ASTHO Breastfeeding Learning Community

Orange: Award States
Blue: Coalition Enhanced Award States
Call Agenda

2:00-2:15  Welcome and Introductions
2:15-2:45  Overview of ACA and Medicaid Breastfeeding Support
2:45-2:55  Learning Community Evaluation
2:55-3:05  Year Two Final Reports
3:05-3:50  State Team Round Robin
3:50-4:00  Next Steps and Wrap Up
Call Objectives

- Discuss the Affordable Care Act and Medicaid Breastfeeding Support
- Discuss learning community evaluation measures and state final reports
- Identify opportunities to engage local businesses in becoming breastfeeding-friendly
- Facilitate state-to-state learning among states doing similar activities
- Share resources and tips for success to support work across all topics
Introductions

**ASTHO**
- Christi Mackie, Senior Director, Family and Child Health

**CDC**
- Carol MacGowan, Division of Nutrition, Physical Activity, and Obesity
Breastfeeding and the Affordable Care Act

Breastfeeding in the Community: Creating a Culture of Sustainability

Wednesday, April 20, 2016
Overview

• AMCHP and Title V Overview

• ACA Overview: Preventive Service Provisions for lactation support and supplies

• CMS Guidance on Medicaid coverage of breastfeeding support services

• Overview of Medicaid coverage for breastfeeding support services

• State examples

• Wrap up/Resources
Association of Maternal and Child Health Programs Overview

AMCHP is a national resource, partner and advocate for state public health leaders and others working to improve the health of:

• Women
• Children, youth and families, including those with special health care needs.
Who are our members?

• **Title V Directors & Staff**
  – Directors of MCH Programs
  – Directors of Children & Youth with Special Health Care Needs (CYSHCN) Programs
  – Adolescent Health Coordinators

• **Families**

• **Partners**
  – Health professionals, research institutions, community-based & advocacy organizations
Overview & History of Title V

- What is the “MCH Block Grant”?
  - A federal-state partnership.
  - The only Federal program that focuses solely on improving the health of all mothers and children.
  - Support for core public health functions.
  - An opportunity to consider health across the life course, including risk & protective factors at key stages (preconception, antenatal, postpartum/interconception, infancy, childhood, adolescence)
Scope of Title V Services

- Prenatal, postpartum, and well-woman visits
- Medicaid coordination & case management
- Education, nutrition services and counseling (WIC)
- Population-based screening programs
- Immunizations
- Needs assessment, applied research & planning
- Policy & standards development, training, evaluation

*Establishing systems of care & quality assurance*
Title V Support of Breastfeeding

• Develop and disseminate breastfeeding resources
• Partnership with state chronic disease departments, home visiting programs, WIC, policymakers, employers and hospitals
Transformation of Title V

• Purpose: improve accountability, reduce burden, & maintain flexibility

• National Performance Measures:
  – NPM 4: Breastfeeding
    • Percent of infants who are ever breastfed
    • Percent of infants breastfed exclusively through 6 months
Title V Block Grant
NPM 4: Breastfeeding

• 49 jurisdictions selected NPM 4

• Strategies include:
  – Increasing hospital support: Baby Friendly Designation, Advancing Ten Steps
  – Peer/professional support and education
  – Workplace accommodation support, recognition, Business Case for Breastfeeding Promotion
  – Partnership with WIC, MIECHV Home Visiting, and other community agencies to promote and support breastfeeding
  – Raising public awareness on benefits of breastfeeding
  – Father/Family Support Initiatives
ACA Overview

• Achieving the triple aim
• Preventive services coverage
• Those services are those recommended by the U.S. Preventive Services Task Force with a grade of A or B, the Advisory Committee on Immunization Practices, and the Bright Futures Guidelines (AAP)
  • Adults, 15 services
  • Women, 22 services
  • Children, 26 services
Preventive Services

Women (selected)

- Comprehensive breastfeeding support & counseling, access to breastfeeding supplies
- Folic acid supplements
- Gestational diabetes screening for women 24-28 weeks pregnant
- Contraception
- Anemia screening for pregnant women
- A well woman visit
Breastfeeding Services and ACA

• Health insurance plans **must** provide breastfeeding support, counseling, and equipment for the **duration of breastfeeding**.

