

Nebraska Breastfeeding Coalition

**TWO-YEAR
STRATEGY DEVELOPMENT**

July 2016-June 2018





About the Nebraska Breastfeeding Coalition

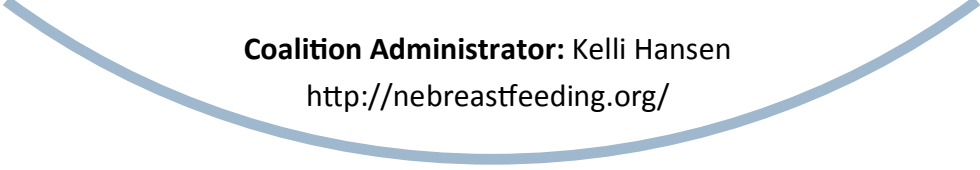
Mission and Vision

The Nebraska Breastfeeding Coalition is a network of individual members and organizational partners dedicated to improving the health of Nebraskans by making breastfeeding the norm through education, advocacy and collaboration. We work together to share information and partner in activities to increase breastfeeding rates across the state.

We meet quarterly with members of the coalition, interested parties and community breastfeeding advocates to share knowledge, resources and work towards our goals.

Coalition Leadership Team:

| | | | |
|--------------|---------------|-----------------|---------------|
| Kay Anderson | Sara Brown | Corrine Jarecke | Rachel Sazama |
| Peggy Brown | Holly Dingman | Amy Potratz | Shannon Sands |
| | Tami Frank | Stacey Roach | |



Coalition Administrator: Kelli Hansen
<http://nebreastfeeding.org/>

This report documents the strategy development process undertaken by the Nebraska Breastfeeding Coalition.

The process included three phases:

- ***Vision for a coordinated system of care*** that supports breastfeeding in Nebraska
- ***Two-year strategic plan*** (2016-2018) highlighting the NE BFC's role in this larger vision
- ***Actions Planning for Year One*** of the two-year strategic plan.

The following pages detail the outcomes of a series of conversations that took place during the planning process (November 2015—May 2016).

Questions regarding this report or the Coalition's progress toward their goals can be directed to:

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Strategic Planning

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Submitted May 13, 2016

PHASE 1: VISION FOR A COORDINATED SYSTEM OF CARE

Focused Conversation—November 3, 2015

The Nebraska Breastfeeding Coalition engaged in a focused conversation, reflecting about elements of a vision for a statewide coordinated breastfeeding system of care. This dialogue resulted in the recognition of a multi-system collaborative that would need to be established, aligned and engaged in order to support a lifespan, whole-health approach to breastfeeding. The following is a reflection of the conversation that revealed key elements present in a coordinated system of care. It was agreed that further planning would be appropriate to: 1) Define the vision for and characteristics of a coordinated system of care that supports breastfeeding in Nebraska; and 2) Develop the Nebraska Breastfeeding Coalition’s strategic plan that specifies its priority contribution to this larger vision.



BREASTFEEDING

SYSTEM OF CARE ELEMENTS

| | | |
|---|--|--|
| Education for Parents and Families | Places to Connect | Trained Support |
| Sufficient Funding | Health Promotion and Prevention | Policy |
| Provider Education | Targeted Practices | Breastfeeding Professional Supports |

FOCUSED CONVERSATION

SYSTEM OF CARE ELEMENTS

These notes demonstrate initial dialogue about the elements and needs required to have a coordinated system of care that supports breastfeeding in Nebraska. The Coalition members identify this framework as a launching point upon which further planning can reveal a clear definition and vision for this work. The notes below capture ideas reflected and are meant to ‘earmark’ thoughts for further planning.

| System of Care Elements | Notes |
|---|---|
| Education for Parents and Families | Education for all potential parents on the benefits of Breastfeeding; Better accessibility to breast pumps and education; How to change family environment to support breastfeeding |
| Places to Connect | Community support groups in different areas of cities; Community breastfeeding centers across Nebraska open 6-7 days per week |
| Trained Support | Referral to support at or before delivery; 24/7 support availability; Home visitor access to support moms; Breastfeeding prepared peers to support minority populations |
| Sufficient Funding | Funding to support women during post-partum period; Need additional funding for services, supports and facilitated coordination; Standardized template for IBCLC billing; IBCLC services covered by insurance |
| Health Promotion and Prevention | Changes in expectations/culture; Long-term vision; Normalize breasts and breastfeeding; State breastfeeding program sufficiently funded and facilitated |
| Policy | National Maternity leave; Corporate support; 6 month maternity leave |
| Provider Education | Provider education and referrals; physician/healthcare training; Consistent education for all partners |
| Targeted Practices | Continuity between docs, hospital staff, support staff; Hospitals practicing the sacred hour consistently; Supportive child care; Supportive worksites |
| Breastfeeding Professional Support | Respect for the Lactation Consultant professionals and workforce community; Education opportunities for Breastfeeding professionals; Guidance for breastfeeding professionals; Movement of Lactation Professionals and IBCLCs |

