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Breastfeeding

What's Inside...

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Breastfeeding in the Community: Using Policy, Systems, and Environmental Change Strategies to Facilitate Continuity of Care

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Background

Leading health agencies in the United States recognize breastfeeding as a public health priority, including the American Academy of Pediatrics, the American Public Health Association, the Centers for Disease Control and Prevention (CDC), and the U.S. Department of Health and Human Services. Suboptimal breastfeeding has significant public health implications. Because human milk contains unreplaceable immunomodulation properties and live substances including 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.[1] Not breastfeeding also increases the mother's risk of several diseases, including breast cancer, ovarian cancer, cardiovascular diseases, and type 2 diabetes. Infants who are not breastfed have higher rates of diarrhea, necrotizing enterocolitis, otitis media, sudden infant death syndrome, obesity, and childhood leukemia.[2] Annually, suboptimal breastfeeding contributes to 3,340 excess deaths, with medical costs totaling $3 billion and the costs of premature death totaling $14.2 billion.[3]

continued on page 2

Breastfeeding in the Community: Using Policy, Systems, and Environmental Change Strategies to Facilitate Continuity of Care *continued from page 1*

"Community agencies seeking to provide breastfeeding promotion, education, and support services in black and low-income communities to reduce breastfeeding disparities must operate with the understanding that suboptimal breastfeeding rates among these populations are influenced largely by social and systemic barriers that exist outside the parents' sphere of power."

Through Healthy People 2020, U.S. national objectives have been established to increase the proportion of infants who are breastfed. The good news is that there has been a steady upward trend in the percentage of breastfed infants. In the CDC's latest National Immunization Survey, aggregated data from infants born in 2014 show that most of the U.S. national breastfeeding goals have been met. Unfortunately, this achievement has not been equitably shared across all subsets of the population. Non-Hispanic black (black) infants born in 2014 have not met any of the U.S. national breastfeeding goals, while non-Hispanic white (white) infants met or exceeded all of them. On average, there is a 17% gap in breastfeeding initiation between black and white infants born between 2009 and 2014, according to the CDC's data. These inequities put socially disadvantaged women and babies at higher risk for poor postnatal outcomes and chronic conditions, and may well be substantial contributors to the beginning of lifelong health inequities.[4] Breastfeeding is beneficial to almost all mothers and infants, but the benefits may be significantly greater for minority women, who are disproportionately affected by adverse health outcomes, which may improve with breastfeeding.[5] Relative to white women in the United States, black and Hispanic women have increased rates of obesity, diabetes, and cardiovascular disease.[5]

Factors known to influence maternal breastfeeding behavior include lack of breastfeeding knowledge, concerns about supply, unsupportive cultural norms, limited access to high-quality lactation support, and non-supportive workplace and childcare environments.[6,7] Furthermore, there are structural barriers to breastfeeding that exist largely outside of the mothers' sphere of power.[8] Black and low-income mothers are disproportionately affected by these unjust barriers (e.g., unsupportive policies and systems), which affect their ability to breastfeed.[5] Black women are more likely to return to work earlier,[9] work in environments not conducive to supporting breastfeeding mothers,[4] experience inadequate breastfeeding support from health care providers,[10] and deliver at birthing facilities that do not implement evidence-based maternity care practice that support breastfeeding.[11]

To advance equity in breastfeeding rates, in 2014 the CDC's Division of Nutrition, Physical Activity, and Obesity funded the National Association of County and City Health Officials (NACCHO) through a cooperative agreement to implement the Reducing Disparities in Breastfeeding through

continued on page 3

Peer and Professional Support Project (Breastfeeding Project). Through the project, NACCHO provided $2.9 million in funding, more than 1,500 hours of technical assistance, and training to 69 local health departments (LHDs) and community-based organizations (grantees) to implement 72 breastfeeding support projects between January 2015 and June 2016. The project's goal was to increase breastfeeding rates among black and underserved women within communities.

The Role of Local Health Departments in Supporting Breastfeeding

LHDs 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 proactive rather than reactive (i.e., that do not rely upon women to initiate contact).[12] 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.[4, 13]

Community agencies seeking to provide breastfeeding promotion, education, and support services in black and low-income communities to reduce breastfeeding disparities must operate with the understanding that suboptimal breastfeeding rates among these populations are influenced largely by social and systemic barriers that exist outside the parents' sphere of power.[8, 14] Programs focusing solely on individual behavior change miss the opportunity to identify and creatively address the underlying needs of the families within their communities.[15] Creating systems of care continuity throughout pregnancy until breastfeeding weaning is essential to increase breastfeeding rates.

Addressing the Breastfeeding Community Continuity of Care Gap

NACCHO's Breastfeeding Team defined breastfeeding continuity of care as the process by which families are given consistent, high-quality breastfeeding education and support and in which their care is adequately coordinated across all providers and service institutions within their communities from the prenatal period through weaning.

Three main factors contribute to disruptions in breastfeeding continuity of care. First, there are communication breakdowns among health care providers and between providers and clients. Second, there is inconsistent patient education (e.g., when families are given conflicting recommendations and are not included in transition-of-care planning). Finally, there is the accountability breakdown. Often, families do not receive a thorough hospital postpartum discharge package and there is seldom a coordinated care transition that ensures care is supported across settings. When multiple agencies are involved in the care of a mother-baby dyad, as is often the case, health care providers must develop a communication plan to avoid confusion and the likelihood of negative outcomes.

LHDs and community partners can address these gaps in breastfeeding continuity of care in several ways. LHDs can facilitate information-sharing between birthing facilities and community organizations serving black and low-income mothers (e.g., Nurse Family Partnership, WIC, Early Head Start) to alleviate the burden on mothers to seek support from these programs. Discharge processes at birthing centers can only be equitable when families are linked to support, not left to locate it on their own through pamphlets or online searches. Rapid referral processes to community support programs, both clinical and peer, as well as coordinated community support guides assist agencies in providing families with warm hand-offs, ensuring appointments are made prior to their discharge. Other examples include providing a one-stop shop for families by establishing lactation care as part of routine pediatric visits, which ensures early access to breastfeeding support without requiring families to make separate appointments.

NACCHO's definition reinforces the idea that health behaviors, including breastfeeding, are influenced by factors within and outside of the health care domain. It acknowledges that policies, systems, and environments influence individuals' health behavior choices. Community networks, workplaces, childcare agencies, and social support service providers play an important part in a family's decision-making around breastfeeding, which has an impact on their capacity to meet their goals.

continued on page 4

Breastfeeding in the Community: Using Policy, Systems, and Environmental Change Strategies to Facilitate Continuity of Care *continued from page 3*

Breastfeeding Support and the PSE Approach

The policies, systems, and environmental (PSE) change approach to public health interventions uses the socioecological model to identify systems-level factors that affect individual and community health.[15, 16] The PSE change approach seeks to address upstream structural or systemic barriers that lead to poor health outcomes and inequities.[15] PSE shifts help deconstruct barriers and build environments in which the healthy choice (e.g., breastfeeding) can be the easy default.[16-18] The PSE change approach focuses on systemic solutions to community issues rather than individual behavior. Traditional public health programs, or downstream implementations, that focus solely on individual behavior change (e.g., increasing maternal knowledge and self-efficacy) do not systemically influence health long-term.[18, 19] Upstream PSE change approaches are often proactive and sustainable beyond a specific funding period.

The PSE change approach is widely used in community health programming.[16] Within the breastfeeding support context, there are also well-known programs that implemented the PSE change approach. For example, the Baby-Friendly Hospital Initiative is an effective PSE change intervention that requires hospitals and birth centers to adopt a comprehensive set of evidence-based maternity care practices, policies, and systems to improve the environment in which 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.[20] NACCHO grantees implemented several PSE changes, including the development of culturally tailored curricula 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, including social media interaction groups, online portals, semi-automated texting programs, and telehealth applications.

