Introductions

ASTHO’s MISSION
To transform public health within states and territories to help members dramatically improve health and wellness.

ASTHO
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CDC
- Carol MacGowan, Public Health Advisor, Program Development and Evaluation Branch, DNPAO
## Project Aims: Short and Long Term Outcomes

<table>
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<tr>
<th>Strategy</th>
<th>Short-Term/ Intermediate</th>
<th>Long-Term</th>
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| Implement practices supportive of breastfeeding in birthing facilities | • # of birthing facilities with ideal practice on those specific practices that facilities are addressing  
• Total composite quality score from CDC’s mPINC  
• # of facilities designated as Baby-Friendly | • Proportion of infants ever breastfed  
• Proportion of infants breastfed at 6 months  
• Proportion of infants exclusively breastfed at 6 months  
• Proportion of children who are overweight or obese |
| Provide access to professional and peer support for breastfeeding | • # of community sites that provide professional and peer support for breastfeeding | |
| Ensure workplace compliance with federal lactation accommodation law | • # of employers that provide space and time for nursing mothers to express breast milk | |
Objectives

- Welcome and orient states to the year two project timeline, expectations, and new resources
- Discuss opportunities to address high-priority populations
- CDC provide updates on breastfeeding activities and resources
- State team round robin to share year two work plans and promote state-to-state learning
Agenda

- Welcome to the 2015-2016 Learning Community
- Project Successes from Year 1
- CDC Breastfeeding Updates and New Resources
- Learning from the Field: Health Equity in Breastfeeding Promotion and Support (USBC)
- State Team Round Robin and Discussion
- Wrap-up and Next Steps
Welcome South Dakota!
Lessons Learned/Themes from Year 1

Lessons Learned and General Project Themes:

- States are considering ways to make interventions systemic and sustainable, including piloting small interventions and testing approaches.
- States are building on existing projects/initiatives to leverage partnerships and resources.
- States are using approaches that encompass the continuum of intervention points -- from the “bottom up” to the “top down” -- for a quicker, more systematic and sustainable change.
- Governmental and non-governmental organizations at the state and local levels are creating joint or complementary goals and/or performance measures.
- Recognizing and celebrating successes are important!
- High-quality sample policies and outreach and training materials already exist.
- States continue to keep an eye towards improving health equity in breastfeeding rates.
Key Project Successes, Year 1

States trained professionals, created materials, developed and implemented policies and practices in hospitals, worksites, and communities.

- States increased the number of breastfeeding-friendly facilities (such as through state designation program) *roughly 80% over baseline*;
- Over 800 health-care professionals were trained on breastfeeding best practices;
- Almost 500 hospital-related professionals attended state breastfeeding summits;
Selected State Outcomes, Year 1

- A hospital in Illinois increased three-month breastfeeding rates from 19% to 43% and skin-to-skin contact from 50% to 62% during the project period;
- Delaware trained 116 professionals in 10 practices on breastfeeding practices, with 12 more practices scheduled for training;
- Vermont increased the number of employers that provide space and time for nursing mothers to express breast milk by 136% over baseline and recognized 47 employers as breastfeeding friendly in 2015 – an increase of 161% over 2014; and
- 63% of employers surveyed in New Mexico reported an improvement in employee morale and productivity and 25% reported a reduction in healthcare costs due to the business’ support of lactation in the workplace.
Check out Updates to ASTHO’S Breastfeeding Website!

www.astho.org/Maternal-and-Child-Health/Breastfeeding/

- State snapshots highlighting key successes from Year 1!
- New Resources
Map of 19 States in the Learning Community

KEY
Pink = Award states
Blue = Coalition award state
Project Timeline and Activities

- **September 10. 2015**: Year 2 kick-off call with all states.
- **December – May 2016**: 3 virtual learning sessions to provide targeted TA on each of the focus areas.
- **May 2016**: Wrap-up call with all states to discuss the reach, successes, and lessons learned across all topic areas.
- As needed calls with other national experts and state teams.
- Site visits with multi-level stakeholders on your state team to develop work plans (enhanced funding states).
- **Project Ends: June 30, 2016**
Invoices

- Submit invoices on monthly basis for Breastfeeding Learning Community activities

- Include a brief narrative for all activities

- All invoices should be submitted to: preventioninvoice@astho.org.
CDC Update

ASTHO Breastfeeding Learning Community
September 10, 2015

Carol MacGowan
Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity (DNPAO)
CDC DNPAO Breastfeeding Activities