PHASE 2: TWO-YEAR STRATEGIC PLAN

All Day Workshop—March 7, 2016

Over the course of a one-day meeting in Omaha, NE, the Nebraska Breastfeeding Coalition membership and Leadership Team embarked upon a two-year strategic planning process. The agenda for the day included revisiting and affirming the “system of care” conversation, completing an environmental scan, participating in a gallery walk exercise specific to the System of Care elements previously identified, and creating goals for the Coalition to take on over its next two years of work.

ENVIRONMENTAL SCAN

NEBRASKA BREASTFEEDING COALITION

| | |
|--|---|
| What is our window of opportunity? | Issue is pressing; we have the capacity and ability; there is urgency; networking, provider piece member engagement, LC support, NPQIC |
| What are the negative consequences of inaction? | Remain the same or lose momentum; decreased rates |
| What could be affected or changed in a positive direction in 5-10 years if we did something specific now? | Physician education; see huge impact in 5-10 years; focus on LC and health care support; UNMC is currently looking at revising med school curriculum. Now is a good time to open discussion about strengthening to include more on breastfeeding within the context of maternal, child health |
| What future desired result or change in the current situation is going to require our persistence and perseverance (not a quick fix)? | All of it!; active work with NPQIC; NAFP/AAP collaboration; communicate our successes, be clear |
| What bold new risks could we explore or take? | Ground level mom engagement; getting info to physicians |
| What is working that needs to be carefully watched, preserved, or encouraged? | CBI; CBE; diversity/inclusion workgroup; Really? Really! |
| Where do you see signs of the future, happening now? | Getting the word out that the coalition exists (moms, churches, etc.) |
| What is placing new limits on our future? What is removing old barriers to our future? | How do we use the people we have trained (CLCs IBCLCs)?; doctors; CDC funding, state involvement |

GALLERY WALK

SYSTEM OF CARE ELEMENTS

This portion of the day allowed all Coalition members to consider the system of care elements and respond to the two questions: *What exists that will propel us forward?* [includes programs, assets, resources, strengths] and *What are things that will hold us back?* [includes barriers, weaknesses, challenges].



| System of Care Elements | Notes from Gallery Walk |
|---|---|
| Education for Parents and Families | <p>What exists that will PROPEL US FORWARD? Strong social media support groups for moms; more community support, pro-breastfeeding environment; correct and consistent messaging and education throughout Nebraska; leveraging existing relationships; create quarterly meetings across the state (education)</p> |
| | <p>What are things that will HOLD US BACK? Insurance; pump availability for WIC/Medicaid patients; WIC peer counselor support (few now); one-to-one support with IBCLC; culturally relevant communication, for example: cultural aversion or view of breastfeeding in Hispanic culture; knowledge deficit of where to find nearest support; language, transportation; cultural practices; public perception; villainizing moms unable to breastfeed (mom “shaming,” moms quit if not successful); reaching Hispanic population, changing culture.</p> |
| Places to Connect | <p>What exists that will PROPEL US FORWARD? MilkWorks (Lincoln and Omaha); Le Leche League; WIC; mom’s groups; groups to address milk supply issues; good social media; great communication between communities; CBIS; Facebook</p> |
| | <p>What are things that will HOLD US BACK? Large state with no great way to access all the smaller communities; funding sources; rural support, concentrated in large cities; what’s the role for moms?; sporadic; MAPS?; opportunity to expand, ramp-up</p> |