Results and Recommendations

Collectively, grantees of NACCHO's Breastfeeding Project documented 92,832 one-on-one encounters and hosted 3,332 support groups. Through the project, grantees established or advanced 830 community partnerships; 27 grantees indicated that they put in place PSE changes to address structural barriers limiting women's capacity to use available lactation services. Grantee activities included the following:

- Building organizational breastfeeding support capacity;
- Building and enhancing community partnerships to achieve collective impact;
- Collaborating with provider offices and with hospitals to support the Baby-Friendly Hospital designation; and
- Directly providing one-on-one and group lactation support in various community locations.

Data collected from grantee reports indicate that organizations with strong partnerships and those that instituted PSE changes were successful in achieving sustainable solutions.

One of the main lessons learned from the project is that families need a coordinated comprehensive care stream that supports them with breastfeeding throughout pregnancy until breastfeeding weaning. However, this safety net throughout the continuum of breastfeeding care is only possible through partnerships with other agencies that also serve the same families. To establish such systemic support, it is necessary to implement or change organizational policy, systems, and environment. Grantees that performed the best were those that instituted or advanced innovative practices to address community breastfeeding barriers through a PSE change approach and those that collaborated with community partners.

LHDs are primed to improve community health by integrating breastfeeding support services into existing health programs, since breastfeeding can have a direct impact on infant mortality, childhood obesity, food security, and even violence prevention. 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.[21] Partnerships are critical for PSE change implementation and can strengthen collective capacity to address structural barriers that contribute to inequitable breastfeeding rates, which local agencies cannot overcome alone.

Through local assessments, LHDs will be able to identify their unique levers for change pertaining to breastfeeding. LHDs may implement family-friendly workplace support policies and work with businesses and childcare providers to reduce barriers for mothers returning to work or school, as the two Colorado LHDs in this issue demonstrate. This issue also highlights the work of two NACCHO Breastfeeding Project grantees: S2aY, a rural network of LHDs that leveraged skills, funds, and incorporated breastfeeding into its community health improvement plan under the obesity prevention goals; and Contra Costa Health Services, which closed the breastfeeding continuity of care gap that existed for low-income African American families within its community. This issue also offers other inspiring stories about the unique work of LHDs across the country to address and advance breastfeeding in their communities.

continued on page 5

Breastfeeding in the Community: Using Policy, Systems, and Environmental Change Strategies to Facilitate Continuity of Care *continued from page 4*

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For more information, visit https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding or e-mail Harumi Reis-Reilly at hreis-reilly@naccho.org.

Pioneering the Change for Breastfeeding Continuity of Care through Leveraging Public and Private Partnerships

By Emily Bernard, IBCLC, NACCHO Consultant

Contra Costa Health Services (CCHS) in Northern California has worked to build a breastfeeding continuum of care to increase the number of healthy breastfed children within its community. Through a fertile network of programs and coalitions dedicated to achieving health equity and improving breastfeeding initiation and duration rates, community partners work with patients prenatally, at delivery, and after discharge from the hospital to improve breastfeeding. The Contra Costa Health Plan (CCHP), a publicly sponsored, federally qualified health plan, has long promoted and supported breastfeeding as the optimal infant feeding method. Some of its recent efforts include the creation of an electronic system for ordering both hospital-grade and personal breast pumps and an electronic referral system to WIC and Public Health Nursing for certain mothers experiencing lactation issues.

Contra Costa County is located in San Francisco's East Bay. The Contra Costa Regional Medical Center (CCRMC) is a safety-net hospital and includes an extensive clinic system, with more than nine locations throughout the county. Approximately 2,000 babies are born each year at CCRMC. The medical clinic system is tasked with serving over 200,000 people. To accomplish this and to ensure access in all areas of the county—as well as to all levels of care—the hospital maintains partnerships with local community clinics, private physicians, the John Muir Medical System, and Kaiser Permanente. These partnerships are essential to its success as a public health care delivery system.

Building upon these partnerships, CCHS created a Breastfeeding Improvement Team in 2009. Members included representatives from CCRMC Perinatal Continuum of Care and community partners from WIC, financial services, and public health. Initially, the team's work focused on inpatient breastfeeding support, where there were more existing resources and control. The goal was to achieve the Baby-Friendly Hospital Initiative (BFHI) designation for CCRMC.

continued on page 7

Pioneering the Change for Breastfeeding Continuity of Care through Leveraging Public and Private Partnerships

continued from page 6

During the BFHI process, the team identified that to have an impact on initiation and duration, mothers needed breastfeeding education and support before their hospital stays and after discharge (Steps 3 and 10 of the BFHI), particularly in the first few weeks after birth. At that time, there was no coordinated lactation support other than referrals to WIC and Public Health Nursing. In addition, the process also identified the need for staff training on breastfeeding education and support. Most of the hospital and outpatient clinic staff had not received any specialized training pertaining to breastfeeding.

This gap in care continuity was even more aggravated among African American mothers, whose breastfeeding rates were 11% lower than those of Caucasian women in the county. Coalitions and organizations including the Contra Costa County Breastfeeding Task Force, the Black Cultural Outreach Task Force, the African American Perinatal Health Disparities Task Force, and More Excellent Way came together to reduce health disparities and improve breastfeeding rates among Contra Costa's African American mothers.

Internally, CCHS had multiple systems in place to support clients and needed to begin collaborating and partnering to target health disparities. Its Family and Maternal Child Health (FMCH) programs are all Title V-funded programs. WIC provides healthy foods, prenatal education, support from International Board Certified Lactation Consultants (IBCLCs), peer counselors and support groups, a warm line, and a breast pump loan program. The WIC Regional Breastfeeding Liaison coordinates breastfeeding efforts throughout the county and applies for grants to provide staff training and additional services for the most at-risk populations. Public Health Nursing provides home visiting and case management for health issues, including breastfeeding support. The FMCH programs are dedicated to improving pregnancy outcomes by getting patients into early prenatal care and providing peer counselor and nursing support before and after delivery.

A key component of the FMCH infrastructure and success in ensuring support for all families where they need it is the centralized referral line, which triages the needs of the clients and sends their referrals to the appropriate program for follow-up care. Another system that facilitates family breastfeeding support is the newly created in-hospital and clinic electronic system that is used for ordering both hospital-grade and personal use breast pumps for families. CCHS also implemented an electronic referral system to refer families to both WIC and Public Health Nursing so that families facing lactation issues receive proper follow-up care. CCHS is also developing a system for home-visiting referrals for mothers who need further breastfeeding support.

Concurrently, CCHS coordinated with other partners to address the health disparities present in Contra Costa County. In 2013, the California Obesity Prevention Program was funded to increase breastfeeding duration rates in California's communities of color. The grant enhanced the ability of safety-net community health clinics to provide billable direct professional breastfeeding support and pumps to postpartum mothers.

In addition, the county was funded to serve families in high-risk communities with low breastfeeding rates. One of the area hospitals delivered a high rate of low-income African American babies. These mothers received prenatal care at CCHS but elected to deliver at this area hospital as it was more easily accessible, making it harder for CCHS staff to provide support to these women during their hospital stays and after discharge. The absence of a care coordination system resulted in many women not receiving post-discharge breastfeeding services. Other challenges included inadequate breastfeeding training for the hospital perinatal staff and poor access to low-cost hospital-grade breast pump rentals.

After CCHS tested several models of care, it opted to replicate a medical provider and an IBCLC model seen at a Pittsburgh clinic. CCHS selected this

"In four months, the IBCLC provided 158 lactation consultations and was instrumental in educating hospital staff about available breastfeeding support services in the community. She also served as a liaison for families who delivered at a private hospital and who received prenatal, postpartum, or pediatric support through county clinics."

continued on page 8

Pioneering the Change for Breastfeeding Continuity of Care through Leveraging Public and Private Partnerships

continued from page 7

model because of its high volume of African American perinatal patients and use of breastfeeding support. Improvement tasks included staff training, billing for lactation services, designing a referral/scheduling system, data collection, and creating a supply cart for pediatric/lactation visits.