• Equipment typically means a breast pump

• These services may be provided before and after birth.

• This applies to Marketplace plans and all other health insurance plans, except for grandfathered plans.
Opportunities to promote breastfeeding under ACA

• Maternal, Infant and Early Childhood Home Visiting

• Lactation Support in Health Insurance Plans

• Worksite Accommodations for Nursing Mothers
Breastfeeding Coverage under Medicaid

• Coverage of breastfeeding support under Medicaid varies by state and type of Medicaid Coverage
Breastfeeding Coverage under Traditional Medicaid

• Traditional Medicaid programs cover many preventive services at low or no cost to enrollees
  – They are not required to provide breastfeeding supports and services under the ACA
  – Many states do choose to cover these services, however
Medicaid Coverage of Lactation Services

Issue

This issue brief sets forth current levels of State Medicaid coverage for lactation services and explores how CMS can encourage and assist States in increasing access to such services.

Background

Improving the health of the population and reducing preventable causes of poor health, such as obesity, is a priority of the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS). Current research shows that the practice of breastfeeding for the first 6 to 12 months of life is highly beneficial for both the mother and infant. On January 20, 2011, the United States Surgeon General released “The Surgeon General’s Call to Action to Support Breastfeeding.” This report indicates that there is a 32% higher risk of childhood obesity and a 64% higher risk of type 2 diabetes for children who are not breastfed. An extensive body of research supports these assertions and provides evidence of the positive effects of breastfeeding on both short and long term infant and maternal health. Professional organizations advocate for exclusive breastfeeding during the first 6 months of life, meaning that infants should not be given any other substance other than breast milk, including water. Breastfeeding also serves additional advantages for low birth weight infants. Human milk consumption is associated with a reduction in sepsis infections and gastrointestinal illnesses among very low birth weight newborns in the neonatal intensive care unit (NICU).

The U.S. Preventive Services Task Force (USPSTF) specifically recommends coordinated interventions throughout pregnancy, birth, and infancy to increase breastfeeding initiation, duration, and exclusivity. Such recommended interventions include formal breastfeeding education for mothers and families, direct support of the mother during breastfeeding observations, and the training of health professional staff about breastfeeding and techniques for breastfeeding support. The opportunity to promote and provide support for breastfeeding occurs many times throughout the interactions that women have with various types of health care providers during and after pregnancy.

Categories of Coverage for Lactation Services

All States participating in the Medicaid program cover pregnancy-related services. 42 C.F.R. § 440.210 defines “pregnancy-related services” as those that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the woman having been pregnant. These include, but are not limited to, prenatal care, delivery, postpartum care, and family planning services. States must provide coverage of pregnancy-related services for an
All States participating in the Medicaid program cover pregnancy-related services. 42 C.F.R. § 440.210 defines “pregnancy-related services” as those that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of the woman having been pregnant. These include, but are not limited to, prenatal care, delivery, postpartum care, and family planning services. **States must provide coverage of pregnancy-related services for an extended postpartum period, defined as beginning on the last day of pregnancy and extending through the end of the month in which the 60-day period following termination of pregnancy ends. This definition of “pregnancy-related services” is broad enough to encompass lactation services.**
Medicaid coverage categories to reimburse lactation services:

- Inpatient hospital services (other than services in an institution for mental disease)
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment services for individuals who are eligible under the plan and are under the age of 21
- Physicians’ services furnished by a physician under the physician’s supervision, whether furnished in the office, the patient’s home, a hospital, or a nursing facility, or elsewhere
- Services furnished by a nurse-midwife, which the nurse-midwife is legally authorized to perform under State law
- Freestanding birth center services
- Services furnished by nurse practitioners and other licensed practitioners
Breastfeeding Coverage under Medicaid Expansion

• ACA allows states to expand Medicaid up to 138% FPL (~$16,000/individual or ~$33,000/family of 4)

• Those in this new expansion population will have coverage of breastfeeding support services and supplies

• There are states that have not expanded Medicaid but do cover breastfeeding support services
Medicaid Expansion

1. This map provides a record of legislation introduced, but does not track the exact status of bills moving in state legislatures. Map is updated when bills pass chambers and/or are signed by the Governor.

