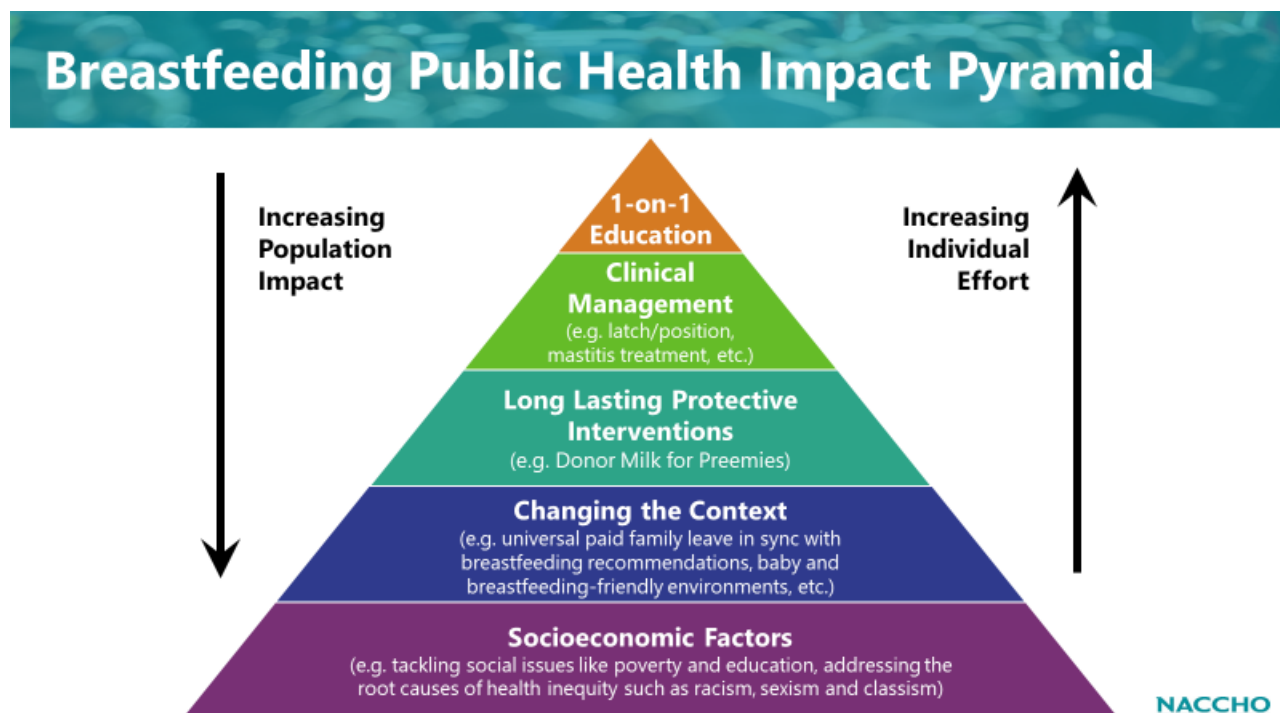
Policy, Systems, and Environment (PSE) Change in Breastfeeding Programs

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.