The model launched with the space and resources for one clinic; visits included both mother and baby. Billing for the infant was done with a medical provider, reimbursed with Federally Qualified Health Center rates, and services for the mother were billed under the Healthy Start California Perinatal Services Provider program. IBCLCs are recognized within the provider list for billable services. Services were initiated in two small clinics that saw approximately five mother/baby dyads each day on top of the medical provider's other visits. Data pertaining to visits and finances were gathered and presented to administration and financial services to show sustainability scenarios. The clinics then expanded to accommodate up to 10 mother/baby dyads each day per clinic, and have hired more IBCLCs throughout seven clinics, including one that operates on Saturdays. Each clinic uses standardized documentation, a refined scheduling system, a standardized supply cart, an electronic system for ordering electric breast pumps based on individual insurance, and WIC breast pumps for loan. Additionally, the model helped establish a system to help infants born in neighboring hospitals to get appointments in the medical clinic.

While the medical clinic system of care began to address the gaps in services immediately after hospital discharge—enabling families to receive services where they already needed to be—the health disparities between Caucasian and African American women needed further improvement. In 2014, the Kaiser Community Grant Program funded WIC to hire an African American peer counselor to provide one-on-one and group support for African American mothers. Kaiser also funded an electric breast pump loan program, coordinated through WIC, for three East County clinics. The pump loan program has been sustained, giving WIC mothers immediate access to electric pumps when and where they are needed. In addition, the Kaiser grant funded breastfeeding training for 11 health professionals, who received 40 hours of breastfeeding training to become Certified Lactation Educators.

In 2015, NACCHO funded the Contra Costa County WIC Program to provide culturally appropriate breastfeeding support services for African American patients who delivered at a local private hospital. Through needs assessment and county data, it was determined that a local hospital had the lowest breastfeeding rates, along with the highest rate of African American births and the poorest perinatal outcomes. In addition, there was a lack of linkages to follow-up care. To address these gaps, the program hired an African American IBCLC who was familiar with Contra Costa County systems and networks to provide African American patients with breastfeeding education and support and to improve patients' care transitions by directly scheduling appointments at the pediatric/lactation clinics and facilitating referrals to other support networks after discharge. In four months, the IBCLC provided 158 lactation consultations and was instrumental in educating hospital staff about available breastfeeding support services in the community. She also served as a liaison for families who delivered at a private hospital and who received prenatal, postpartum, or pediatric support through county clinics. When the project was completed, the hospital created their first non-RN IBCLC position and maintained IBCLC employment. Through this grant, CCHS also established a breast pump loaning program at the local hospital and provided a 20-hour breastfeeding training for over 40 health care providers serving low-income families throughout Contra Costa County.

CCHS continues to work on improving breastfeeding disparities and is currently engaged in the following activities:

- Increasing completion rates of lactation education training among medical clinic perinatal staff;
- Improving data collection for referrals from community partners such as Healthy Start, WIC, Planned Parenthood, La Clinica, and private providers;
- Collecting data that includes outcome measures, such as the length of time of exclusive breastfeeding, race/ethnicity, and any breastfeeding barriers identified;
- Refining referral systems between medical clinics and CCHP for lactation support;
- Adding additional newborn clinics; and
- Performing as-needed frenotomies to improve breastfeeding management at the clinics.

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A Broader Definition of the Breastfeeding-Friendly Workplace

By Julia K. Yager, SHRM-SCP, IPMA-SCP, CCWS, Director of Human Resources Division, Boulder County Public Health Department; and Linda Kopecky, MPH, Breastfeeding-Friendly Environments Project Coordinator, Boulder County Public Health Department

Photo courtesy of Boulder County Public Health Department

Background

The Breastfeeding-Friendly Environments (BFE) project is funded through the State of Colorado's Amendment 35 (Tobacco Tax); those funds are directed towards tobacco cessation activities and chronic disease prevention projects, of which the BFE project is one of 17 current strategies. In early 2015, in an effort to comply with state law and to "do the right thing," Boulder County Human Resources (HR) tried to create a supportive workplace for breastfeeding employees. Despite these efforts, a health department employee sent a letter to HR about her struggle to find time and a private space to pump at work.

Becoming Breastfeeding-Friendly

The Boulder County Public Health Department (BCPH) became a Breastfeeding-Friendly Workplace, which means each building has an actual lactation room or a space identified for use. Each building has a written lactation policy that guarantees space and flexible time for milk expression during the work day, and even provides hospital-grade pumps in many areas. The BFE funding provides mini-grants to employers within Boulder County to purchase chairs, pump stands, tables, and other items for the lactation spaces.

BCPH has met problems and framed solutions. Some of those include proposing a lactation support program model for different types of employees, including park rangers, sheriff deputies, and social workers, and negotiating the needs of an employee who is gender non-conforming, who brings their infant to work, and is exclusively pumping breast milk. To further become a workplace pioneer, BCPH established the Infants at Work program that benefits all county departments and developed evaluation tools. The Infants at Work program allows employees to bring their infants to work until the age of mobility or 12 months, whichever comes first. They also have a portable cribs and bouncy seats lending program for employed parents. Results show that over 80% of BCPH breastfeeding employees reached their breastfeeding goals.

Boulder County also implemented six weeks of paid leave for caregivers. This was achieved by executing a thorough cost-benefit analysis, reviewing existing policies from other communities, and listening to stakeholders to identify all possible counter-arguments. Then, the department developed a tiered plan and established specific timelines for rolling out different policies, with appropriate budgets for each step.

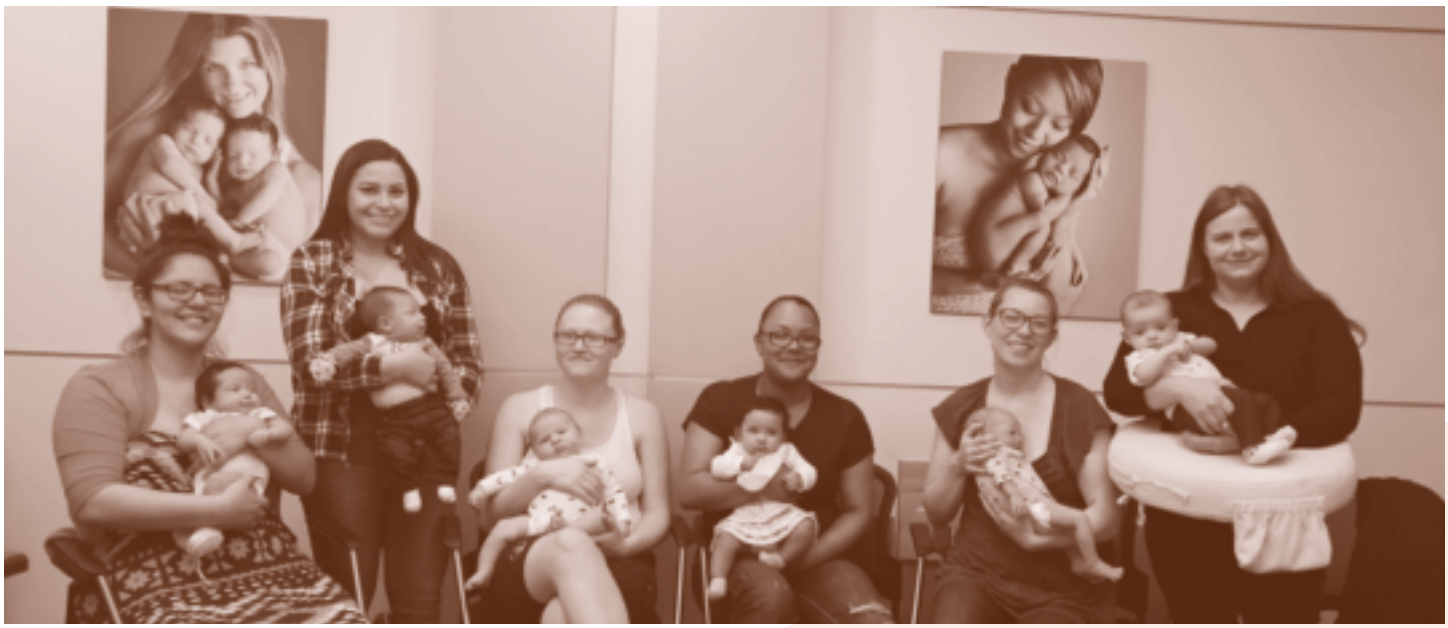
A total of 44 babies have come to work in the 18 months since the program began. Also, due to the program's success, the State of Colorado decided to scale up the program for the next three-year cycle of funding. The work will cover the entire seven-county Denver metropolitan region, with technical assistance provided by Boulder County. It will also support other regions in the development and growth of local breastfeeding coalitions and identify community-specific activities to develop Breastfeeding-Friendly Environments.

