

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments (LHDs) across the country. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

REQUEST FOR APPLICATIONS

Identifying Care Gaps: Conducting Community Assessments to Improve the Chest/Breastfeeding Landscape in Historically Oppressed Communities

BACKGROUND AND FUNDING OVERVIEW

Background

Major medical and governmental organizations recognize that optimal infant and young child feeding includes exclusive breastfeeding for six months and continued with the addition of age-appropriate complementary feeding for at least one and up to two years or longer. Human milk is the ideal first food as it is uniquely suited for infants' optimal growth and development, and it also has a substantial impact on the birthing persons' health, which makes chest/breastfeeding support critical for improving community health.

While 84.1% of infants in the United States started off breastfeeding in 2017, only 25.6% were exclusively breastfed through 6 months, and only 35.3% were breastfeeding at 12 months. Moreover, significant breastfeeding disparities persist by race, ethnicity, socioeconomic status, and geography. Suboptimal rates of breastfeeding lead to short- and long-term health consequences for infants and lactating parents; among infants, these include increased incidence of infection, diabetes, and obesity.

Lactation education and support that occurs after birth at the local level is referred to as community lactation support and may include individual/group education and/or support through programs and initiatives such as WIC, BabyCafés, La Leche League, or private lactation providers. Breastfeeding support services might also be integrated into public health programs such as Healthy Start, Early Head Start, Nurse Family Partnership, FQHCs, hospital outpatient clinics, and Maternal, Infant, and Early Childhood Home Visiting program (MIECHV). Lactation support providers (LSP) and breastfeeding medicine specialists provide community breastfeeding support across these settings, though the availability of providers is different in each community. Structured lactation programs positively influence the initiation and duration of exclusive breastfeeding and any breastfeeding; however, unlike structured programmatic guidance for hospitals, namely the Baby Friendly Hospital Initiative, there are no clear guidelines to improve the community environment to enable chest/breastfeeding for recommended durations. Moreover, the linkages between and among LSP and other service providers that enable continuous, coordinated, and consistent support to families from the prenatal period through weaning are typically weak. This movement across providers and settings is known as the continuity of care (CoC), which is achieved by consistent, collaborative, and seamless delivery of high-quality services for families from the prenatal period until no longer providing human milk. CoC results in transitions of care that are coordinated and fully supportive of families throughout their chest/breastfeeding journey. In addition to care coordination, CoC in chest/breastfeeding also refers to the establishment of proactive supportive environments where families live, work, play and raise children, through the implementation of organizational policies, systems and environment (PSE) solutions.

To address gaps and barriers related to chest/breastfeeding continuity of care in community support, NACCHO, in collaboration with CDC and experts from the field, developed a blueprint (currently pending review) on CoC in community lactation support. This resource includes recommendations and strategies for establishing chest/breastfeeding CoC that are tailored to local-level organizations and community stakeholders. The tentative launch date is during National Breastfeeding Month (August 2021).

While the ultimate goal is to implement the blueprint in communities across the United States, it is critical to start with an understanding of the chest/breastfeeding landscape, including disaggregated breastfeeding rates, available community support, the experiences of family units navigating lactation services and supportive environments during the first 1,000 days (from pregnancy through the child's second birthday), and the engagement and collaboration of partners and stakeholders.

Funding Overview

The purpose of this funding opportunity is to strengthen partnerships and conduct a community assessment related to chest/breastfeeding at the local level with the intent to utilize findings to improve chest/breastfeeding rates in oppressed communities with historically low rates of breastfeeding. NACCHO will make up to eight (8) awards available with awards up to \$15,000 each. Applications must be submitted online no later than March 2, 2021 at 11:59PM ET.

NOTE: NACCHO will host a webinar for interested applicants on February 10, 2021, at 3pm ET. The webinar will provide an overview of this funding opportunity and respond to any questions. Please note that no new information will be shared during the webinar; as such, applicants need not wait for this optional call in order to begin or submit the application. The webinar will be recorded and sent out to all registrants and posted on NACCHO's website. To register for this webinar, click here.