- Priority strategies to increase breastfeeding
- State and community funded initiatives
- Funded assistance to hospitals for Baby-Friendly
- Surveillance
DNPAO Breastfeeding Priority
Priority Strategies for Breastfeeding

• Improve hospital support for breastfeeding
• Improve support for employed women
• Improve access to support in communities

Target resources to populations with low breastfeeding rates
State and Community Funded Initiatives
State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health, 2013-2018

- CDC funds to 32 states to improve breastfeeding support
- 3rd year of 5 year award
- 21 states: improve hospital support for breastfeeding
- 17 states: ensure workplace accommodation for lactation
- 6 states: improve access to peer and professional support
State Public Health Actions (1305) Selected Breastfeeding Activities

Birthing Facilities
Peer and Professional Support
Workplace Accommodations
National Association of City and County Health Officials (NACCHO)

• CDC funds NACCHO to improve access to breastfeeding support in the community
• Support to 63 community organizations to increase access to peer and professional breastfeeding support
• Priority to communities with majority African American or underserved populations.

Breastfeeding Project
Website Site
http://breastfeeding.naccho.org/
Funded Assistance to Hospitals for Baby-Friendly
Best Fed Beginnings (BFB)

- Three year cooperative agreement with National Institute for Children’s Health Quality (NICHQ)
- Hospital learning collaboratives approach to assist hospitals to achieve Baby-Friendly designation
- 89 hospitals enrolled; targeted approach
- Partners
  - Baby-Friendly USA (BFUSA)
  - United States Breastfeeding Committee (USBC)
Best Fed Beginnings Hospitals: Targeted Approach
EMPower Breastfeeding: 
*Enhancing Maternity Practices for Breastfeeding*

- Three year contract with Abt Associates Inc.
- Technical assistance and training approach to assist hospitals to achieve Baby-Friendly designation
- Enrolling up to 100 hospitals; targeted approach
- Partners
  - Carolina Global Breastfeeding Institute
  - Center for Public Health Quality
  - Baby-Friendly USA (BFUSA)
Surveillance
Percent of U.S. Births at Baby-Friendly Facilities

Healthy People 2020
Target = 8.1%

Maternity Practices in Infant Nutrition and Care

• Launch of the 2015 survey
• Redesign of 2017 survey based on expert recommendations
  – Content
  – Administration
  – Reporting
  – Research and Validation

• CDC VitalSigns October 6, 2015

www.cdc.gov/mpinc
National Immunization Survey

- 2012 birth year
- Initiation: 80%
- 6-month duration: 51.4%
- 6-month exclusivity: 21.9%
- 12-month duration: 29.2%

http://www.cdc.gov/breastfeeding/data/nis_data/index.htm
Division of Nutrition, Physical Activity, and Obesity: Data, Trends, and Maps

http://nccd.cdc.gov/NPAO_DTM/
Thank you!

www.cdc.gov/breastfeeding
USBC’s Framework for a Bigger Tent

ASTHO Learning Session
September 10, 2015

Kinkini Banerjee
Senior Manager, Coalition Relations
THE EARLY JOURNEY
Who/What Is USBC?


- Four operational targets:
  - Appoint a national breastfeeding coordinator...and establish a **multisectoral national breastfeeding committee** composed of representatives from relevant government departments, non-governmental organizations, and health professional associations

- Created as an “**organization of organizations**”
Recipe for Change

Coalitions as Vehicles of Change

USBC and state coalitions are key partners in the Public Health Infrastructure (Action 20):
USBC Coalition Support

Since convening first National Breastfeeding Coalitions Conference in 2006, the USBC has supported increased capacity and engagement of coalitions in all 50 states, DC, U.S. territories, and Indian Tribal Organizations.

- Recently expanded to include local/community & cultural coalitions
- Programs and resources for coalitions include:
  - National Conferences (every other August)
  - Webinar series
  - Networking resources
Historically...

- USBC members = national organizations, esp. those already working in breastfeeding, and w/ capacity to attend in-person meetings.
- State coalitions represented via Regional Reps, limited access to national organizations.
- Local coalitions or community-based organizations only connected through states.
- Most engagement in USBC work based on *individual’s* interests.
A quick look back ...