| System of Care Elements | Notes from Gallery Walk |
|---------------------------------|--|
| Trained Support | <p>What exists that will PROPEL US FORWARD? WIC PC; Home visitations; Community Breastfeeding Educator (CBE) program; continuing education for all Lactation Consultant levels and home visitors; increasing numbers of CLCs and IBCLCs; physician engagement; CBIs</p> |
| | <p>What are things that will HOLD US BACK? Perceptions of hospitals/leadership of benefits of IBCLCs and having that level of training available through more than 1 or 2 trained IBCLCs; language barriers, need for additional support in other languages; who pays for these support staff?; where do IBCLCs and CLCs work once they can? Strong/defined connection with existing trained support, need to identify and network to support current trained providers</p> |
| Sufficient Funding | <p>What exists that will PROPEL US FORWARD? Foundation dollars; CDC funding (1305) from DHHS; membership funds; SHIP funds; MCH RWJF; ACA; Heritage Health?; pumps and services can be covered now; more awareness, better education/higher initiation so higher need for leave; PRAMS workgroup project to help community groups, etc., apply for funding, grants; WIC Breastfeeding Peer Counselor grant; LB 627</p> |
| | <p>What are things that will HOLD US BACK? Lack of diversified funding to NE BFC; no other state funding going to NE BFC (MCH, MHI); time/availability of funds specific to this priority; vague definitions in the ACA; private insurance and Medicaid support of services, inadequate reimbursement, complicated; paid maternity leave (national or local), minimum of 6 weeks; insurance coverage; streamlined process for IBCLCs; Increased awareness of provisions to EES; not enough for all agencies</p> |
| Health Promotion and Prevention | <p>What exists that will PROPEL US FORWARD? Statewide network of advocates (champions-state, local, hospital, community educators); increasing money to public health (more bang for your buck); Really? Really—can expand!; CBE; CBI; WIC PC</p> |
| | <p>What are things that will HOLD US BACK? Language (Spanish; Conjobal; Karin; Sudanese); navigation in hospital and with OB/GYN; workplace buy-in and accommodations; limited DHHS staffing and funding; breastfeeding is not a high priority strategy to reduce obesity or diabetes risk; US culture: we need men to advocate, too; cultural: African American population, male dominant cultures, teen/adolescent perceptions; visual advertising, support of breastfeeding; availability of banked milk; support of moms with issues</p> |

| System of Care Elements | Notes from Gallery Walk |
|------------------------------------|---|
| Policy | <p>What exists that will PROPEL US FORWARD? Baby Friendly™ existing; moms supporting other moms; could host more workplace trainings, templates exist; tie MCH funding to payment, hospital and practice, health outcomes in first year of pediatrics; WW councils work with businesses; NE breastfeeding law; ACA policies (pumps, lactation consulting)</p> |
| | <p>What are things that will HOLD US BACK? Need a minimum of 6 weeks paid maternity leave; no federal or state policy in place; limited employer paid benefits; standardization of maternity policy statewide/industry/workplace; telehealth, breastfeeding education and counseling; variation of ACA policy interpretation</p> |
| Provider Education | <p>What exists that will PROPEL US FORWARD? Residency breastfeeding curriculum—AAP; More Dr. training—CLC or IBCLC courses; Kaiser Permanente-Provider education module; Milk Mob trainer-Dr. Leeper; CBI, trainings; Really? Really! Efforts; Dr. Anderson lectures to physicians</p> |
| | <p>What are things that will HOLD US BACK? Time; physicians won't attend education on breastfeeding; hospital to become safety net; lack of breastfeeding education in residency; physicians like to hear physicians; trainers for various audiences, curriculum and messages consistent; getting physicians to spend one minute informing moms that breastfeeding is good for her and baby, MD encourage mom to breastfeed; knowledge deficit for Pediatricians for breastfeeding issues and questions</p> |
| Targeted Practices | <p>What exists that will PROPEL US FORWARD? BFHI becoming more popular/important; sacred hour, skin-to-skin; maternity policy at Omaha CHI hospital; CBIs and local coalition building; BFF Award (worksites, childcare); LB 627; Dr. Leeper work in Kansas with hospitals; NAP SACC breastfeeding module, statewide training; Past BFC/DHHS/WHAC/DOL worksite project; CBIs; consistent messaging between providers, hospital/clinic staff and home visitors/WIC/community agencies</p> |
| | <p>What are things that will HOLD US BACK? Restrictions of the initiative and training of staff, understanding measures/goals, accountability, cost (BFHI); gift packs, consistency (0 bags in Omaha); No program like KS, CO—High 5</p> |
| Breastfeeding Professional Support | <p>What exists that will PROPEL US FORWARD? Where do outpatient/non-nurse IBCLCs work?; regulating body through IBCLC; share a list of NE BFC members/agencies so we can refer; Linda Smith trainings; CLC trainings; CERPS to members; what education do our members want? Continue investing in CEUs/CERPS</p> |
| | <p>What are things that will HOLD US BACK? Training, education, CLC/IBCLC courses, webinars; physician buy-in, understanding how qualified/education IBCLCs really are; access to a list of our practicing LCs; navigating insurance reimbursement (IBCLCs); Places for IBCLCs to get hands on experience; No medical coverage for post-partum moms once discharged from hospital (WIC only)</p> |