Perspectives from County Employees

"Now, with a couple of months of experience with a baby in the office, I'm a strong proponent. Little Enzo has brought much joy to the office. It's a win-win for all involved." — Boulder County employee

"The county has not had to adjust any of its family-friendly policies. We have learned that better communication up front is critical, and not to assume that supervisors are fully aware of the programs. We've also recognized that it is important to talk to co-workers who are impacted by absences or disruptions in their work groups." — HR Director Julia Yager

For more information, visit https://www.bouldercounty.org/families/pregnancy/breastfeeding/breastfeeding-friendly-employer/.



Photos courtesy of Jefferson County Public Health

Lactation Anytime, Anywhere: How Jefferson County Public Health Uses a Systems-Based Approach to Promote Breastfeeding Internally and Externally

By Paulina Erices, IBCLC, RLC, Maternal Child Health Specialist, Jefferson County (CO) Public Health

Background

Lactation is so much more than feeding. When breastfeeding, mother and baby communicate with their eyes, voices, and touch; they regulate each other's bodies and minds; they feel calmness or tension together. Indeed, they start learning a dance that will mark, at some level, the pattern of their relationship in the years to come. Parents who breastfeed, chestfeed, or express milk for their babies are sometimes unaware of the behaviors that make breastfeeding work. Still, lactation in any form places child development and parental role attainment at the center of the relationship. A society that recognizes and promotes those behaviors is supporting health, safety, and resiliency for everybody, especially for the families who live in under-resourced communities and those who are not able or choose not to breastfeed.

Public health is what we as a society do collectively to prevent illness and premature death and to promote health in our neighborhoods and communities.[1] As such, breastfeeding happens not only in the intimacy of the family's home, but in our neighborhoods, communities, systems, and policies. Breastfeeding is a biological and social phenomenon; while it is often centered in the parent-child dyad, breastfeeding also involves a set of social behaviors that support healthy choices, community connections, and capacity building. Our commitment as a health department is to create the optimal conditions for breastfeeding success across family services and environments.

Individual outcomes associated with breastfeeding shape population patterns of health and disease, while also forming social inequities for those who do not have

continued on page 11

Lactation Anytime, Anywhere: How Jefferson County Public Health Uses a Systems-Based Approach to Promote Breastfeeding Internally and Externally *continued from page 10*

access to breastfeeding.[2] The challenge for our health department's breastfeeding strategy is to create the environmental conditions and access to community-based interventions for successful lactation, purposefully focused on individual self-efficacy and the strengths of their support networks. Supporting individuals, neighborhoods, communities, and advocacy efforts for breastfeeding is a strategy to advance health equity right from the start. Whether families decide to breastfeed or not, when we support the behaviors associated with breastfeeding, we support child development and parental role attainment as well.

Breastfeeding Promotion Starts within Jefferson County Public Health

Jefferson County Public Health (JCPH) is committed to promoting health and preventing injury and disease for the residents of Jefferson County. Because we take our job very seriously, we start with our youngest residents and we use our best strategy: an inclusive approach to lactation promotion and support. JCPH's vision is "Healthy People, Healthy Places"; because of that, breastfeeding support strategies started in our home offices. In 2014, JCPH established its first nursing room, with a dedicated hospital-grade pump, and welcomed two nursing employees. In 2017, Jefferson County Public Health approved the Infant at Work Policy that allows employees to bring their babies to work.

About a year ago, I walked into my first meeting as a public health worker and I found myself amazed to meet colleagues, both mothers and fathers, fulfilling their professional and parental roles at the same time. As organizational members, we have learned to share hugs and smiles with babies and offer an extra hand to their parents when needed. Our work makes much more sense when we have babies around, as they are an effective (and cute) reminder of our mission and the best treatment for our fatigue. With the lived experience of a family-supportive work environment, we know now what we want for the rest of our county and we are ready to take small, steady steps.

Employing a Systems-Based Approach to Facilitate Breastfeeding Support throughout the Community

Within JCPH's WIC program, staff provide individual lactation education and support to program participants and community support groups in partnership with the Mothers' Milk Bank. In addition, JCPH recently opened a low-cost, sliding-scale breastfeeding clinic to serve the whole community. Services are offered in English and Spanish by International Board Certified Lactation Consultants, with the option of a telephone-based language interpreter and culturally responsive care for other non-English speaking families.

JCPH's WIC-Maternal and Child Health program, in collaboration with the department's Environmental Health program, have also embraced the role of systems-level change agents. The Breastfeeding Childcare Recognition Program started from collaborative efforts led by the Colorado State Department of Health and Environment, which included representatives from multiple organizations in Colorado. This group developed a comprehensive toolkit and an online training for childcare centers and home providers. Our JCPH cross-divisional team was inspired! We realized that in order to make lactation relevant for our providers, we first needed to involve the community and plan for sustainability in every step.

To start, JCPH needed to determine the challenges and opportunities that childcare providers face in the county and match our programming to those needs. Thus, JCPH developed a pilot project starting with a survey that was sent to childcare centers through the Early Childhood Council and to family home providers through their association. The Environmental Health staff delivered informational packages during their annual inspections, broadening their role as a resource for support and information on lactation.

JCPH offered a lactation training to a cohort of 25 Spanish-speaking FFN care providers.

continued on page 12

Lactation Anytime, Anywhere: How Jefferson County Public Health Uses a Systems-Based Approach to Promote Breastfeeding Internally and Externally *continued from page 11*

JCPH hosted trainings on the unique role of childcare providers in supporting breastfeeding skills, behaviors, and relationships.

The survey results showed consistent gaps in knowledge and interests of the childcare providers. The childcare providers knew that breastfeeding is important and valuable, but they did not know what their role was in supporting breastfeeding beyond feeding the baby a bottle. Thus, the JCPH in-person training focused on the unique role of childcare providers in supporting breastfeeding skills, behaviors, and relationships. The emphasis is not about managing human milk in a bottle, but about supporting the brain pathways for connection and trust. The training highlights that each feeding is an opportunity to hold a baby, communicate, and enjoy a meal together, which also aligns with JCPH's Healthy Eating, Active Living priorities. The response from participants has been reassuring and positive. Our training evaluations include comments like, "I feel loved," "I learned that I can do so much more to support my moms," "I learned that I am already doing almost everything to be breastfeeding-friendly! Yay!"

