



Breastfeeding Friendly Local Health Department Application

Welcome!

Local health departments play a vital role in supporting breastfeeding families in Kansas communities.

The Kansas Breastfeeding Coalition and Wichita State University's Community Engagement Institute, in partnership with the Kansas Department of Health and Environment, recognize and celebrate local health departments that are leading the way in this work through the **Breastfeeding Friendly Local Health Department** designation.

To be eligible for this designation, local health departments must be listed in [KDHE Local Health Department Directory](#).

Please complete the following short application for this designation. Local health departments must meet *all* criteria to receive the designation. We will review your application and contact you within 30 days with our determination of your health department's designation.

Download and view the full application [here](#).

Resources to meet the criteria available [here](#).

Questions? Contact the Kansas Breastfeeding Coalition
at info@ksbreastfeeding.org.



The Breastfeeding Friendly Local Health Department designation was developed in collaboration with Wichita State University and with support from the Kansas Department of Health and Environment



Funding for this project was provided by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Maternal and Child Health Service Block Grant [Award B04MC28100; CFDA 93.994] AND/OR provided by the Kansas Department of Health and Environment with funding through the U.S. Department of Agriculture Women, Infants, Children Nutrition Program [CFDA No. 10.557]

* 1. Local Health Department Contact Information

Name of person
completing this
application

Name of Local Health
Department (*as it will
appear on the
designation certificate,
no abbreviations
please*)

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email address of
person completing the
application

Phone number of
person completing the
application



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Criteria

Please complete the following section to demonstrate your local health department (LHD) meets all of the criteria for the Breastfeeding Friendly Local Health Department designation.

* 2. Community Engagement: One or more staff members from the LHD regularly attend the meetings of the local breastfeeding coalition.

Staff who attend local coalition meetings (name and position at LHD)

Number of local coalition meetings attended by LHD staff within the past 12 months

Name of local coalition(s) as listed on KBC [Local Coalitions Directory](#)

* 3. Referral System: The LHD has a written agreement or referral form with the hospital(s) where the majority of clients give birth to be notified within 1-2 days of when a client gives birth.

Upload agreement with hospital(s) and/or the permission form signed by patients while in the hospital allowing the hospital to notify programs within the LHD of the birth.

No file chosen

* 4. Staff Breastfeeding Education: All staff who are more than 50% full-time (0.5 FTE) have completed the required staff breastfeeding education (view 3-5 minute video) and signed a statement to that effect.

Upload signed statement(s) from all employees as ONE PDF document.

No file chosen

* 5. Welcoming Environment for Breastfeeding Families:

- LHD is enrolled in the [Breastfeeding Welcome Here](#) program and displays BWH window decal(s) and table tent(s) in client rooms and public spaces.
- LHD provides a private space for parents who desire privacy when breastfeeding, chestfeeding, or expressing milk. *(May be the same space used by breastfeeding employees who need to express milk during the workday.)*
- Images of breastfeeding/chestfeeding families are racially and ethnically diverse and are displayed in multiple public spaces in the LHD. The international symbol for breastfeeding should be used in place of infant bottles. *(See [WIC Image Gallery](#).)*
- Infant formula or formula marketing materials are not displayed or stored in a place visible to the public or clients.

Upload photos of 1) Breastfeeding Welcome Here window decal(s) and table tent(s) in the LHD; and 2) photos of the space available to parents who may desire privacy while nursing or expressing milk (may be same space used by breastfeeding employees); and 3) photos of racially and ethnically diverse breastfeeding families on display at the LHD.

Choose File

Choose File

No file chosen

* 6. Support of Breastfeeding Employees: LHD has received the Gold level "[Breastfeeding Employee Support Award](#)" from the Kansas Breastfeeding Coalition.

- Yes, the LHD has received the Gold level "Breastfeeding Employee Support Award" and is listed on the [award-winning employer webpage](#).

* 7. Prenatal Breastfeeding Education: The LHD provides prenatal breastfeeding education or refers all families, including those not enrolled in WIC, to local or online prenatal breastfeeding education. Describe below how the LHD meets this criterion.

* 8. Breastfeeding Support: LHD has at least one staff member with a lactation support provider credential listed on the [U.S. Breastfeeding Committee Lactation Support Provider Descriptor Table](#) or who has completed the KBC's Breastfeeding 101 & 201 courses. This staff member provides support for all breastfeeding families served by the LHD, including those not enrolled in WIC.

- For counties with a population of color (Black, Hispanic, Indigenous, Asian) >10%, peer support by a person of color from the majority population of color must be available at the LHD or the LHD must refer to a local community partner.
- For counties with a population of color <10%, families of color are referred to online support groups if local support from a peer of color is unavailable.

Describe below how the LHD meets this criterion, with 1) the staff person's name, lactation support provider credential, and the program populations they serve; and 2) describe how the LHD provides support to populations of color.



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Attestation and Permission to Submit

The person whose name appears below attests to the truth of the information provided in this application and gives permission for this application to be submitted, and if awarded the designation, to the listing of the LHD on the Kansas Breastfeeding Coalition (KBC) website and in KBC communications.

9. I hereby attest the information submitted in this application is true. If awarded the "Breastfeeding Friendly Local Health Department" designation, I give permission for the Kansas Breastfeeding Coalition to promote our designation on their website and in their communications.

Signature of LHD
Administrator (typed
name is sufficient)

Date

Email address