2. CMS approved WI’s proposal to modify existing Medicaid eligibility; under the waiver, all childless adults ages 19-64 with income up to 100% FPL will be covered through BadgerCare Plus beginning 4/1/14.

https://www.statereforum.org/Medicaid-Expansion-Decisions-Map?gclid=CjwKEAjwrOO3BRCX55I9_WoijHo5AAPxSPfPCs_GYW2pajMBoKaUNROS2Recu33vSRAYUtA6KUfxoC7aTw_wcB
Summary of coverage

NWLC Toolkit: New Benefits for Breastfeeding Moms: Facts and Tools to Understand Your Coverage under the Health Care Law
State Examples

New York Flag

Rhode Island Flag

North Carolina Flag

California Flag
New York: Medicaid Support for Breastfeeding

• Medicaid reimbursement of evidence-based breastfeeding education and lactation counseling consistent with the United States Preventive Services Task Force (USPSTF) recommendation

breastfeeding support services by licensed healthcare providers who are IBCLCs including:

• Physicians
• Nurse Practitioners
• Midwives
• Physician Assistants
• Registered Nurses
New York: Medicaid Support for Breastfeeding

• Minimum breast pump standards for Medicaid reimbursement

• Full standards: https://www.health.ny.gov/community/pregnancy/breastfeeding/medicaid_coverage/minimum_breast_pump_specifications.htm

• Specifications provided for:
  • Manual
  • Electric
  • Double Pumping Kits
  • Hospital Grade Electric
New York: Other Efforts to Promote Breastfeeding

• Incorporation into Chronic Disease Prevention Agenda:  

• Breastfeeding friendly childcare centers

• 10 Steps to a Breastfeeding Friendly Practice Implementation Guide:  
  http://www.albany.edu/sph/cphce/prevention_agenda/bf_ny_10_steps.pdf

• Using Community Transformation Grant funding (part of the ACA) to support hospitals achieve Baby Friendly Hospital status using a learning collaborative format

• As of April 2014, all maternity care hospitals have breastfeeding policies
Rhode Island: Medicaid Support for Breastfeeding

• “Lactation Consultant Practice Act of 2014”
  – First state to pass licensure for IBCLCs
  – Allows for integration of IBCLCs into the health care system
  – Licensure allows for direct contract and reimbursement from insurance companies including Medicaid
Rhode Island: Other Efforts to Promote Breastfeeding

- Two Medicaid Managed Care programs in Rhode Island cover lactation services
  - United Health Coverage
  - Neighborhood Health Plan of Rhode Island
- Rhode Island went “bag free” in 2011
- Rhode Island WIC refers clients to peer counselors and IBCLCs before providing formula
North Carolina: Medicaid Support for Breastfeeding

• **2016:** Medicaid coverage of medical lactation support services based on recommendations from the North Carolina Child Fatality Task Force:
  

• North Carolina is non-expansion state.
North Carolina: Other Efforts to Promote Breastfeeding

Division of Public Health

- Worksite accommodation policies in state agencies
California: Medicaid Support for Breastfeeding

CA WIC Association Resources:

- Implementation of breastfeeding care requirements of the ACA

- Toolkit for practitioners to leverage WIC and Community Partnerships through the ACA:
  » Includes information on billing MediCal for services

- Policy Brief on Nutrition counseling under Health Care Reform:

- 2014 California Breastfeeding Summit  billing in clinics and success with overall BF rates
California: Other Efforts to Promote Breastfeeding

- **SB 502**  As of Jan. 1, 2014 CA requires all general acute care hospitals in CA with a perinatal unit to have an infant feeding policy.