JCPH has also completed trainings for licensed home-based providers and Spanish-speaking family, friend, and neighbor (FFN) providers. For the Spanish-speaking FFN providers, becoming Amigos de la Lactancia has become a collective mission. JCPH and the Colorado Statewide Parent Coalition (CSPC) have partnered with the Moving Ahead, Adelante!, a support network for Spanish-speaking FFN providers. Through this partnership, JCPH offered a lactation training to a first cohort of 25 providers. Talking about child development and community connections led to ambition and commitment: five providers volunteered to form a team to organize ongoing opportunities related to lactation, child development, children with special needs, and parental support groups. JCPH is completing FFN accreditation visits and, with the leadership of the volunteers and CSPC guidance, we have gained a much deeper understanding of the strengths and challenges that Latino families face in their breastfeeding journeys. What started as a class to share information has developed into a platform for leadership, community connections, and sustainable practices for long-term health.

Our WIC-Maternal and Child Health team is proud to be part of a regional project with other six counties in the Denver metropolitan area to expand training opportunities, breastfeeding-friendly recognitions, and policy change in childcare, medical offices, and public spaces over the next three years.

Finally, the Program for Children and Youth with Special Health Care Needs has also developed an infant feeding focus. Their project NICU2HOME, a follow-up program for babies who have been in the neonatal intensive care unit (NICU), is family-centered and focused on the development of premature and medically fragile babies. Feeding is one of the most critical areas of concern for parents of preemies. NICU2HOME care coordinators are trained to provide emotional support for breastfeeding parents, identifying needs for referral to our JCPH lactation clinic or to specialized lactation consultants through Special Kids, Special Care, Inc.

Conclusion

"Breastfeeding anytime, anywhere" has a unique meaning in our health department. While the goal is that JCPH parents can nurse wherever they are and whenever they would like to, the motto also speaks to our role as systems advocates. By embedding breastfeeding promotion into our diverse roles internally and externally, we are building the capacity of our communities, aligning our services, and strategically advancing equity. Moreover, framing breastfeeding with a developmental lens helps us bring communities together to support all families and realize a healthier Jefferson County.

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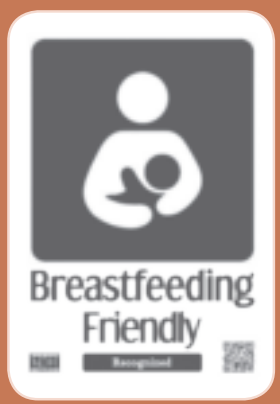
NACCHO Model Practice: Breastfeeding-Friendly Health Department Designation Program

By Bonnie Brueshoff, DNP, RN, PHN, Director, Dakota County Public Health Department; Katie Galloway, MBA, RD, LD, IBCLC, Dakota County WIC Program; and Sierra Hill, MPH, CPH, Public Health Program Coordinator, Dakota County Public Health Department



Modeled after the Baby-Friendly Hospital Initiative, the Dakota County Public Health Department (DCPHD) in Minnesota developed the Breastfeeding-Friendly Health Department (BFHD) designation program. It includes a 10-step process to help local health departments (LHDs) become more supportive of breastfeeding.

The BFHD project was launched in 2012 with a needs assessment; implementation with pilot sites began in 2013. Each health department in the pilot designated a BFHD Champion, who worked towards implementing the 10 steps over a six-month period. Champions received five BFHD tip sheets to help with their work and were provided with training and other resources.

The pilot was tested with 10 LHDs representing urban, suburban, and rural populations of varying size in Minnesota. The evaluation results of this pilot program showed that the 12 process objectives and the 10 outcome objectives were all met. All 10 LHDs reported progress in building capacity to support and promote breastfeeding within their agencies and communities. Results were measured by a self-appraisal at the initiation and conclusion of the pilot project.

From the onset, this project included a strong partnership between Dakota County Public Health and the Minnesota Department of Health to guarantee its sustainability. Based on the program's success, the Minnesota Department of Health established the process to designate LHDs as "Breastfeeding-Friendly." Local public health agencies and tribal health boards can now apply for recognition as a Breastfeeding-Friendly Health Department at bronze, silver, and gold levels, depending on the number of steps met.

To date, 17 health departments have been designated as Breastfeeding-Friendly, with more currently pursuing designation. The BFHD initiative can have a positive impact on public health in several ways. The Centers for Disease Control and Prevention notes that, "A woman's ability to initiate and sustain breastfeeding is influenced by a host of factors, including the community in which she lives." Providing clear steps for LHDs to follow can be used as a checklist to increase capacity within the community and achieve goals. By building capacity and infrastructure within LHDs, Minnesota can further ensure mothers and families are supported in the communities where they live, learn, work, and play. This is especially important for continuing the good work started after birth in hospitals designated as Baby Friendly and progress towards the Healthy People 2020 breastfeeding goals. Reaching these goals and increasing the percentage of women who breastfeed has immediate and lifelong positive impacts on the health of infants, mothers, families, and communities.

To read more about the Breastfeeding-Friendly Health Department designation, visit NACCHO's Stories from the Field portal at http://bit.ly/2Pp3lrr or visit NACCHO's Model Practices Database at https://www.naccho.org/resources/model-practices/2017-model-practice-winners. For more information, a toolkit, and tip sheets, visit http://www.dakotacounty.us or e-mail Bonnie Brueshoff at bonnie.brueshoff@co.dakota.mn.us.

Breastfeeding as an Obesity Prevention Strategy: Increasing Support for Rural Mothers in the Finger Lakes Region

By Christy Richards, RN, BSN, CLC, Public Health Educator, Ontario County (NY) Public Health; and Hillary Anderson, BS, MHSA, Project Manager, S2AY Rural Health Network

The ribbon-cutting ceremony at the Baby Café in Steuben County, NY

The Finger Lakes Breastfeeding Partnership (FLBP) was established in 2011 to improve the health of rural communities in upstate New York by increasing breastfeeding rates in Ontario County. This strategy was informed by results of a community health assessment, which showed that the region had high obesity rates. Breastfeeding support services were incorporated as an obesity prevention measure into the community health improvement plan.

The FLBP is a regional committee comprising eight counties in rural upstate New York: Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Livingston, and Chemung. The partnership was first established by Ontario County Public Health and subsequently expanded to all eight counties. Six of the eight counties are well over 50% rural in nature; the overall region is 52% rural, according to the 2010 U.S. Census. The FLBP's mission is to promote maternal and child health in the Finger Lakes region and its vision is to support breastfeeding mothers and children to decrease childhood obesity, cancer, preterm delivery, and infant mortality rates within the region. The FLBP has made significant strides in increasing support for breastfeeding mothers, reducing the stigma around breastfeeding, and encouraging local businesses, hospitals, and clinics throughout the Finger Lakes region to become breastfeeding-friendly.

The S2AY Rural Health Network, a partnership of the eight health departments, applied for NACCHO Breastfeeding Project funds on behalf of the FLBP to address the issue of chronic disease. The community health assessment process, which was facilitated by the Network and utilized NACCHO's Mobilizing for Action through Planning and Partnership framework, identified obesity prevention as one of the priorities for their community health improvement plan. Breastfeeding is dose-dependent and reduces the risk of obesity and other chronic diseases and conditions associated with obesity throughout adulthood.[1-3] Therefore, the FLBP decided to implement peer and professional support for breastfeeding mothers throughout the region as a strategy to prevent and reduce obesity rates.

continued on page 15

Breastfeeding as an Obesity Prevention Strategy: Increasing Support for Rural Mothers in the Finger Lakes Region

continued from page 14

Establishing Baby Cafés

The FLBP, with assistance from the S2AY Rural Health Network, established a network of "Baby Café" sites at strategic locations throughout the region. Baby Cafés are free, drop-in locations where mothers receive breastfeeding education and support from Certified Lactation Counselors (CLCs) and peers. The Baby Café is a turnkey, evidence-based program with set guidelines and support. To support the establishment of these sites, the FLBP engaged additional partners, held a training for CLCs, and promoted breastfeeding as a social norm.