All necessary information regarding the project and application process may be found in the Request for Application (RFA). Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing breastfeeding@naccho.org

PROJECT DESCRIPTION

With support from the CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO), NACCHO is pleased to announce a funding opportunity to strengthen partnerships and conduct community assessments related to chest/breastfeeding and nutrition support for the first 1,000 days at the local level. Applicants are required to apply with 1-2 key partners to conduct assessments that identify needs and assets to strengthen continuity of care for chest/breastfeeding support. These key partners should include a breastfeeding expert organization and an organization that represents members of oppressed communities with historically low breastfeeding rates; note that one organization can satisfy both of these requirements. Together, the partners will conduct a community assessment and participate in two NACCHO-facilitated activities: early in the process, the forces of change activity will allow the grantees to better understand contributing factors, barriers, and facilitators of success; and, upon the completion of data collection, the identifying strategic priorities activity will allow grantees to utilize their results to drive change.

The Community Assessment

There are three separate but inter-related domains that makeup the overall community assessment as shown below in Table 1: **community status**, which includes quantitative descriptions of breastfeeding and lactation support in the community; **community partners**, which enables partners to look critically within their own systems and processes; and **community context**, which draws on lived experience to understand how family units perceive CoC for lactation support. Together, the assessed domains should allow communities to identify strategic priorities to achieve CoC and address inequities in breastfeeding and lactation support. The table below includes a number of suggested activities; grantees are not required to complete all of these, but must complete at least one activity per domain (community status, community partners, and community context). Applicants are also welcome to propose their own community assessment activities in addition to or instead of what is suggested here. Grantees may complete several activities per domain but should develop a realistic workplan based on their capacity and partners, particularly in light of the COVID-19 pandemic. NACCHO has a number of tools available to support this work; activities that can utilize NACCHO-developed instruments and resources are starred with an asterisk*. Grantees are also expected to share tools and resources that they develop for these activities with each other, so those who intend to do similar community assessment activities are welcome to collaborate.

Community Status

- Collect data re: chest/breastfeeding in the community: Live births; breastfeeding rates disaggregated by race, ethnicity, and socioeconomic status; identification of data gaps, particularly those regarding health equity
- Collect data re: lactation support providers: Number and list of organizations and individuals providing lactation support services, types of services, and rates of utilization by population; number of IBCLCs/CLCs (or any LSP) per 1,000 births.
- Collect data re: number of designated breastfeeding-friendly environments (i.e., workplace, hospitals, childcare)

Community Partners

- Identify key partners and their roles and responsibilities in achieving continuity of care*
- Develop an inventory of public health programs that support pregnant people and their children and how they can integrate chest/breastfeeding
- Conduct an organizational assessment to determine how policies and procedures can be strengthened to support chest/breastfeeding*
- Consider how existing partnerships and coalitions can better meet the needs of oppressed populations with historically low breastfeeding rates
- Conduct a workforce assessment to determine if LSP have the right skills, are sufficient to meet community needs, and representative of community demographics
- Assess each partner's data infrastructure for monitoring and evaluation and identify opportunities for shared measurement of key goals and indicators
- Assess laws and policies that support or inhibit breastfeeding and lactation support

Community Context

- Develop client satisfaction surveys, ideally one survey to be deployed among various organizations to better analyze data
- Solicit feedback from community members. This activity could be in the form of a Photovoice project, virtual town halls, interviews, etc.
- Follow a family unit as they navigate the prenatal and postpartum period to understand their experience receiving lactation support

Summary of Project Activities

From March 15, 2021 through September 30, 2021, grantees are expected to complete the following:

- Participate in a kick-off call with NACCHO to occur the week of March 15, 2021;
- Modify workplan, if necessary;
- Participate in NACCHO-led forces of change activity;
- Implement the workplan to complete the community assessments;
- Collaborate with NACCHO to analyze data. Organizations are welcome to analyze data on their own, but NACCHO will also provide technical assistance for those with limited research and evaluation capacity;
- Using analyzed data, participate in a NACCHO-led activity to identify strategic priorities;
- Participate in monthly groups calls with all grantees and bi-monthly individual project check-in calls with NACCHO;
- Submit a final deliverable in the form of a community assessment report with priorities identified;
- Submit any tools or resources that were developed as part of this project (e.g., partnership assessments, photovoice projects, community lactation resource directory); and
- Submit slides for a final report-out webinar.