2013
USBC operates Task Forces & Committees

2014
Transforming to collaborative approach

2015
Constellation Model: (14 Constellations)
The Limitations

- Motivation, goals, internal workings came from USBC.
- Task Forces limited to what USBC could think of, manage, or find funding.
- Member organizations minimally engaged in task forces.

TRADITIONAL, TOP-DOWN APPROACH
THE POTENTIAL OF NEW OPPORTUNITIES
Generous support from the W. K. Kellogg Foundation has facilitated rapid growth:

- Building of USBC staff capacity
- Engagement of consultants to support:
  - Governance
  - Strategic planning
  - Racial equity learning
- Exploration of the principles and models of **Collective Impact** to inform collaborative work
Framework for a Bigger Tent
CRASH Committee

- Formed in 2013 “to enhance USBC governance, membership, personnel, and coalitions' ability to build structures, systems, and a culture of inclusiveness and mutual support for all peoples.”

- “CRASH” comes from the name of a cultural competency training program...mnemonic for components of culturally competent health care: consider Culture, show Respect, Assess/Affirm differences, show Sensitivity and Self-awareness, and do it all with Humility.
CRASH Recommendations

- Developed a set of recommendations for USBC in each of its four “domains”
- Full committee serving as driver of cultural change within USBC by forging national-level dialogue with emphasis towards action on diversity, equity, and inclusion
- Working in sub-groups called Transformation Teams to prioritize and implement policy and structural changes in each of its four domains
CRASH Highlights: Governance/Leadership

- Set goals for increased representation from priority demographics in USBC leadership roles
- Assess current participation of community-based doulas and peer counselors, CLCs, and non-licensed providers; assess and address barriers
- Provide ongoing cultural competency training
- Build, grow and support a viable mentoring culture
- Identify, nurture, and mentor emerging member representatives of color, to create a pipeline of individuals to fill USBC leadership roles
CRASH Highlights: Membership

- Track current demographics of individual reps
- Set goals for increased representation from priority demographics
- Review current membership categories & processes and assess and address barriers to participation
- Prioritize outreach to non-health care sector and non-national organizations; set goals
- Track diversity/equity statements of member organizations, and engagement levels for diversity/equity work
CRASH Highlights: Coalitions

- Continue/expand tracking of current demographics of state coalition leadership and membership, and make data available to the public.
- Assess current participation of community-based doulas and peer counselors, CLCs, and non-licensed providers; assess and address barriers.
- Share USBC activities and resources; identify and provide training and TA opportunities to build coalition capacity to advance diversity/equity work.
- Support coalitions to create diversity, equity, and inclusion statements and practices and set goals.
CRASH Highlights: Overall

- Create an organization-wide Code of Conduct
- Continue to provide multiple venues and opportunities for individuals to participate in discussions around equity and inclusion
- Invite community orgs working on breastfeeding equity to present at meetings/conferences
- Evaluate who holds power, whose voices are heard, and how decisions are made, especially considering how USBC’s current policies and structures diminish or perpetuate existing breastfeeding inequities
The USBC commits to inclusion, diversity, and equity as core values, embracing meaningful participation by diverse stakeholders, and actively soliciting varied viewpoints. We deconstruct all barriers to full participation in the USBC on the basis of identity....

Leading by example, as the national coalition empowered to protect, promote, and support breastfeeding in the United States, we model inclusion, diversity, and equity for member organizations, breastfeeding coalitions, and all populations we serve.
Moving forward...

- Recommending expanded membership categories.
- Engagement in collaborative work can also stretch **beyond** formal members: room for temporary participation.
- ALL stakeholders engage according to their **organization’s** identified priorities and interests.
USBC strategic framework
A “Bigger Tent”

- New strategic framework provides a structure to:
  - Achieve greater alignment and connection from grassroots to treetops
  - Review and update policies and practices related to Governance, Membership, Staff and Coalitions, through both Collective Impact and equity/inclusion lenses
Virtual Collaborative Content Offerings

- Breastfeeding Intervention Examples from both national partners and state coalitions (existing CDC/USBC 2/2/2 series)
- Capacity Building (existing Power Tools series)
- Collective Impact (new series, fall 2015)
- Racial Equity (new series, fall 2015)
Coalition Capacity Support

Ways to Connect & Engage
Thank you for all you do!

Action 20. Improve national leadership on the promotion and support of breastfeeding.

- Create a federal interagency work group on breastfeeding.
- Increase the capacity of the USBC and affiliated state coalitions to support breastfeeding.