Typical of rural regions, there are structural barriers to access care—including breastfeeding services—in the Finger Lakes region. Those challenges include great distances between the limited number of available medical providers and limited access to public transportation. Low-income mothers struggle to obtain the help and support they need to breastfeed. Seven of the eight counties have a Healthcare Professional Shortage Area (HPSA) designation. Four of the seven counties have an underserved population that is more than 23% higher than the state rate (53%), according to the Health Resources and Services Administration. Additionally, families in these communities also struggle with poverty. In more than half of the counties, more than 30% of the population is at or below 200% of the Federal Poverty Level; the poverty rate in Chemung, Seneca, Steuben, and Yates counties is more than five percent higher than the state rate.

During the NACCHO grant period (January 2015 to June 2016), the FLBP focused on increasing organizational capacity and establishing a safety net of support for the region. To better support breastfeeding, the FLBP trained 22 individuals as CLCs and established six Baby Café sites. As a result, the FLBP held a total 70 group meetings and provided 1,023 individual support encounters with mothers. To ensure the sustainability of the program, the Baby Café staff hours were incorporated into employees' regular work, enabling the efforts to extend past the initial project funding. Additionally, the FLBP implemented a breastfeeding social marketing campaign to promote breastfeeding as a social norm using various methods, including flyers, posters, press releases, and Facebook advertising. Community support for breastfeeding and environmental change have played a large role in long-term sustainability of the FLBP's efforts. Constantly promoting breastfeeding as a social norm has helped to start conversations, bring in new mothers, and change the community as a whole to collectively support breastfeeding mothers.

Photos courtesy of the S2Ay Rural Health Network

Mothers and babies at the Canandaigua Baby Café in Ontario County, NY

Key Challenges

During the implementation of these efforts, there were several challenges. The staffing guidelines for Baby Café sites require two CLCs and at least one International Board Certified Lactation Consultant (IBCLC) be on call for every meeting. For a rural area that experiences health care provider shortages, staffing was a large barrier to overcome. By leveraging internal funding, the FLBP was able to offer two CLC trainings to train staff from partner organizations; however, finding staff members who were able to take off a full week to attend the five-day training and subsequently staff the Baby Cafés after becoming certified was difficult. Furthermore, finding IBCLCs willing to be on call, free of charge, for Baby Café meetings was also challenging. A select number of IBCLCs were identified and agreed to cover multiple sites, if needed, to meet the Baby Café criteria.

While staffing was a large barrier, Baby Café attendance was the greatest challenge in this effort. Due to the rural nature of the area, transportation was a huge barrier for mothers. Upon opening, many Baby Café sites saw just one or two mothers per month; some months, they saw no one at all. By relocating the sites to more accessible areas, strategically advertising on social media and other platforms, and offering various incentives and transportation vouchers, the FLBP was able to increase attendance at all sites; some sites had regular attendees every week.

continued on page 16

Breastfeeding as an Obesity Prevention Strategy: Increasing Support for Rural Mothers in the Finger Lakes Region
continued from page 15

Lessons Learned

This project underscored the importance of engaging a broad range of stakeholders and partners, meeting the families where they are, and considering what services best meet families' needs. To establish the Baby Café sites, the FLBP reached out to non-traditional partners, including libraries, churches, and community groups, to procure space to host Baby Café meetings; many of these entities were already providing services to the same families the FLBP sought to engage. These partners have been integral to establishing the sites and as a result have become involved in several other FLBP efforts by adopting policies, promoting education, and bringing in other programs. Additionally, some Baby Café locations and meeting times were shifted to better meet the needs of the mothers. Being able to adapt and shift to meet mothers where they are has been key to success.

Since the expansion of the FLBP in 2013, the partnership leveraged NACCHO funds with Building Healthy Communities grant funds from the New York State Health Foundation, and as a result, the community safety net for breastfeeding has been established. Results of these initiatives include the following:

- 43 CLCs have been trained and certified;
- One health care provider practice has become New York State Department of Health (NYSDOH) Breastfeeding-Friendly Certified;
- 11 daycare centers and 41 in-home daycares are now NYSDOH Breastfeeding-Friendly Certified;
- Six worksites have implemented lactation policies; and
- The FLBP Facebook page has solicited 830 "likes" and its posts have reached more than 4,000 people.

In addition, this program has been recognized by NACCHO and won a NACCHO Model Practices Award, meaning it's an evidence-based, peer-evaluated best practice that other local health departments can replicate. The program has shifted social norms and cultures within communities. Mothers are now asking to be trained as CLCs to open and staff additional Baby Cafés. More organizations, businesses, and community partners have become engaged in the efforts of the FLBP and the S2AY Rural Health Network. Most important, breastfeeding rates have been steadily increasing; the rate jumped from 75.1% in 2012 to 78.3% in 2016 (the rate includes infants fed any breast milk in the hospital according to local health department birth certificate data).

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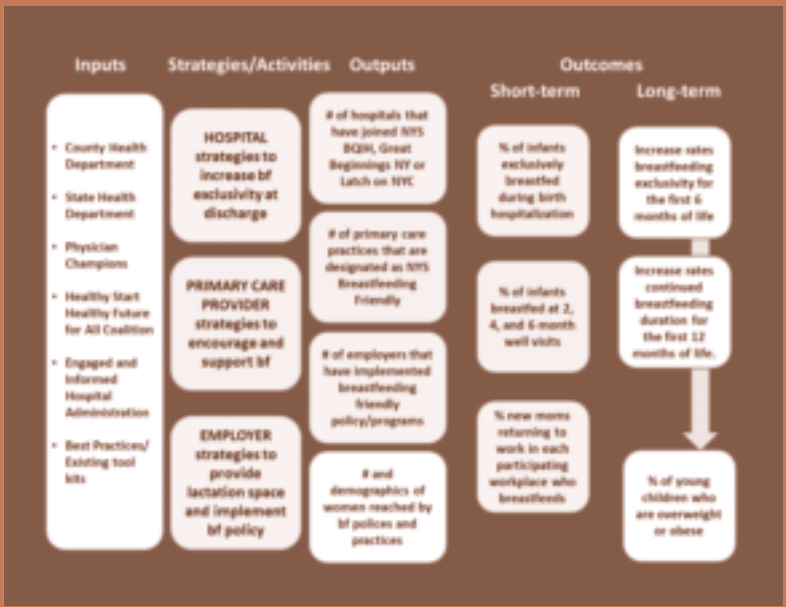
To learn more about the Finger Lakes Breastfeeding Partnership, visit http://www.s2aynetwork.org/finger-lakes-breastfeeding-partnership.html. For more information, e-mail Christy Richards at christy.richards@co.ontario.ny.us or Hillary Anderson at hbanderson@stny.rr.com.

Using a Breastfeeding Logic Model to Create Breastfeeding-Friendly Communities in Erie County, NY

By Cheryll Moore, Medical Care Administrator, Erie County Department of Health; and Mary K. Comtois, Program Director of of Health Initiatives, United Way of Buffalo & Erie County



Through a community health assessment, the Erie County Department of Health in Buffalo, NY, identified high rates of obesity as a health problem that it needed to address. As a strategy for obesity prevention, it incorporated breastfeeding support services into its 2014–2017 community health improvement plan.

The Erie County Department of Health developed a comprehensive breastfeeding logic model to transform the county into "Breastfeeding-Friendly Erie." Through previous funding from the Centers for Disease Control and Prevention, the health department implemented the Breastfeeding-Friendly designation program for health care providers' offices, workplaces, and other businesses. In addition, Erie County piloted seven Baby Cafés (the first in New York State) to offer free breastfeeding support drop-in centers facilitated by lactation providers.