ELIGIBILITY

ELIGIBLE APPLICANTS

Eligibility is restricted to non-profits, municipalities, and breastfeeding coalitions. Applicants may include, but are not limited to, local health departments, community health centers, WIC offices, Healthy Start sites, non-profit hospitals, local breastfeeding coalitions with a fiscal sponsor, and community-based organizations. Partnerships are critical to advancing continuity of care, so applicants should plan to collaborate with at least one other partner to implement this project and indicate selected partners in the application. Note that this project is focused on building organizational capacity to assess communities, so priority will be given to organizations that have never or have not conducted infant feeding community assessments within the past 3 years.

METHOD OF PAYMENT

Awardees will be supported through a fixed-price contract based on a schedule of deliverables. The proposed schedule is as follows, based on a \$15,000 project budget:

Deliverable	Target Date	Amount
Finalized workplan	March 30, 2021	\$5,000
NACCHO-facilitated activity to identify strategic priorities completed	July 31, 2021	\$5,000
Final deliverable submitted in the form of a community assessment report with priorities identified	September 30, 2021	\$5,000

Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

APPLICATION INSTRUCTIONS

- 1) Review the requirements and expectations outlined in this RFA
- 2) Create a cover page with the following information:
 - Primary contact information (name, title, e-mail, phone number) for the person who should be notified about the application
 - Name of applicant organization, city, and state
 - Answers to the following questions:
 - Does your organization have prior experience in federal contracting? (Yes or No)
 - O Has your organization completed a Single Audit? (Yes or No)
 - Please note that these responses will not impact your application but are required for NACCHO's auditing purposes.
- 3) Write an application narrative that includes the application components below. It should be no longer than 3 pages (excluding attachments)
- 4) Make sure you have all attachments: contract forms, line-item budget and narrative, workplan, and letter(s) of commitment
- 5) Combine the application narrative, and all attachments in one single PDF file and submit it as email attachment to breastfeeding@naccho.org by 11:59PM on March 2, 2021. No applications will be accepted by fax or postal mail. Applications submitted after this deadline will not be reviewed.

APPLICATION COMPONENTS

The <u>RFA package</u> includes the Workplan, including Project Deliverables and Timeline; Budget Template; Certification of Non-Debarment; Consultant Contract Template; Vendor Form; and a blank W-9 form.

Successful applications will respond to the following prompts:

- 1. Problem Statement (250 words)
 - What do you know about chest/breastfeeding in your community? What do you consider to be challenges to increasing chest/breastfeeding rates in oppressed populations with historically low breastfeeding rates?
- 2. Project Approach (250 words + uploaded workplan)
 - Who are your project partners? How will you collaborate to conduct the community assessment?
 Applicants are required to partner with a breastfeeding expert organization and an organization that
 represents community members. Note that these organizations can be the same entity (i.e., an applicant
 will partner with one organization that is a breastfeeding expert organization and represents community
 members). It is expected that part of the budget will support partners or community members in their
 collaborative work.
 - Complete and attach the workplan template to delineate how you will deploy the community assessment. If necessary, include a narrative description of your activities. See the workplan template in the RFA package of materials.
- 3. Organizational Capacity and Experience (250 words)
 - Describe your existing relationships with your proposed project partners.
 - How are you and your partners are currently involved in and/or leading breastfeeding efforts in the community?
 - How do you currently engage community members intended to be served by this project?
 - Who will work on this project? Include key staff from each organization and their roles.
- 4. Budget
 - Develop a line-item budget not to exceed \$15,000 and a cost justification for each item. **See a sample line-item budget and budget narrative in the RFA package of materials.**
 - Grantees are expected to provide financial support to key project partners.
 - Restricted items will not be considered or reimbursed. The following is a list of unallowable costs:
 - i. Alcoholic Beverages
 - ii. Bad Debts
 - iii. Contributions and donations
 - iv. Entertainment Costs
 - v. Fines and penalties
 - vi. Goods and services for personal use
 - vii. Lobbying
 - viii. Losses on other awards
 - ix. Food
 - x. Incentives
 - xi. Funding restrictions stated in CDC-RFA-OT18-1802 apply

5. Attachments

- Include a Letter of Commitment from relevant project partners outlining their agreed upon roles and responsibilities.
- Line-item budget and narrative (described above).
- Completed workplan (described above).
- Three contract forms (described below).