- **SB 402**  Requires all general acute care hospitals and special hospitals that have a perinatal unit to adopt, by Jan. 1, 2025, the “Ten Steps to Successful Breastfeeding,” or an alternate process adopted by a health care service plan that includes evidenced-based policies and practices and targeted outcomes.

- **Home Visiting (MIECHV)**
  - Developed a data collection measure for home visitors to measure duration of breastfeeding
  - Training some home visitors in lactation
For more information

Coverage for lactation services varies greatly and there are various programs in each state. More information can be found at:

- State’s Medicaid program website
- State’s Title V program
- State’s WIC program
State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act

• Explores how states and communities can capitalize on opportunities presented by the ACA to advance breastfeeding.

• Common strategies examined
  – Financing of breastfeeding support and counseling services
  – Promoting worksite accommodations
  – Collaboration and partnerships
  – Utilization of Maternal, Infant, and Early Childhood Home Visiting Programs to improve referral and tracking to services.

Introduction
Breastfeeding is recognized as the best source of nutrition for most infants and strategies to support breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants. According to a report published by the Agency for Health Research and Quality, the evidence is clear that breastfeeding reduces sudden infant death syndrome, gastrointestinal infections, upper and lower respiratory diseases, childhood leukemia, asthma, ear infections, childhood obesity, and diabetes mellitus type 2 risk for children, as well as rates of hospitalization. Mothers also benefit from breastfeeding. Research shows that women who breastfeed have a decreased risk of breast and ovarian cancers. Additionally, a recent study estimates that as a result of less-than-recommended breastfeeding rates, the United States annually incurs $17.4 billion in economic costs.

Breastfeeding is a national priority as reflected in the Healthy People 2020 objectives. The Healthy People 2020 objectives for breastfeeding are: increases the proportion of infants who are breastfed ever, at six months, at one year, exclusively through three months, exclusively through six months as well as lactation support, worksite lactation support, reduction in formula use, increasing baby-friendly hospital listings. The Centers for Disease Control and Prevention (CDC) annual report card indicates that in 2013, 77 percent of mothers initiate breastfeeding after the birth of a child. Yet, breastfeeding rates fell to 49 percent nationally after six months. Disparate rates among racial and ethnic groups persist with 55 percent of African American women initiating breastfeeding. However, while these rates are improving, breastfeeding rates among African American women remain lower than the rates of other racial or ethnic group in the United States, particularly among those living in the south.
Health Reform and Breastfeeding

- Outlines Breastfeeding Provisions in the Patient Protection and Affordable Care Act
  - Lactation Support through the Women’s Preventive Services
  - Supports for community efforts to promote breastfeeding
  - Workplace Protections and Supports
  - Outlines role of Title V in breastfeeding promotion
Speaker Contacts

www.amchp.org

Contact:

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Megan Phillippi, Program Analyst, Women’s and Infant Health
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Carolyn McCoy, Senior Policy Manager
cmccoy@amchp.org
Thank you!
Evaluation

Evaluation Indicators
- Report on evaluation indicators outlined in your work plan development sheet

Addition of Partnership Questions
- We want to capture the collaborative partnerships in your state!
SECTION 1

Report Narrative
Answer the questions below with concise responses. Recommended length for the report narrative is 2-4 pages.

1. Considering year two of the project, to what extent have you achieved the goals and metrics you established for your project and state team, as outlined by your work plan?

2. Briefly describe the specific activities undertaken for year two of this project. Use the questions below as a guide.
   a. Describe the major strategies/core components of your breastfeeding work.
   b. Describe your target population and/or target audience and how this group(s) was selected.
   c. What efforts (if any) were made to address health equity?
   d. Who were the key partners and what were their roles?
   e. What was the role of the state health agency throughout your breastfeeding work?
   f. What was the role of the state breastfeeding coalition?

3. What are 3-4 key lessons learned/recommendations that might help other grantees implement similar work in this field?

4. What feedback do you have for ASTHO regarding:
SECTION 2

Materials
Visit the map on the ASTHO Breastfeeding State Initiatives Map (www.astho.org/Maternal-and-Child-Health/Breastfeeding/State-Initiatives-Map/). Select your state and review the content under Highlights of Their Work. List below any additional breastfeeding tools/resources developed as part of this project that you would like add to your state’s page. Please include a link to access the resource or, if it is unavailable online, include the document(s) as an attachment with your report submission.