The health department contracted with United Way of Buffalo and Erie County's Healthy Start, Healthy Future for All Coalition to leverage its existing work on obesity prevention and improving birth outcomes, including breastfeeding promotion. The coalition's goals included working with health care providers and organizations to increase access to and enhance health care, and educating and empowering organizations to promote healthy lifestyles. It collaborated with United Way to continue improving breastfeeding rates among Medicaid-eligible women in communities of color.

In 2015, with NACCHO funding, the Erie County Department of Health leveraged the existing community skills and breastfeeding resources and focused its efforts on sustainability. It trained staff as Master Trainers, enabling them to earn in-house educational credits for recertifying Certified Lactation Counselors (CLCs) and providing hospital staff training. With more trained staff, Erie County was able to pilot additional Baby Cafés. In addition, it trained medical providers on appropriate documentation and billing practices to build sustainable lactation reimbursement systems.

The coalition has grown by developing comprehensive programs and leveraging multiple funding sources throughout the years. It now includes representatives from WIC, physicians' offices, and other community-based organizations. To date, 22 OB-GYN and pediatric practice sites, 20 childcare centers, and 164 in-home daycares have achieved the Breastfeeding-Friendly designation. Moreover, Erie County has built capacity by training more staff and now has 89 new CLCs. Erie County is also engaged in ongoing efforts that include supporting local hospitals to achieve the Baby-Friendly Hospital Initiative designation and continuing to work with local businesses and childcare centers to become breastfeeding-friendly.

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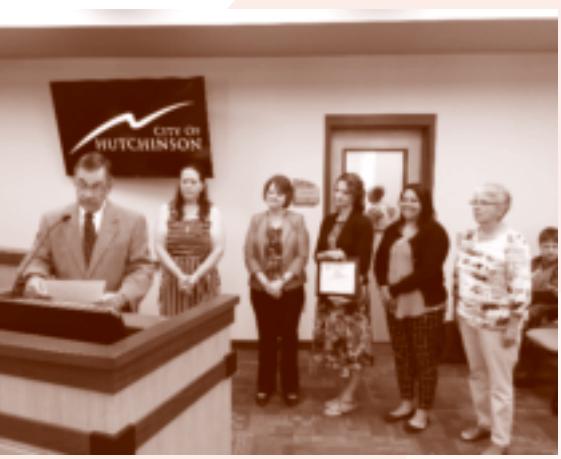
Building a Culture of Breastfeeding Support One Community at a Time: The Community Supporting Breastfeeding Designation in Kansas

By Brenda Bandy, IBCLC, Executive Director, Kansas Breastfeeding Coalition

CSB proclamation reading in Thomas County, Kansas



CSB proclamation reading in Hutchinson, Kansas

Photos and graphics courtesy of the Kansas Breastfeeding Coalition

The Kansas Breastfeeding Coalition (KBC) was formed in 2008 to build a community of health in Kansas in which breastfeeding is normal and supported. The KBC comprises over 150 individuals who work collaboratively to support, promote, and protect breastfeeding to improve the health of Kansas families. With funding from Kansas Title V Maternal and Child Health and the Kansas Health Foundation, the KCB provided support and technical assistance to 15 communities to help them achieve the Community Supporting Breastfeeding (CSB) designation. Working alongside state and local health departments, the KBC improves maternal and infant health throughout Kansas by collaborating with stakeholders locally and statewide to improve breastfeeding. The KBC is designed to align and amplify a collective voice to influence the policy, system, and environmental changes that will enable all families to reach their breastfeeding goals.

Despite the numerous known benefits of breastfeeding, many families struggle to breastfeed for the recommended six months. Exclusive breastfeeding rates at three months and six months in Kansas are 44.5% and 24.5% respectively, according to the latest Centers for Disease Control and Prevention's survey of babies born in 2014. These rates fall short of the Healthy People 2020 goals, which are 46.2% at three months and 25.5% at six months; Kansas ranks 27th in the nation for exclusive breastfeeding at six months. If 90% of families in Kansas initiated breastfeeding, breastfed exclusively for six months, and continued breastfeeding to one year of age, Kansas would save almost $164 million and prevent 22 maternal and seven infant deaths.[1]

Following the U.S. Surgeon General's *Call to Action to Support Breastfeeding* report in 2011, which highlighted the need for a coordinated, community-level approach to breastfeeding support that addresses key barriers to breastfeeding, the KBC created the CSB designation. This program recognizes communities that have implemented a multifaceted approach to breastfeeding support.

The long-term outcome of this culture change will be increased breastfeeding rates at six and 12 months. Preliminary data from the first five counties to achieve the CSB designation indicates rates of exclusive breastfeeding for infants at six months for WIC families are on the rise in these communities, compared to prior to having earned the CSB designation.

The CSB Designation Criteria

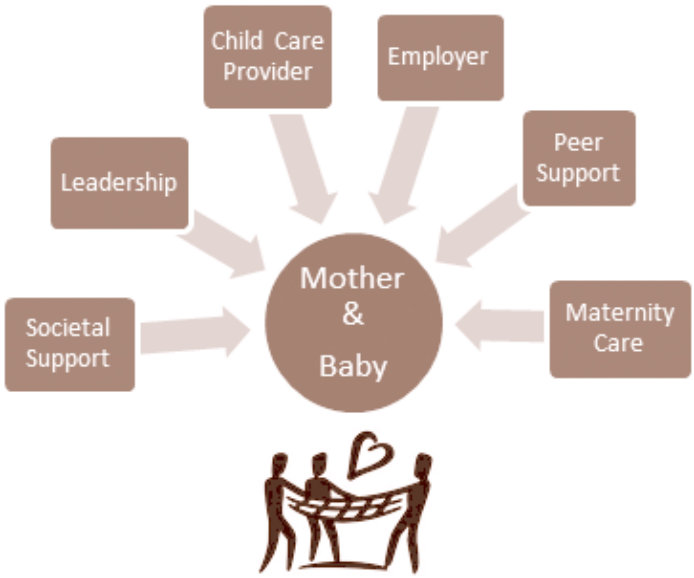
To receive the CSB designation, communities must meet six criteria for supporting breastfeeding across multiple systems. The designation focuses on using existing breastfeeding programs to improve exclusive breastfeeding rates for infants at six months of age. The criteria includes the following:

1. A local breastfeeding coalition.

Since 2008, the number of local breastfeeding coalitions has risen from eight to 33, covering 68 counties, or 65% of the state. Local health departments are key leaders in most of these coalitions. They provide key resources, including meeting space, staff time, outreach materials, and, in some cases, financial support for activities.The KBC supports

continued on page 19

Building a Culture of Breastfeeding Support One Community at a Time: The Community Supporting Breastfeeding Designation in Kansas *continued from page 18*



the formation of local coalitions through conference calls, an annual Kansas Breastfeeding Coalitions Conference, providing meeting materials, templates, and other resources to communities interested in starting a breastfeeding coalition, and mini-grants to improve breastfeeding support in communities.

2. Peer support groups. The KBC provides a free online one-hour course, "How to Start a Breastfeeding Support Group," as well as peer breastfeeding support training through KS TRAIN.

3. Supportive hospitals. Communities must have least one community hospital recognized as a High 5 for Mom and Baby hospital or designated a Baby-Friendly Hospital.

4. Supportive public establishments. One public establishment for every 1,000 community citizens or 25 (whichever is fewer) must participate in the Breastfeeding Welcome Here program. The KBC provides a window decal and a staff education poster to public establishments enrolled in the Breastfeeding Welcome Here program.

5. Supportive employers. One employer for every 5,000 community citizens or 10 (whichever is fewer) must receive a Breastfeeding Employee Support Award. The KBC provides the employer with an award, press release, and social media post to promote the award. Local health departments play an important role in identifying employers that are supportive of their breastfeeding employees, as reported by WIC and other clients.