We intended to keep this application short. If typed out, it should be no more than 3 pages, excluding attachments.

SELECTION PROCESS

NACCHO will score applications based on the selection criteria listed below and according to the point values for each section listed above.

Applications will be scored by based on the following criteria:

- **Organizational Capacity:** (25 points) Partnership includes a breastfeeding expert organization and represents the community, and all partners describe a history of or commitment to collaborating.
- **Readiness to Implement**: (40 points) Applicant's project approach is realistic and achievable, particularly given challenges presented by the COVID-19 pandemic.
- **Commitment to Address Equity:**(25 points) All successful applications will have identified inequities related to breastfeeding and propose activities that will gather data to address these inequities.
- Completeness in answering the questions (5 points)
- Letter(s) of Commitment
- Demonstration of overall commitment
- Submission of all required information and documents (5 points)

NACCHO may follow up with applicants via phone or email for additional information. Grantees will be notified the week of March 8, 2021.

CONTRACT TERMS

Agreement with NACCHO standard contract terms and conditions and scope of work is a requirement. Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal. No modifications to the terms, contract language, or scope of work will be made. Contractors that cannot agree to NACCHO's contract language should not apply for this initiative. If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

Applicants should attach the following completed forms with their applications to facilitate a smooth contracting process upon award; these can be found on the RFA package of materials: **Vendor Information form, W-9, and Non-debarment form.** If awarded, the organization must be registered with SAM.gov and will provide proof of completion by sharing a DUNS number.

RESOURCES

CDC Breastfeeding

https://www.cdc.gov/breastfeeding/index.htm

NACCHO Breastfeeding resources (capacity briefs, journal articles, implementation guides, webinars): https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding-support

US Breastfeeding Committee

http://www.usbreastfeeding.org/

Breastfeeding Needs Assessment

https://www.naccho.org/uploads/downloadable-resources/Issue-Brief-Needs-Assessment-FINAL.pdf

The Role of Law and Policy in Assisting Families to Reach Healthy People's Maternal, Infant, and Child Health Breastfeeding Goals in the United States

https://www.healthypeople.gov/sites/default/files/MICH report 2020.05.04 508 0.pdf

Example of a community assessment results report

https://www1.nyc.gov/assets/doh/downloads/pdf/dpho/bfez-report.pdf

An example of resource guide

https://www1.nyc.gov/assets/doh/downloads/pdf/csi/csi-breastfeeding-hosp-resource.pdf

Communities supporting breastfeeding initiative

https://ksbreastfeeding.org/cause/communities-supporting-breastfeeding/

Lactation Support Providers

USBC-Affiliated Lactation Support Provider Descriptor Chart

Community action kit to promote, protect and support breastfeeding

https://www.wibreastfeeding.com/wp-content/uploads/2014/10/Community-Action-Kit.pdf

APPENDICES

Appendix A:

Identifying Care Gaps: Conducting Community Assessments to Improve the Chest/Breastfeeding Landscape in Historically Oppressed Communities

Scope of Work

March 15, 2021 – September 30, 2021

- Refine work plan based on feedback from NACCHO (to be provided via email with award information)
- Participate in a kick-off call with NACCHO to occur the week of March 15;
- Participate in NACCHO-led forces of change activity;
- Implement the workplan to complete the community assessments;
- Collaborate with NACCHO to analyze data. Organizations are welcome to analyze data on their own, but NACCHO will also provide technical assistance for those with limited research and evaluation capacity;
- Using analyzed data, participate in a NACCHO-led activity to identify strategic priorities;
- Participate in monthly groups calls with all grantees and bi-monthly individual project check-in calls with NACCHO;
- Submit a final deliverable in the form of a community assessment report with priorities identified;
- Submit any tools or resources that were developed as part of this project (e.g., partnership assessments, photovoice projects, community lactation resource directory); and
- Submit slides for a final report-out webinar.