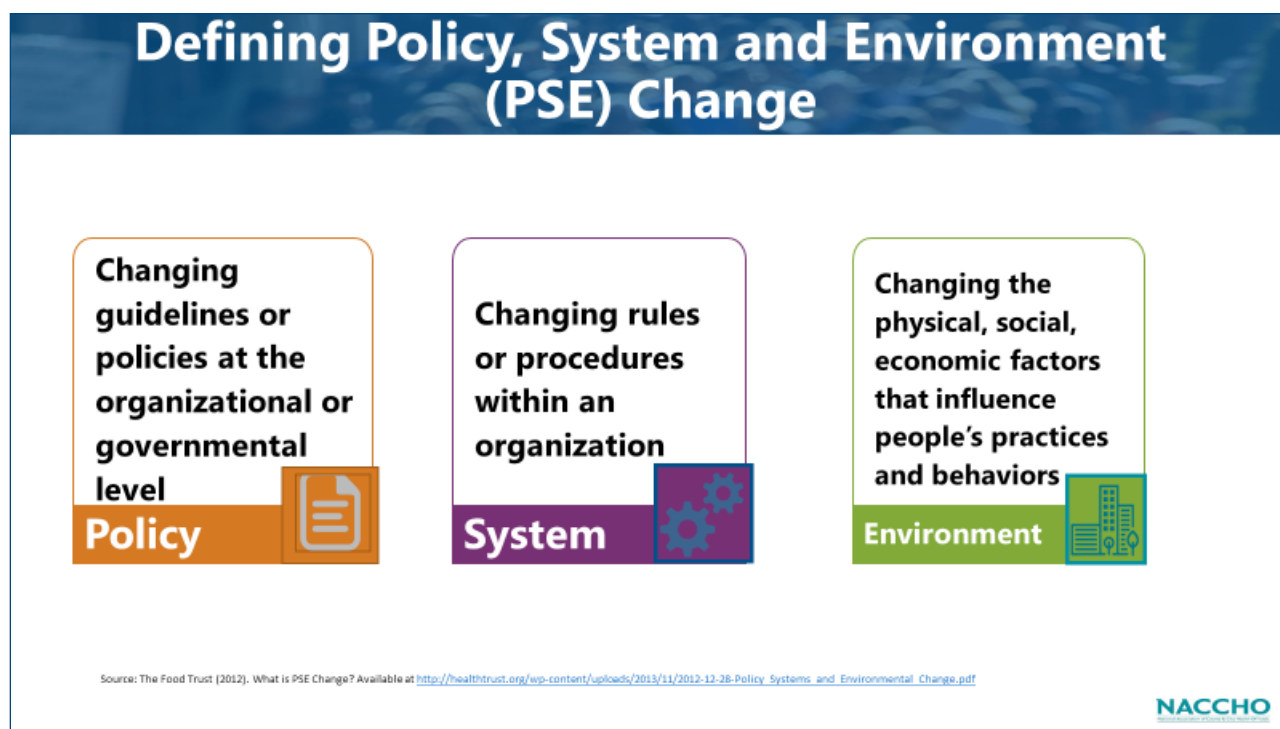
Breastfeeding promotion and support efforts focused on individual behavior are critical for increasing maternal knowledge and self-efficacy; however, without concerted attention to assuring an environment supportive of breastfeeding, the inequities leading to disparities in breastfeeding rates will persist.

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.

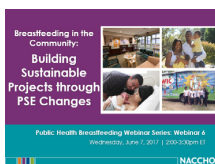
1. List three ways that differentiate between clinical and public health perspectives as it relates to breastfeeding promotion, protection, and support.
2. Describe three strategies public health professionals can use to address structural barriers and promote equity in breastfeeding in underserved communities.
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.

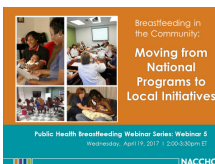
— No-cost continuing education available for MDs, RNs, CPHs, CHESs —



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.

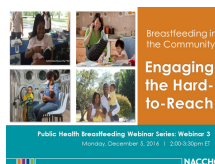
Link for CE: <http://bit.ly/2FLglpT>



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>

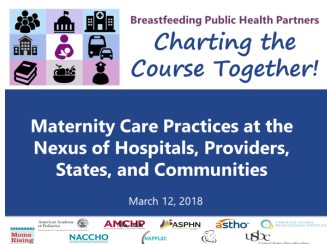
Link to CEs: <https://bit.ly/2u90f0F>



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/2G1wTfI> | Link for CEs: <http://bit.ly/2pooN4u>