TWO-YEAR GOAL DEVELOPMENT

NEBRASKA BREASTFEEDING COALITION

*Imagine it is July 2018, and you have more than successfully worked as a coalition to improve the breastfeeding landscape in Nebraska... **What would you be saying? Thinking? Feeling? Hearing? Who was involved? What was going on?***

Using the image above, NE BFC participants brainstormed what “Victory” would look like if they successfully met their strategic planning goals. The shared ideas are found below.

VICTORY!

Legislation for maternity leave; Women can't walk back in the door at work before 6-8 weeks post-partum; better defined group of LCs; rates of breastfeeding for 6 months exclusively rise; all FQHCs have updated BF policies; maternity policies at all NE hospitals; NE BFC spread across the state; utilized, engaged membership; LCs employed across the state; referrals between providers and LCs – with a follow-up process; fulltime coordinator position for the coalition; leveraged coalitions in rural NE areas; alternate \$ streams for coalition; membership is part of the strategic plan; continue building diversity within the coalition and especially outstate (many types of diversity); more work with the native population; all physicians recognize the value of breastfeeding and are promoting it!; facilitating conversations in communities to build local ownership; continual system supporting mom; sacred hour supported

Next, participants completed a picture of the Current Reality relevant to their desired “Victory”. This included:

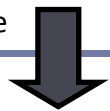
- strengths** that will lead to victory
- weaknesses** that threaten the accomplishment of the victory
- benefits** of pursuing this course of action
- dangers** that would result from succeeding at the plan.

Strengths and weaknesses are about describing the department, its infrastructure and its people. *Benefits and dangers* are given assuming the success of the five-year plan. Comments are below.

Current Reality

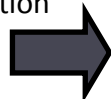
STRENGTHS:

Lots of experience; education women; passion and ideas; explosion of breastfeeding support across NE; managed care organizations want to educate members; “this” is a conversation; connectedness brought by the coalition; representation of the coalition; experience



WEAKNESSES:

Small group trying to do a lot of thing/ need to take a step back; smaller group of “workers”; “CEO knows the plan, but workers don’t”; not culturally diverse; struggle without decision-makers in the room; sufficient funding; missing influencers; we want it all but don’t know who/ what to ask; politics; mobilization



BENEFITS:

Healthier populations; lower cost; less sick time used; improved population health; lifelong health; workplace quality; mental health; stronger family units; decreased child abuse; decreased financial stress



DANGERS:

Encouraging something not all moms can do; navigation for moms; raising atmosphere where guilt, anger, concern are possible; this is almost a barrier in providing care right now; the “bad mom” stigma (ethical implications of pushing breastfeeding); discrimination of hiring women because have to pay for leave; mom won’t give formula when needed; moms accepting milk off the internet; short sidedness – reach the numbers, but don’t break the goal down by certain groups or vice-versa

Finally, after considering (1) what would need to be in place to create a System of Care for supporting breastfeeding in the state of Nebraska; (2) an environmental scan of what exists related to the system of care elements; and, (3) the purpose and abilities of the NE BFC, coalition members were ready to determine the next two years of work.

Coalition Members completed the following statement:

Over the next two years, the Nebraska Breastfeeding Coalition will commit to working toward...

- * Political and industrial advocacy
- * Get IBCLCs employed across the state
- * Advocate for Medicaid and CHIP coverage of breastfeeding consultations and more
- * Seek, secure funding for a fulltime NE BFC position
- * Help to unify health care providers/clinicians with standards of practice and educate physicians to encourage breastfeeding
- * Engage local communities in the coalition and in breastfeeding support (emphasis on diversity) and expand the CBI project.
- * Continue to provide continuing education for local professionals
- * Get more moms involved in the coalition
- * Define and communicate with the LC network
- * Coalition to work on changing the culture, bettering the culture

After further review, and consideration of what is within the scope of the coalition and feasible over the next two years, the Leadership Team identified three goals for the coalition. The goals, along with important elements to consider are found on the following page.

