



Community Infrastructure Recommendations

Breastfeeding as a Community Health Improvement Strategy

Recommendation:

Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.

1.1

Conduct a chest/breastfeeding community needs/assets assessment to understand the local lactation support landscape. This analysis should include breastfeeding rates, availability of direct care services and agencies, social norms, structural barriers, and input from LSPs and families with lived experience to understand how they experience chest/breastfeeding CoC in their infant feeding journey.



1.2

Incorporate breastfeeding indicators and goals into community health assessments/community health needs assessments (CHAs/CHNAs). Integrate breastfeeding support as a strategy into community improvement plans (CHIPs) and other community health strategic plans.



1.2

Educate public health professionals about the connection between breastfeeding and the numerous health risk reductions across the lifecycle related to each program area (such as breastfeeding and childhood obesity, breastfeeding and chronic disease prevention, safe sleep).



1.3

Integrate the tracking of breastfeeding education and support activities into performance measures of public health initiatives, such as chronic disease prevention programs, infant and maternal mortality reduction initiatives, early childhood education, child neglect prevention, food security programs, emergency preparedness and response efforts.

1.4

Establish/enhance community partnerships among organizations implementing health promotion programs to strategically leverage resources and lactation support expertise. Ensure partners' subject matter experts are included into planning meetings and workshops. Examples of enhanced community partnerships include:

- Co-location or integration of lactation support within family health services, especially within prenatal and pediatric visits and social service appointments.
- Integration of lactation support services into programs with mandatory attendance, such as the Maternal and Infant Home Visitation programs, early Head Start, and prenatal care programs such as Centering® Pregnancy.
- Joint staff training, including multiple partners' staff to increase overall workforce capacity to promote and support breastfeeding.
- Inclusion of breastfeeding education into chronic disease prevention and other public health curricula for staff and participants.
- Engagement of interdisciplinary partners to collaborate in identifying community activities to advance CoC in breastfeeding support within the community, such as codeveloping integrated educational materials, designating spaces for those who choose to pump or chest/breastfeed in private at community events, hosting health fairs and community baby showers.

1.5

Develop a community engagement plan to continuously strengthen working relationships with partners and community members, to better plan and co-create, (or follow community's lead on) developing programs and services. Engagement should also include other influencers in the community, such as community leaders, cultural brokers, community health workers, organizers, service providers, employers, and other related experts of their community.



- Despite solid evidence from decades of infant feeding research establishing the importance of human milk and the risks of breast milk substitutes (Victora et al., 2016), there continues to be a failure to recognize the importance of breastfeeding on infant health (Campbell, 2021, Tomori et al., 2020), during normal times and especially during public health emergencies.
- Community assessments are essential to understanding the health status and root causes that affect the local public health system and the community. The analysis of the data collected validates the need for funding and informs where priority efforts are needed. The results can inform specific community needs and wants, potential partners, awareness of community assets, and the identification of resources that can be leveraged while providing content for the development of lactation support resource guides (CDC, n.d.).
- A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process (CDC, n.d.). Without concerted efforts to collect infant feeding data during community assessments and potentially tap into lactation support as a powerful strategy to improve community health, chest/breastfeeding programs and services are often left out of community health improvement plans and the financial investment opportunities to address community health priorities.
- The inclusion of breastfeeding in the city and county overall community health improvement (CHIP) strategies is a pivotal opportunity to improve population health and tackle health inequities. Lactation promotion, protection, and support will lead to overall community health improvement, since breastfeeding has a positive effect on the health status of breastfed individuals throughout their life cycle and is also associated with long-term decrease in chronic disease risk among lactating parents (Dieterich et al., 2013, Victora et al., 2016). CoC in breastfeeding support activities can be incorporated in CHIP priorities and many other public health programs, such as infant and maternal mortality reduction initiatives, obesity, and chronic diseases reduction strategies. Moreover, it is important to educate local partners and the public about the connection between breastfeeding and community health improvement.
- Family units have diverse and changing needs of support throughout the first 1,000 days. Not one single entity is able to meet all the needs of a family. The complex care paradigm is a framework that seeks to improve the health and wellbeing of those who cycle through healthcare, social service, and other systems. Complex care works at the systemic level by creating care ecosystems through local networks of organizations that collaborate to address health and social needs of families together (Humowiecki, 2018). Partnerships with other community organizations enable leveraging multi-organizational resources, skills and policies, and systems to expand service capacity and integrate breastfeeding support into other public health programs (Reis-Reilly et al., 2018). Breastfeeding services should be incorporated into or co-located within established systems and be provided around the same time as existing well-attended programs, rather than being stand-alone programs (Lilleston, et al., 2015).
- Preparedness response planning efforts should include human milk feeding protocols, skilled lactation support, and the establishment of supportive environments, since human milk continues to be the optimal and safest infant and young child food source and the first line of defense during natural disasters and pandemics (USBC, 2011 & 2020, World Health Organization, 2004).