Additional Materials

<table>
<thead>
<tr>
<th>Name of Resource</th>
<th>Brief Description (1-3 sentences describing the resource’s purpose, who developed it, and target audience)</th>
<th>Insert web link (if available) or indicate if it is an attachment</th>
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SECTION 3

Partner Contact Information

*Complete the table with contact information for your list of core partners engaged in this project.*

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Email</th>
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SECTION 4

Qualitative data Submission

Breastfeeding Partnership Assessment Tool

1. Describe the key accomplishments/successes related to your state team’s work. Consider what impact this work has made on the public health system including partnerships, communication, policy, and establishing a shared vision.

2. Who were the key partners for strategy development, implementation/service delivery, or other project components and what were their roles?
   a. What new partners have you worked with as a result of this project?

3. Are any of the collaborations listed above formal partnerships (defined as partnerships governed by a memorandum of understanding [MOU] or other written agreement)?
   a. Yes
   b. No
   c. Not Sure

4. How many of your key partners have adopted a mission statement and goals?
   a. All
   b. Most
   c. Some
   d. Few
   e. None
## Final Report: Section 5

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<th>Measure</th>
<th>Baseline (data collected before the intervention was implemented prior to July 1, 2015)</th>
<th>Project End (data collected after the intervention was implemented after July 1, 2015)</th>
<th>Data source (optional)</th>
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<td><strong>Outputs</strong></td>
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<td>Number of breastfeeding promotional materials developed</td>
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<td>Number of practices formally implemented (SOPs)</td>
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<td>Number of internal trainings on new practices</td>
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<td>Number of breastfeeding professionals trained (including health care professionals)</td>
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<td>Number of breastfeeding summits convened; number of participants (individual &amp; institutions)</td>
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<td><strong>Short-term/Intermediate Outcomes</strong></td>
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<td>Number of birthing facilities with ideal practice on those specific practices that facilities are addressing</td>
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<td>Total composite quality score from CDC's Maternity Practices in Infant Nutrition and Care Survey (mPINC)</td>
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<td>Number of facilities designated as Baby-Friendly</td>
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<td><strong>Long-term Outcomes (if applicable)</strong></td>
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<td>Proportion of children who are overweight or obese</td>
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<td><strong>Other (if applicable)</strong></td>
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Since year one of the ASTHO Breastfeeding Support Learning Community grant:

- Two Alabama hospitals have achieved Baby-Friendly designation.
- Six Alabama hospitals have been awarded Enhancing Maternity Practices (EMPower) grants to focus on maternity practices leading to Baby-Friendly designation.
- Alabama has increased IBCLCs/CLCs by more than 40 percent.
- More than 2,000 employees in 26 participating hospitals have received at least 30 minutes of breastfeeding education.
Alaska Success:

- Since year one of the learning community, 13 providers have been trained in advanced clinical lactation practices. As a result of their training an additional 38 trainings in evidence-based maternity care practices were conducted. 324 maternity care staff participated in these trainings.

- As a result of the trainings 3 hospital staffs in our state became International Board Certified Lactation Consultants (IBCLC).
- State agency leadership played a key role in initiating relationships with the local hospitals to encourage and support hospital staff to advance their clinical lactation skills through education.
- The Alaska Breastfeeding Coalition worked in conjunction with state staff to facilitate educational offerings to birthing centers across the state.

