**Improving Continuity of Care in Chest/Breastfeeding Support in Illinois– Request for Applications**

**Summary Information**

**Purpose:** This award is to support organizations interacting with pregnant and parenting families to improve breastfeeding support and continuity of care, with a focus on resources or services for historically excluded communities and/or counties with the lowest breastfeeding initiation rates in the state (below 70% “any breastfeeding” initiation).

**Application due date and time:** Friday, November 3, 2023, 5:00pm CST

**Awardees will be notified by:** Wednesday,November 15th, 2023

**Award value:** $20,000 per team (teams of 2 – 4 organizations)

**Project timeline:** December 2023 - November 2024

**Eligibility:** Community-based and non-profit organizations, local government agencies, and healthcare providers that provide support, resources, and services for prenatal, labor/delivery, and/or postpartum families in Illinois are eligible to apply. Priority will be given to organizations engaging diverse communities working to create multiple small changes or one larger policy/systems change to improve breastfeeding support, continuity of care and equity. Teams that include both clinical and community-based organizations will be given priority.

**Please send applications and questions to**: [Marthamargaret.cotton@iphionline.org](mailto:Marthamargaret.cotton@iphionline.org) with subject line “Improving CoC BF Support in IL Application.”

**Introduction**

**Purpose**

The [Illinois Public Health Institute (IPHI](https://iphionline.org/)) is pleased to announce an opportunity for up to four communities/regions in Illinois to improve breastfeeding support, continuity of care, and equity by instituting sustainable changes. Four awards will be provided to teams of two to four organizations working together to implement sustainable policy, systems, or environmental (PSE) changes to improve support for breastfeeding in their community/region, with a focus on the connections between support resources (continuity of care) and equity. Participating organizations will be required to attend four peer-learning calls and two additional technical assistance calls (a 3rd TA call is optional). These calls will support the teams to develop action plans and implement sustainable changes to improve breastfeeding support/continuity of care and strengthen the connection of their team to benefit their communities. Applicants will also participate in required evaluation activities.

This award is supported with funding from the Illinois Department of Public Health.

**Background**

Through the State Physical Activity and Nutrition (SPAN) program and the Enhancing and Expanding Breastfeeding (EEB) program, IPHI leads and implements work to increase access to breastfeeding support for low-income and/or rural communities, and families of color in Illinois (note, the term breastfeeding is intended to encompass all forms of providing human milk to a baby). IPHI has improved breastfeeding support by updating and creating new trainings and professional development opportunities for health care providers and early care and education staff, and has supported the implementation of sustainable policy, systems and environmental changes within and across institutions like hospitals, federally qualified health centers, WIC sites, home visiting sites, and more. IPHI’s overall breastfeeding vision is that families, especially those in low-income, rural, and/or communities of color, will have equitable access to adequate and accurate, culturally appropriate lactation support from peers, professionals, and communities.

Breastfeeding provides many benefits to both parent and infant. Breastfeeding is the best source of nutrition for infants and reduces the risk of asthma, obesity, diabetes, sudden infant death syndrome (SIDS) and more. Breastfeeding also lowers the mother’s risk of high blood pressure, type 2 diabetes, and certain cancers.[[1]](#footnote-2) The American Academy of Pediatrics recommends infants be exclusively breastfed for six months and then continue to breastfeed with complementary foods as long as mutually desired by mother and child for 2 years and beyond..2 According to the Centers for Disease Control and Prevention (CDC), over half of parents stop breastfeeding earlier than planned for a variety of reasons including hospital practices, family and community support, policies or supports in the workplace, and more.1 Low rates of breastfeeding add more than $3 billion a year to medical costs for parents and children in the United States.1 Growing research shows the benefits a continuity of care framework can provide to support families in their breastfeeding journey from prenatal to returning to work. The National Association of County and City Health Officials (NACCHO) Breastfeeding Project defines continuity of care as “the process by which families are given consistent, high-quality breastfeeding education and support and adequate care coordination across all providers and service institutions within their community, from the prenatal period through weaning.”3 The United States Breastfeeding Committee released the [Continuity of Care in Breastfeeding Support Blueprint](http://www.breastfeedingcontinuityofcare.org/blueprint) to help increase local capacity to implement community-driven approaches to supporting chest/breastfeeding. Organizations and stakeholders in communities, including hospitals, clinics, home visiting programs, community networks, workplaces, childcare centers, social service organizations, and more need to be informed and supportive of breastfeeding as well as connected to each other to create breastfeeding friendly communities.4

Breastfeeding in Illinois

While about 80.5% of babies born in 2020 in Illinois were ever breastfed, only 45.6% of babies being exclusively breastfed at 12 weeks, with only 26.1% still breastfeeding at 6 months.6 Disparitiesin breastfeeding initiation and duration rates persist for low-income women, Black women, and women living in rural areas. According to 2020 data, non-Hispanic Black women have the lowest rates of breastfeeding for 12 weeks or longer, at 43%.7 Structural racism and implicit bias have historically and continue to play a role in breastfeeding disparities and the decision to breastfeed for Black families.