Nebraska Breastfeeding Coalition Strategic Goals (2016-2018)

1. Sustain the coalition's infrastructure.

This includes:

- * Sustained/diversified funding
- * (fulltime) staffing for communication and logistics
- * Support and expand the CBIs

2. Promote education and evidence-based practices for breastfeeding support.

This includes:

- * Collaborate/find synergistic opportunities with the NPQIC (Nebraska Perinatal Quality Improvement Collaborative)
- * Choose a set of providers/supporters to focus on (IBCLCs, OB, FP, PEDs, CBEs, etc.)

3. Improve workplace support for breastfeeding moms.

This includes:

- * Worksite recognition (including BreastFeeding Friendly Award)
- * Educate Nebraska worksites on current breastfeeding laws and practices (evidence-based)

-
- * Moms and their role in the coalition: Advocacy? Empowerment?
 - * Diversity (in all forms) reached
 - * RWJF funding opportunities
 - * Communication tools and process to carry plans forward

Important Elements for consideration as the Coalition implements this plan:



PHASE 3: ACTIONS PLANNING FOR YEAR ONE

Task Force Webinars—May 12, 2016

Three groups of coalition members met via webinar (one per strategic goal) to discuss and determine the actions needed in Year One to fulfill the goals of the strategic plan. Results of these meetings are found on the following pages.

GOAL ONE: SUSTAIN THE COALITION

LEAD: KELLI HANSEN

| WORK | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Victory! |
|--|---|--|--|--|--|
| Funding WHO: Stacey, Nikki, Holly, and the leadership team (as needed) | brainstorm who the contacts (list of partners/sources) might be, timeline of WHEN funding is available/awarded Research additional grants and funding sources (grants, private funders, fundraising events, membership dues). [connection w/ cluster 2: one pager of successes completed to use for making contact with partners/sources] | identify and make contact with 2-3 partners | identify and make contact with 2-3 partners | identify and make contact with 2-3 partners 1-2 funding proposals submitted (qtrs 3/4) | defined list of partner/sources specific # of contacts made on that list 1-2 funding proposals submitted at least 1 other source funding besides CDC and membership dues |
| Outreach WHO: Stacey, Nikki, Holly, and the leadership team (as needed) | Create a one-pager of successes and strategic plans moving forward Create the key contacts list Define NE BFC outreach activities | Update the website to reflect the 3 priority areas and member engagement Revisit (and further define as needed) the outreach activities/plans Hold 2-3 meetings with new partners (blend with outreach activities as possible) | 1-2 outreach activities complete Revisit (and further define as needed) the outreach activities/plans Hold 2-3 meetings with new partners (blend with outreach activities as possible) Update the website to reflect the 3 priority areas and member engagement | 1-2 outreach activities complete Hold 2-3 meetings with new partners (blend with outreach activities as possible) | updated website a list of key contacts, key players in the state/HDs defined communication outreach activities (qtrly newsletter, etc.) |
| Monitoring and Assessment WHO: | | | | | |

GOAL TWO: EDUCATE AND PROMOTE

LEAD: ARLI

| WORK | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Victory! |
|--|-----------|-----------|-----------|-----------|----------|
| <p>Addressing gaps in (evidence-based practice)/ (education & support)</p> <p>WHO: Corrine Jarecke (lead), Arli, Lesley, Peggy</p> | | | | | |
| <p>Healthcare Provider & Professional Education</p> <p>WHO: AJ, Arli, Diane Roberts, Diane Erdmann, Kay</p> <p>(LEAD ?)</p> | | | | | |
| <p>Explore Designation</p> <p>WHO:</p> | | | | | |

GOAL THREE: IMPROVE WORKPLACE SUPPORT

LEAD: BRIANNA

| WORK | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Victory! |
|--|-----------|-----------|-----------|-----------|----------|
| Employer support & education WHO: Lea (co-LEAD), Shannon (co-LEAD), Brianna, Stacie, Tami | | | | | |
| Empower Moms WHO: Chelsey (co-LEAD), Amy (co-LEAD), Michaela, Shannon, Stacie | | | | | |