Community Lactation Landscape Assessment Examples

Brooklyn, NY. Breastfeeding Community Assessment Report: <http://bit.ly/CommunityBreastfeedingAssessment>

Center for Health Equity, FL. Enhancing the Breastfeeding Landscape in Gadsden County Through Education and Integration in Home Visiting: <http://bit.ly/BfStories>

Community Breastfeeding Assessment Guidance: <http://bit.ly/NACCHOIssueBrief>

Compilation of a Sample of Community Assessments and Tools Conducted by CDC REACH Recipients: <http://bit.ly/REACHBFAssessments2021>

Illinois Public Health Institute. Breastfeeding Focus Group Report: <http://bit.ly/iphionline>

Region of Waterloo, Canada. Public Health & Emergency Services. Breastfeeding Needs Assessment: <https://bit.ly/2RwodT8>

Texas Department of State: Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding: <http://bit.ly/wibreastfeeding>

General Community Assessment Resources

Frieden, Thomas R. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health*, 100(4), 590–595.

Gutilla, M.J., et. al (2017). Making the most of our community health assessment by developing a framework for evaluation. *Journal of Public Health Management and Practice*, 23(4), S34–S38.

NACCHO. Community Health Assessment and Improvement Plans - <http://bit.ly/NACCHOHealthAssessment>

Strengthening Nonprofits: apacity Builders Resource Library. Conducting a Community Assessment <http://bit.ly/ananlcc>

Breastfeeding Indicators in Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) Examples

Contra Costa Health Services, CA

- Breastfeeding Indicators in the Community Health Assessment: <http://bit.ly/BreastfeedinginCommunityHealthAssessment>
- Pioneering the Change for Breastfeeding Continuity of Care through Leveraging Public and Private Partnerships (page 6): <https://bit.ly/NACCHOExchange>

Erie County Department of Health, NY:

- CHA/CHIP, including breastfeeding logic model and indicators (page 2) and breastfeeding and obesity prevention (page 47): <http://bit.ly/ErieNYbreastfeedingintheCHACHIP>

Florida Department of Health /Community Health Assessment (page 52): <http://bit.ly/FLCHIPSHIPbreastfeeding>

Breastfeeding Support/Continuity of Care as a Strategy to Health Promotion and Chronic Disease Prevention

Breastfeeding and Breast Cancer Prevention Programs:

- [Promoting Breastfeeding to Help Reduce Breast Cancer Risk in African-American Women | Roswell Park Comprehensive Cancer Center](#)
- [African-American Women and Risk Reduction of Breast Cancer By Breastfeeding](#) <http://bit.ly/breastCAreductionbreastfeed>

Breastfeeding as an Obesity Prevention Strategy - Increasing Support for Rural Mothers in the Finger Lakes Region, page 14: <https://bit.ly/NACCHOExchange>

CDC REACH: Integrates Continuity of Care/Breastfeeding Support as a Strategy for Chronic Disease Prevention: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/REACH-Implementation-Guide-508.pdf>

Campbell, S. (2021). *Lactation: A foundational strategy for health promotion*. Jones & Bartlett Learning, LLC.

NY Evidence Based Approaches to Preventing Chronic Disease through Breastfeeding Promotion: https://www.albany.edu/cphce/prevention_agenda/bf_web_slides.pdf

Infant and Young Child Feeding in Emergencies

Alimentacion Segura – Infant and Young Child Feeding: <https://asi-iycf.org>

American Academy of Pediatrics – Infant Feeding in Disasters and Emergencies: <http://bit.ly/AAPDisasterFactSheet>

Carolina Global Breastfeeding Institute: Lactation and Infant Feeding in Emergencies (L.I.F.E.): <http://bit.ly/cgbilife>

COVID Constellation Joint Statement: <http://www.usbreastfeeding.org/d/do/3679>

Jefferson County Health Department, CO Model Practice Award: infant feeding services and training included in county's emergency preparedness plan: <http://bit.ly/LactEmergTrainLHD>

New Orleans Breastfeeding Center. Infant Ready Emergency Feeding program: <https://www.nolabreastfeedingcenter.org/infant-ready>

United States Breastfeeding Committee: <http://www.usbreastfeeding.org/emergencies>

Community Partnerships

Agency for Healthcare Research & Quality (AHRQ). Linkages between clinical Practices and Community Organizations for Prevention - Final Report: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2012.300692>

Creating Community Partnerships with WIC for Breastfeeding Success: <http://bit.ly/WICPartnerships>

Integrating Breastfeeding into Home Visiting: <http://bit.ly/NACCHOHVP>

Leveraging FQHC-WIC Partnerships to Address Social Determinants of Health. CPCA Annual Conference, 2018: <http://bit.ly/CPCAnnual>