- Since year one of the learning community,
  - Collaboration with the Alaska Breastfeeding Coalition (ABC) members to work on an award for hospitals making steps towards baby friendly hospital practices. ABC approved the Alaska 8 Stars project plans and design as well as the application hospitals with maternity centers will need to submit in order to be considered for award.
Since year one of the learning community, we have trained a total of 42 primary care practices in the evidenced-based Educating Providers in the Community, Breastfeeding, Education, and Support Training model. We have reached a total of 446 healthcare employees. The Breastfeeding Coalition of Delaware, the Delaware Division of Public Health and the Medical Society of Delaware all contributed to our successes by promoting the program within the healthcare community.
Washington, DC

– Since year one of the learning community, 1 additional hospital in our state has achieved baby-friendly designation. Two facilities completed D3 (and D2) requirements to enter D4 by BFUSA 2015 deadline. The facility that achieved designation worked with the Coalition collaboratively as content experts, sharing “lessons learned” because they were further along in the journey than the two hospitals previously mentioned. The state health department played a key role by providing funding which the Coalition used to deliver financial, educational, and technical support.

– Since year one of the learning community, six staff training sessions for BFHI were conducted at UMC through lunch and learn education sessions. More than 80% of the hospitals staff has received the required didactic and clinical skills training required.

– A Lactation Certification Preparation Course was presented with the aim of increasing the number of minority certified lactation consultants in the District. A total of 18 participants took the class, 4 have taken the exam, 2 passed successfully, 1 did not but is planning to sit again in October, and 1 is awaiting results from the April 2016 exam. Discounted registration for underrepresented populations was offered.
Georgia

– In year one of the 5-STAR Hospital Initiative, ten (10) birthing hospitals signed up to participate. Of the ten (10), five (5) birthing centers continued on and have achieved baby-friendly designation. DPH in partnership with Georgia SHAPE Initiative played a key role in that achievement by proving some grant funds to be used for staff training and education.

– In year two and three, DPH continue to provide train-the-trainer workshops. DPH has partnered with the Georgia Hospital Association to provide information about 5-STAR Hospital Initiative by hosting webinars. As a result, thirteen (13) additional birthing centers are participating in the 5-STAR Hospital Initiative. Believe approximately 5 are on the baby-friendly pathway or participating in EMPower pathway.

– We are in the fourth year of the 5-STAR Initiative. We continue to have birthing centers express interests in participating. We have created a 5-STAR Advisory Board that will assist with application review, technical assistance and approval of stars. Our first application review process started April 1st. The first announcement of star assignment will take place in May 2016.
HAWAII – Success in Numbers

• In year one of the learning community, 69 participants attended the 2015 Breastfeeding Hawaii Conference, “Riding the Wave to a Baby Friendly Hawaii”. 9 of them have since provided staff training on breastfeeding and baby-friendly environments. The state health department played a key role in supporting these efforts.

• In year two of the learning community, 27 hospital and agency staff participated in the 3-day Baby Behavior Train the Trainer workshop. The state health agency played a key role in bringing together staff from birthing hospitals & local breastfeeding support groups to attend the workshop.

• Since the start of the learning community, 3 additional birthing hospitals in our state have achieved baby-friendly designation. The state health department played a key role in supporting hospital efforts to achieve the “Ten Steps to Successful Breastfeeding”, however the ASTHO grant was not directly used for this success.
ILLINOIS

– Since year one of the learning community, 29 providers have been trained on breastfeeding best practices at 2 presentations. These presentations built on the best maternity care practices outlined in the Evidence-Based Hospital Breastfeeding Initiative that came through the state quality council.

– A Train the Trainer Session for the Breastfeeding Skills Lab that was developed trained 34 “trainers” (nurses and educators) in how to set up and use the skills lab at their facilities - both hospitals and health departments. The state’s regionalized perinatal system brings together leaders and educators from our region’s hospitals and provided a venue to facilitate this training.

– Skin to Skin at the first hospital in the project has increased to 90% from 47% prior to the project and 0 formula gift packs are given out. The initial process for this began with the Evidence-Based Hospital Breastfeeding Initiative that came through the state quality council.