Through regional focus groups across Illinois, breastfeeding families shared a need for overall support for breastfeeding at the places families visit prenatally, through birth/delivery, and post-partum, and to increase access to support providers and resources to help them overcome challenges with breastfeeding. Families revealed a need for more cultural and societal support for breastfeeding; more support to help with the mechanics of breastfeeding (such as latch, milk supply, etc.); the need for increased access to useful, relevant, and sufficient information about breastfeeding; more support for navigating the logistics of breastfeeding; and more support for going to work while breastfeeding. 5 This award will help to address these concerns by increasing the support families receive throughout the stages of their breastfeeding journey.

4 National Association of County and City Health Officials & United States Breastfeeding Committee. (2021). Continuity of Care in Breastfeeding Support: a Blueprint for Communities. Supported with funds from the Centers for Disease Control and Prevention through award number: 5 NU38OT000306-03-00. Available from: <http://www.breastfeedingcontinuityofcare.org/blueprint>

5 Illinois Public Health Institute. (2020). *Illinois State Physical Activity and Nutrition Program Breastfeeding Focus Group Findings*.[*https://iphionline.org/wp-content/uploads/2020/04/ISPAN-Focus-Group-Report-FINAL.pdf*](https://iphionline.org/wp-content/uploads/2020/04/ISPAN-Focus-Group-Report-FINAL.pdf)

6 National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services. (2020). Rates of Any and Exclusive Breastfeeding by State among Children Born in 2020 (Percentage +/- half 95% Confidence Interval)1,2. Retrieved September 7, 2023, from https://www.cdc.gov/breastfeeding/data/nis\_data/rates-any-exclusive-bf-state-2020.htm.

7 Illinois Department of Public Health. (n.d.). *2020 Illinois Pregnancy Risk Assessment Monitoring System (PRAMS)*. Detailed Data Tables. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/data-and-statistics/prams/2020/2020-Illinois-PRAMS-Detailed-Data-Tables\_5-12-2022.pdf

**Grant Program Overview**

**Award Components**

Selected applicants will receive the below-described support:

* A $20,000 award to the team’s lead applicant organization
* Connection to experts and peers working to improve breastfeeding support and equity through four collaborative peer-learning and action planning meetings and a statewide listserv.
* Technical assistance from staff at IPHI or other subject-matter experts to facilitate making sustainable policy, systems or environmental changes at the organizations to support breastfeeding. This assistance includes but is not limited to facilitating peer-to-peer sharing and problem-solving, supporting the development of action plans, providing resources, and making connections to other individuals and organizations.

**Award Expectations**

The below will be expected of selected applicants:

* Communities should apply as teams of two to four organizations working to promote breastfeeding continuity of care and equity: One organization shall be named as the lead applicant with the other organization(s) listed as partners. The lead applicant will receive the funding from IPHI and work with the partners to implement the proposed project (funding may be divided across the team’s organizations as the team sees fit). Teams that include prenatal provider groups, postpartum care and/or pediatric provider groups, Women Infant & Children (WIC) programs, labor & delivery hospitals, outpatient lactation support service providers, home visiting programs, community-based social service organizations, and/or childcare providers are encouraged to apply.
  + If teams need ideas for project strategies, they can look at the USBC’s [Continuity of Care in Breastfeeding Support Blueprint](http://www.breastfeedingcontinuityofcare.org/blueprint) and/or IPHI’s strategy guide to [Improving Lactation Support & Continuity of Care](https://iphionline.org/wp-content/uploads/2021/03/National-Breastfeeding-CoC-Improving-Lactation-Support_FINAL.pdf).
* Teams will work to develop and make progress on implementing an action plan for each partner organization to make sustainable improvements to breastfeeding support as well as the connection between those supports, with a focus on improving support for historically excluded communities such as Black/African-American, LGBTQIA, and rural communities.
* A representative from the lead applicant and at least one partner must join the four peer-learning meetings. The meeting schedule is as follows:
  + - **Kickoff**: Thursday, December 7th, 2023, from 1:00 – 2:30 pm CST
    - **Peer Learning Session**: Thursday March 14th, 2024 from 1:00 – 2:30 pm CST
    - **One-on-One T/A:** March- May 2024
    - **Peer Learning Session**: Thursday, June 13th, 2024 from 1:00 – 2:30 pm CST
    - **One-on-One T/A:** August - September 2024
    - **Closing Peer Learning Session**: Thursday, November 9th, 2024 from 1:00 – 2:00 pm CST
    - **Final Report to IPHI**: November 18th, 2024
* Teams will be required to participate in evaluation efforts, including evaluation of the peer-learning community, IPHI technical assistance, and the impact of the work to make sustainable changes in communities. Additionally, participating organizations will be required to report the following information about the populations being served through this award as data is available:
  + Race
  + Ethnicity
  + Geographic Area
  + Sex
  + Primary Language
  + Age
  + Sexual or Gender identity
  + Insurance status
  + Income Level
  + Disability, if any
* Complete a mid-point and final report on the sustainable changes the organizations and teams make to support breastfeeding continuity of care and equity and submit that report to IPHI no later than **November 18th, 2024.**
* The lead applicant will sign a letter of agreement with IPHI committing to these award components and expectations and to enable dispersion of the funds.