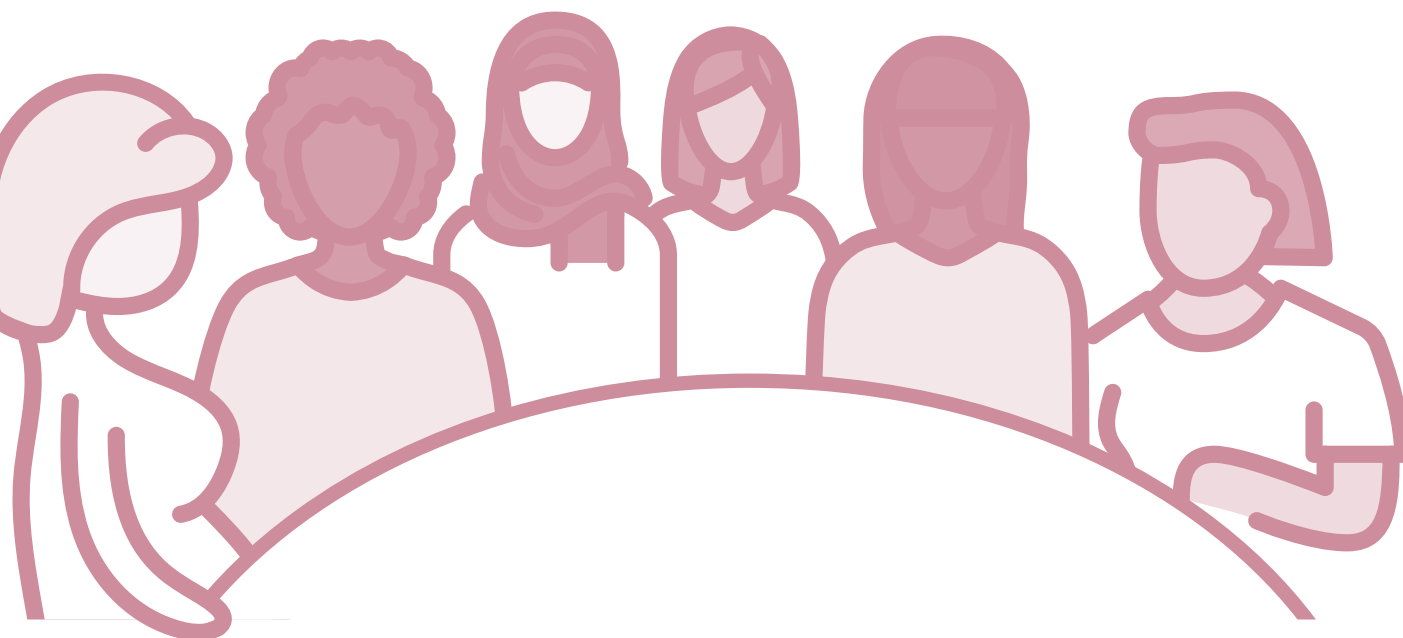
NACCHO Webinar: Leveraging Funds and Partnership for Sustainability of Breastfeeding Services: <http://bit.ly/leveragingbfpartnerships>

NACCHO Breastfeeding Series: Community Partnerships Webinar: <http://bit.ly/MarshalingCommResources>

Porterfiel, D et al. (2012). Linkages between clinical practices and community organizations for prevention: a literature review and environmental scan. *American Journal of Public Health*, 102(3), S375–S382.

Power building partnerships for health: <http://bit.ly/humanimpactcapacity>

Prevention Institute. The Spectrum of Prevention: <https://www.preventioninstitute.org/tools/spectrum-prevention-0>



Campbell, S. (2021). *Lactation: A foundational strategy for health promotion*. Jones & Bartlett Learning, LLC.

Centers for Disease Control and Prevention. (2018). *Community health assessments & health improvement plans*. <https://www.cdc.gov/publichealthgateway/cha/plan.html>

Dieterich, C. M., et al. (2013). Breastfeeding and health outcomes for the mother-infant dyad. *Pediatric Clinics of North America*, 60(1), 31–48.

Humowiecki M., et al. (2018). *Blueprint for complex care: advancing the field of care for individuals with complex health and social needs*. The national center for complex health and social needs. www.nationalcomplex.care/blueprint

Lilleston, P., et al. (2015). An evaluation of the CDC's community-based breastfeeding supplemental cooperative agreement: reach, strategies, barriers, facilitators, and lessons learned. *Journal of Human Lactation: Official Journal of International Lactation Consultant Association*, 31(4), 614–622.

Tomori, C., et al. (2020). When separation is not the answer: Breastfeeding mothers and infants affected by COVID-19. *Maternal & Child Nutrition*, 16(4), e13033.

Victora, C. G., et al. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*, 387(10017), 475–490.

United States Breastfeeding Committee. (2020). *Covid-19 infant and young child feeding constellation joint statement*. <http://www.usbreastfeeding.org/page/covid-19-constellation>

World Health Organization. (2004). *Guiding principles for feeding infants and young children during emergencies*. <https://www.who.int/publications/i/item/9241546069>