– 3 nurses have been sent for CLC training with hopefully 2 more being sent.
**Louisiana**

Since year one of the learning community, the state health department played a key role in facilitating collaborative learning amongst LA hospitals. As a result:

- **6** Mentor - Mentee pairs were established (7 hospitals mentored)
- **8** Regional Hospital Collaborative Meetings (44/50 hospitals engaged and over 250 attendees across the 8 meetings)
- **1** Statewide Meeting (Summit) planned (reach 175)

Since year one of the learning community, the state health department worked with state and local breastfeeding coalitions to engage/coordinate with community partners and programs, as well as facilitate connections bt. community and hospital. As a result:

- **190** profiles have been created on the online resource platform.
- **123** people, representing 31 different organizations, trained on breastfeeding best practices through Community Breastfeeding Trainings
- **84** attendees and **62** community orgs/programs represented at **5** Community Collaborative (Networking) Meetings
Since year one of the learning community, **325 nurses and 40 providers** have been trained on breastfeeding best practices – with another **115 nurses** and unknown quantity of providers scheduled to be trained through May 2016. Members of our state health department and state breastfeeding coalitions have worked tirelessly to tailor training materials, deliver trainings, support hospital policy development and implementation and develop a provider toolkit and breastfeeding support video.
NEW HAMPSHIRE

• Success in Numbers (Year 1 & Year 2)

• **35 nurses** completed **online 15 hours of breastfeeding education** with nursing contact hours (10 hospitals enrolled so far)

• **65 nurses** in inpatient clinical settings have completed the **5 hours of clinical competencies** with nursing contact hours

• **128 participants** in Outpatient Provider Prenatal Breastfeeding Education in 10 of 16 scheduled lunch/learn talks (9 serving at-risk populations)

• ~48% deliveries in BFHI hospitals. 1 more hospital is BFHI-designated making a total of 8 (8/19 in total) with.
Since year 1: **29** worksites have taken steps to becoming breastfeeding friendly, HR representatives from **4** businesses received HRCI credit for participating in a Chamber of Commerce supported training, and staff from **11** home visiting agencies were trained to better support their breastfeeding clients returning to work or school. The NM Department of Health is leading the effort to build a relationship with the NM Department of Workforce Solutions to educate and support businesses in their efforts to comply with state and federal laws.
Since Year One of the Learning Community:

- **30** professionals working with mom and baby in the prenatal, perinatal and postnatal periods have gone through CLC trainings. There was significant partnership between the state health department, ASTHO funding and the hospitals which played a key role in providing assistance.

- A designation has been developed “North Dakota Breastfeeding-friendly” (5 step) designation where there are nearly half (5/12) of the hospitals actively engaged in the process.

- **155** professionals within 7 hospitals and nursing students from 2 different colleges have been trained by the ND Breastfeeding-Skills Training. The state health department and the ND Breastfeeding Coalition have played a vital role in bringing the training to different communities.
Leveraging statewide partnerships to extend the reach of the program across Ohio from Year One to Year Two...

- 44 Hospitals recognized through 3 rounds (with Round 4 pending we will be approaching 50% of maternity hospitals in the state)
  - 8 hospitals have progressed in steps since the program began (with Round 4 pending we will be close to doubling this number)
  - 8 Baby-friendly hospitals of the nine are currently participating in the program
- 350 hospital staff from 81 hospitals were trained in 19 free Kangaroo Care sessions across Ohio through ODH
- 51 hospitals recognized as “Bag Free” in 2015 by the First Steps program in partnership with the Ohio Lactation Consultants Association and Ohio Breastfeeding Alliance.
  - Over 250 members of OLCA were present at their 2016 Annual Meeting where First Steps presented the program, progress, and awarded the “Bag Free” recognition to hospitals during the main session.
- Over 350 First Steps posters of the 10 Steps to Successful Breastfeeding have been distributed for free across Ohio.
- 2,705 – Individual hits on the OHA First Steps webpages since launched one year ago
  - Underestimate - doesn’t account for hits to the ODH page where the application is housed

The true people worth celebrating...
OKLAHOMA COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES (COBA)

Since year 1 of ASTHO’s learning community, COBA has opened a COBA Baby Café in partnership with the largest WIC site in Oklahoma City, supported the launch of a Baby Café at a hospital that is close to Baby-Friendly designation and funded development of an online curriculum for training staff to meet Baby-Friendly USA staff education requirements (tentative launch date of July 2016).