**Application**

***Organization Information***

1. Name of lead applicant organization:
   1. Organization address:
   2. Primary contact person name:
   3. Primary contact person email address:
   4. Primary contact person phone number:
2. Partner Organization #1:
   1. Partner organization primary contact name:
   2. Partner organization primary contact email:
3. Partner Organization #2 (if applicable):
   1. Partner organization primary contact name:
   2. Partner organization primary contact email:
4. Are there any additional partners that you would like involved? If so, please provide the organization, contact name, and contact email.

***Description of Interest***

1. Briefly describe why the team wants to participate in this project. What benefit will it provide to the community related to breastfeeding support and equity? (200-300 words)
2. Please briefly describe your partnership(s) and how your team will work together on this grant (suggested 200-word limit).
3. Please describe your key ideas for what you hope to do with this funding to address challenges to breastfeeding in your region/community/organization, especially for historically excluded populations (suggested 200-300 words).
4. Making policy, process or procedural changes can help improve sustainability of your projects. Please describe the potential sustainable changes each partner organization will explore making to improve breastfeeding support and equity and how they address community needs. These do not need to be finalized, but if you have an idea please list below.
5. Please describe any information you gathered from your community about the need for chest/breastfeeding support and your plans for engaging the community in this project. If you haven’t gathered information yet, give us your thoughts on what your community needs and how you might engage your community to learn more.
6. Please describe the lead applicant’s past experiences and capacity working to improve breastfeeding support and/or policy and systems change approaches to maternal and child health (suggested 100-300 words).
7. What is the approximate number of unique parent/baby dyads served by each organization on the team annually?

Lead applicant estimated reach:

Partner organization #1 estimated reach:

Partner organization #2 estimated reach:

Total reach across all team partners:

1. Please briefly describe the demographics of the communities your organizations serve related to this proposed project (include age, race/ethnicity, geography, income level, insurance status, disability status, sexual and gender identity, preferred language, as possible) (suggested 100-300 words).

***Budget***

|  |  |  |
| --- | --- | --- |
| **Budget Line** | **Description** | **Amount Requested** |
| Personnel & Fringe |  |  |
| Contractors/Consultants (including community engagement) |  |  |
| Supplies |  |  |
| Travel |  |  |
| Other |  |  |
| Subtotal Direct |  |  |
| Indirect |  |  |
| **Total Amount Requested** |  |  |

1. Please include a proposed budget for the $20,000, including personnel, supplies, travel, contractors (including funds shared with other organizations on the team), and indirect rate.

**Scoring Criteria**

Applications will be scored by a review team with the below considerations:

* Alignment with the IPHI funding priority populations: more points will be given to applicants that serve and support low-income, rural, Black/African-American and other historically excluded families. Additionally, priority will be given to projects that serve counties with the lowest breastfeeding initiation rates in the state (below 70% “any breastfeeding” initiation)
* Partnerships: more points will be given to partnerships that promote community and clinical linkages and /or innovative connections.
* Organizational capacity: more points will be given to applicants with capacity to work to improve breastfeeding support and/or policy and systems change approaches to maternal and child health.
* Equitable impact: more points will be given to applicants who have demonstrated experience or commitment to strong and diverse community engagement, equity, and inclusion.

**Commitments**

***Breastfeeding Support / Continuity of Care activities***

Will someone from the lead applicant organization commit to creating a process to strengthen the connection in breastfeeding support/continuity of care with their team? (Yes/No):

***Tracking Demographics***

Will someone from the lead applicant organization be responsible for ensuring the tracking of demographics of those served by the PSE changes in both organizations? (Yes/No):

***Peer-Learning Calls***

Will someone from the lead applicant organization commit to participating in four peer-learning calls (schedule on page 4)? (Yes/No):

***Reporting***

Will the lead applicant organization commit to completing a short report on the changes made to support breastfeeding equity/continuity of care through this project and submitting that report to IPHI by no later than November 18, 2024? (Yes/No):

***Letter of Agreement***

Will the lead applicant organization commit to signing a letter of agreement, committing to award components and expectations as described, with IPHI? Sample letters of agreement available for review upon request. (Yes/No):

**To Apply**

Please submit this completed application to Martha-Margaret Cotton at [Marthamargaret.cotton@iphionline.org](mailto:Marthamargaret.cotton@iphionline.org) <mailto:Janna.Simon@iphionline.org>with subject line “Continuous Chest/Breastfeeding Care in IL Application” by **Friday, November 3, 2023, 5:00pm CST.**

1. Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies.* Atlanta: U.S. Department of Health and Human Services; 2013. Retrieved January 2020 from <https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF>. [↑](#footnote-ref-2)