BREASTFEEDING IN THE COMMUNITY: A TWO-PART WEBINAR SERIES



October 16th, 2017
2pm EST

NACCHO
National Association of County & City Health Officials

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>



December 15, 2017
2:00 pm ET

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>

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

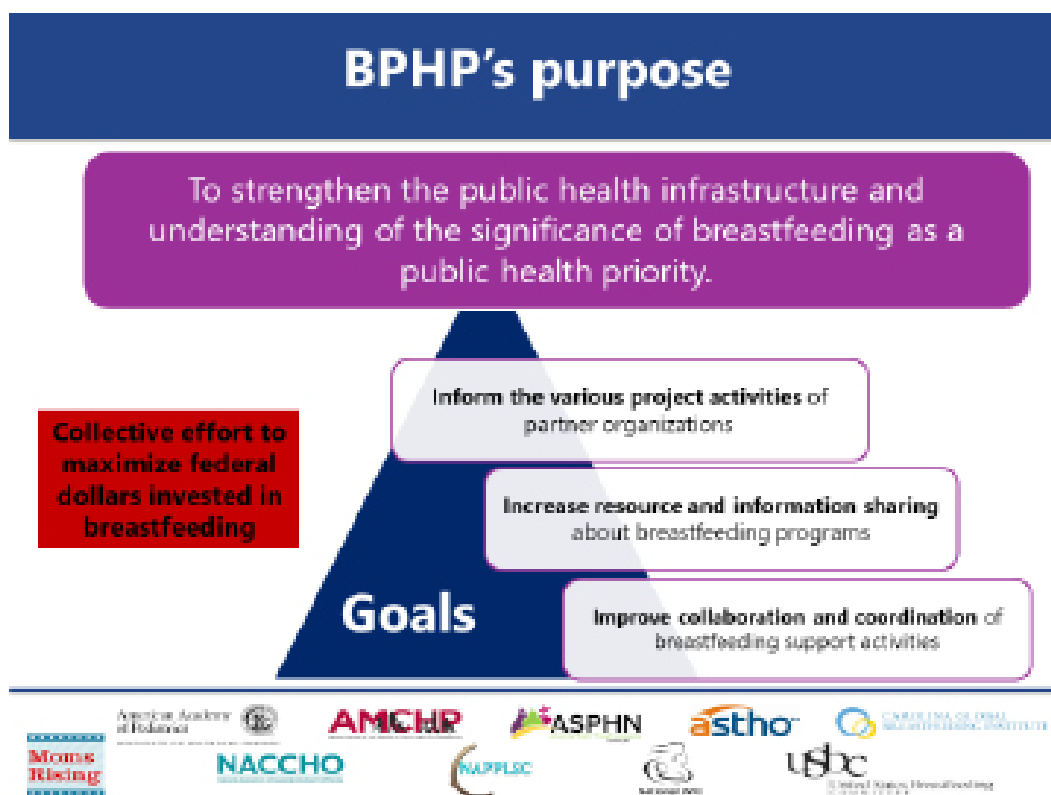
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Breastfeeding Public Health Partners (BPHP)





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

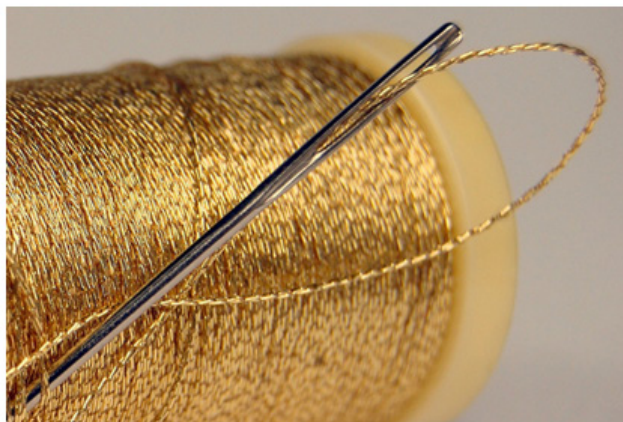
The goal of this training is to identify and share replicable models of breastfeeding support through partnerships between state, local and national agencies, which will result in the development of sustainable and effective programs that leverage efforts and resources.

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



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Appendix: Tools and Resources

Grantees Produced Materials: Curriculum

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>

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