In the first year (2015) of the learning community, COBA Baby Cafés served 32 individual minority mothers that attended cafés 116 times.

The state health department and state WIC service played a key role in providing space at the WIC site and promoting the new COBA Baby Café. The state health department also played a key role in funding and promoting the Becoming Baby-Friendly in Oklahoma project which has encouraged hospitals to collaborate with COBA. The Oklahoma Breastfeeding Resource Center at OUHSC played a key role in identifying the need for an online staff training curriculum and providing resources to develop one.
South Dakota

• This is South Dakota’s first year in the learning community. At this time, 100 businesses in the pilot community have taken an online pledge to be a Breastfeeding-Friendly Business. (98 businesses in Brookings and 2 businesses from surrounding, smaller communities.) State health agency leadership played a key role in funding, program development and collaboration with a team of local breastfeeding advocates representing three major businesses/organizations in the targeted pilot community including the local hospital, chamber of commerce and the state’s largest university. This collaboration proved to be the key to success.
Since year one of the learning community, 10 hospitals in our state have achieved Baby-Friendly designation, and 5 have re-designated. DSHS played a key role in providing technical assistance and support through a comprehensive continuum of Ten Step initiatives, including our Texas Ten Step Program and Texas Ten Step Star Achiever Initiative.

There are now 17 Baby-Friendly Hospitals in Texas, and 52 additional facilities are in the 4D pathway.
Success in numbers:

- Since we began the ASTHO learning community, employer grant applications were received from all 12 health department district offices across the state.
- Since year one of the ASTHO learning community, Vermont Department of Health has recognized 84 Breastfeeding Friendly Employers, with 42 of those receiving ASTHO grants. Half of the 84 employers who applied during this time have written breastfeeding policies.
- In Years 1 & 2 of the ASTHO project, 24 schools applied for grants.
- Accomplished through collaborative effort
  - Health Department outreach – Health Department District Offices conducted outreach. School Liaisons helped recruit schools for the ASTHO project.
  - Local Breastfeeding Coalition outreach – online outreach using Facebook and the Burlington Mom’s Blog
  - Rise Vermont program (multi-faceted approach to reduce obesity) in one district has greatly improved the number of Breastfeeding Friendly Employers
West Virginia

**Successes:**
– Since year one of the learning community, 4 hospitals have been accepted into the EMPower Breastfeeding Initiative, on the road to becoming Baby-Friendly. We currently have 0 Baby-Friendly facilities in the state. All of the collaboration with the WVDHHR, the WV Breastfeeding Alliance, WV Hospital Association and other partners, in providing trainings, encouragement and support has gotten several hospitals to the point of readiness to start on the path to Baby-Friendly. The door has been opened and we anticipate other hospitals following the lead of these 4 hospitals.
Since year one of the learning community, Kate, our environmental scan consultant, has conducted approximately 12 meetings/interviews with stakeholders (18) (e.g. representatives from Public Health Nursing, WIC, Hospital, La Leche League, etc.). These stakeholders primarily serve Laramie and Sheridan counties, two of six counties selected for the scan. By the end of Summer, she will complete stakeholder interviews in the remaining 4 counties. A final summary report will be completed before November 30, 2016.

The Wyoming Department of Health (WDH) contributed to this success by using available data on County Health Rankings, Breastfeeding Rates and county size/population to select a representative group of counties on which to focus in-depth scan efforts. By scaling back the scan efforts from 23 to 6 counties, Kate is able to spend more time with stakeholders in each county learning about available resources, climate, successes and barriers. In addition, WDH is awaiting final recommendations from the scan in order to apply them to our strategic planning efforts around ‘improving breastfeeding duration’, a 2016-2020 Title V priority.

This ASTHO collaborative contributed to this success by providing funding, technical assistance & best practices/state examples to guide our work.
Looking Forward

• Continue to fund states for another year!

• Next steps coming soon!
Wrap Up

- Invoices

- Evaluation

http://astho.az1.qualtrics.com/SE/?SID=SV_cwsVDh5FLjorp6l