6. Supportive childcare providers. A minimum of 20 childcare providers in the community must complete the How to Support the Breastfeeding Mother and Family course. The KBC provides the course curriculum and an online course instructor for a two-hour online course hosted by Kansas Child Care Training Opportunities, as well as in-person trainings. Kansas Title V funds support the KBC instructor for this online course, allowing the course to be offered to childcare providers at no cost each month.

KBC programmatic activities included the following:

- Providing onsite technical assistance by a Local Community Coordinator.
- Hosting Continuity of Breastfeeding Care meetings to determine the local landscape of breastfeeding support, improve consistent communication of maternity care practices, and facilitate the "warm hand-off" of mothers from hospital to community breastfeeding support. For 10 of the 15 communities, this included providing prenatal parental education and counseling tools and training in their effective use.
- Hosting public CSB celebration events during which the city or county commission read a proclamation, provided by the KBC, stating that the awarded community is now a designated Community Supporting Breastfeeding.

continued on page 20

Building a Culture of Breastfeeding Support One Community at a Time: The Community Supporting Breastfeeding Designation in Kansas *continued from page 19*

Outcomes

Since the CSB program's inception in 2014, 18 communities have achieved the CSB designation, and three additional rural communities are expected to achieve the CSB designation by the end of 2018.

The majority of communities achieving CSB designation are rural communities in the state.

Lessons Learned

Shifting a community's culture is a team effort and best suited to a coalition rather than an individual. Achieving the CSB designation worked best when efforts were led by the local breastfeeding coalition. The strength and capacity of the local breastfeeding coalition in the period following the CSB designation was directly related to the number of community members involved in the process.

Achieving the CSB business criteria, which entails enrolling businesses in the program and nominating supportive employers for an award, is challenging. Most coalition members are volunteers and had limited time for outreach to engage employers. In addition, volunteers were uncomfortable educating business owners about the economic benefits of supporting breastfeeding and were more comfortable discussing its health benefits.

The CSB designation resulted in several unexpected positive outcomes:

- Identifying and building local leaders. Local Community Coordinators frequently became leaders of their local coalitions and several are considering leadership roles at the state level. Many Local Community Care Coordinators expressed appreciation for the additional skills they developed in overseeing the CSB project.
- Building and revitalizing local breastfeeding coalitions. The CSB project served as a motivating force for the formation of new breastfeeding coalitions or for reviving dormant coalitions. Coalitions involved in the CSB project experienced increased member engagement and the involvement of new members and partners as a result of their focus on the CSB designation criteria.
- Involving government officials. The CSB proclamation reading by the city or county commission resulted in raising awareness among civic leaders about supporting breastfeeding in their communities. Several city council members were also business leaders who later enrolled their businesses in the Breastfeeding Welcome Here program, or applied for the employer award because they heard about these programs at the city council proclamation reading. One county commissioner commented at the reception after the proclamation reading, "I have said the word 'breastfeeding' more times tonight than I have in my whole life!"

Also, due to its success, the CSB program was designated an Emerging Practice for the Association of Maternal and Child Health Programs' Innovation Station (2016), where best practices in maternal and child health are shared with the public and state health departments. The CSB program is also included in the Kansas Health Matters database of promising practices.

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For more information, including free templates and resources, visit http://ksbreastfeeding.org/cause/communities-supporting-breastfeeding/ or e-mail Brenda Bandy at bbandy@ksbreastfeeding.org.

How Texting Meets the Needs of Generation Y in a Public Health Setting in Santa Barbara County, California

By Meg Beard, MPH, MCHES, RDN, IBCLC, Breastfeeding Coordinator and Public Health Programs Coordinator, Santa Barbara County Public Health Department

Santa Barbara County is located 90 miles north of Los Angeles and has 437,643 residents. Its racial/ethnic breakdown is 46% White/Caucasian, 45% Hispanic/Latino, 5% Asian, and 2% Black.[1] The county's largest employers include hospitals, universities, agribusiness, restaurants, hotels, and public services. The Santa Barbara County Public Health Department (PHD) focuses on health promotion and prevention-related issues; it frames breastfeeding as a critical public health and social justice issue that decreases the risk of illnesses in both infants and mothers and saves health care dollars.[2-4]

PHD's goal is to increase breastfeeding initiation and duration rates for mothers who are the least likely to breastfeed. This includes women/families of lower socioeconomic status and education, women/families of color, adolescents, and Spanish-speaking women; taken together, these women and families are the ethnically, culturally, and linguistically diverse and are located in geographically and socially isolated areas throughout Santa Barbara County. This population is traditionally underserved and has a high level of need.

"Generation Y" encompasses people born between 1980 and 2000.[5] They rely heavily on mobile communication, are ethnically diverse, and are more highly educated than previous generations.[5] While many have struggled to find stable employment, Gen Y, or Millennials, are currently the largest group in the workforce.[5]

In 2011, PHD began a groundbreaking texting program to meet the needs of Millenials within its Nutrition Services Division, which houses WIC. Research has shown that two-way texting communication is helpful as participants feel more comfortable when they know that someone will receive and respond to their text messages. Texting has effectively displaced e-mail and phone calls as the most common form of communication today.[5] Americans under the age of 55 text more than they call or e-mail.[6, 7]

continued on page 22

How Texting Meets the Needs of Generation Y in a Public Health Setting in Santa Barbara County, California

continued from page 22

PHD's award-winning and internationally recognized two-way Bfed texting program, run by PHD's WIC division, was the first of its kind in the United States. The program's goals were to meet the needs of Gen Y, use targeted social marketing to promote breastfeeding messages, and increase breastfeeding rates through education and support.

Participants agreed to "opt-in" to a secured, HIPAA-compliant texting system. Automated breastfeeding text messages go out on a regular basis from a texting platform to the participant's cell phone. The participant can then text back and the message goes to a Web-based program through which the Breastfeeding Peer Counselor can type back via computer.

Highlights of the Bfed texting program include the following:[8]

- Web-based texting interface.
- Participant opts-in securely; the program does not use long codes or phone numbers, which are not secured.
- Language flexibility (Spanish and English).
- Automated breastfeeding message service.
- Two-way communications; can also be used for caseload management (e.g., touching base, answering questions, scheduling appointments).
- Meets all confidentiality regulations.

Text conversations can be meaningful. Participants have stated the following:

- "I feel supported because I knew nothing about breastfeeding."
- "I feel confident and that I am important. Thank you."
- "I enjoyed receiving messages with information since I am a first-time mom; it's nice to know."

Sustainability needed to be a vital component of the project. The automated messaging system has saved significant staff time and enabled staff to spend more time in the clinic to provide direct support for breastfeeding issues. The texting program saves public health dollars by reducing the number of full-time employees needed for programmatic success. Through the texting program, PHD's WIC program is able to reach more participants with less staff effort, increasing its effectiveness.

Lessons learned include the following:

- Ensure that programmatic staff converse with participants both verbally and via text message.
- Maintain privacy and data control by ensuring that staff do not use their personal cell phones.
- Ensure participants can receive texts (not all prepaid phones allow them).
- A supportive administration is key to success.
- Funding is sometimes difficult to secure and maintain.

Santa Barbara WIC has some of the highest breastfeeding rates in California and the United States.[7] WIC now has a section on the texting platform for appointment reminders; other programs at PHD are looking into this valuable two-way secured texting system. Last year, Santa Barbara County WIC Breastfeeding Peer Counseling Program received the U.S. Department of Agriculture's Loving Support of Excellence Gold Premiere Award; only six agencies in the United States have received this level of award. PHD's successful Bfed texting program was a big part of the reason the peer counseling program was recognized.

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NACCHO Exchange, the quarterly magazine of the National Association of County and City Health Officials (NACCHO), reaches every local health department in the nation. It presents successful and effective resources, tools, programs, and practices to help local public health professionals protect and improve the health of all people and all communities.

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