

APPLICATIONS DUE SEPTEMBER 26, 2021, at 11:59PM PT



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

Implementing *Continuity of Care in Breastfeeding Support: A Blueprint for 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 USBC and experts from the field, developed *Continuity of Care in Breastfeeding: A Blueprint for Communities*. This resource includes recommendations and strategies for establishing chest/breastfeeding CoC that are

APPLICATIONS DUE SEPTEMBER 26, 2021, at 11:59PM PT

tailored to local-level organizations and community stakeholders. Its goal is to ensure that chest/breastfeeding support services are continuous, accessible, and coordinated, and that community spaces are consistently supportive of chest/breastfeeding families. The Blueprint, which was developed with input and feedback from over 100 practitioners and implementers in the field, is intended for any local-level organization and individual that interacts with pregnant and postpartum families. This document provides seven recommendations that are categorized into two themes: improvements within the community infrastructure and capacity building of the lactation workforce. The recommendations are listed below, and recommendations and strategies are provided in detail in the full blueprint document, available for download at [Blueprint - BreastfeedingCoC \(breastfeedingcontinuityofcare.org\)](https://breastfeedingcontinuityofcare.org)



Recommendations to Advance Chest/Breastfeeding Continuity of Care in the Community

Community Infrastructure Recommendations

- 1** Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs.
- 2** Create environments that proactively promote, protect, and support chest/breastfeeding throughout the community, in spaces where families live, work, play, worship, shop, travel, receive services, and raise children.
- 3** Implement a care coordination system across the prenatal through weaning stages, including the development of formal referral systems, follow-up accountability, and hand-off protocols during transitions of lactation care from one provider or setting to another.
- 4** Develop a shared community breastfeeding database system to track infant feeding consistently for community health collective impact efforts.

Lactation Workforce Recommendations

- 5** Increase community capacity to provide consistent, tailored, evidence-based lactation education and support by regularly training all individuals who provide services to the family unit.
- 6** Provide family-centered lactation care that is responsive to the intersectionality of families' multiple identities, their social determinants of health, and other factors impacting their infant feeding journey.
- 7** Assume a community champion role, beyond the provision of direct services, by identifying and engaging key stakeholders to identify and help remove structural barriers to chest/breastfeeding within systems, organizations, and the community.

Each Blueprint recommendation is supported by practical strategies targeted at different stakeholders to enable advancement of CoC in communities across the country. In addition to recommendations and strategies, the Blueprint includes CoC-related graphic templates, success stories, and a comprehensive list of relevant tools and resources. In addition, there are helpful resources included in the appendix, including the lactation equity language glossary, with the inclusive lactation terms used throughout this document, and some existing continuity of care resources for reference.

The Blueprint was spearheaded in the fall of 2018, and since then, over 100 experts working in the lactation field across the U.S. contributed to its recommendations and strategies by graciously sharing experiences and providing valuable input and feedback. For more information about the process of the Blueprint development, see Appendix Pg 73. See [Acknowledgements](#) for more information.

Funding Overview

The purpose of this funding opportunity is to support the implementation of the Blueprint by local-level organizations among oppressed communities with historically low rates of chest/breastfeeding. NACCHO will make up to ten (10) awards available with awards up to \$20,000 each. Applications must be submitted no later than September 26, 2021, at 11:59PM ET.

NOTE: NACCHO will host a webinar for interested applicants on September 8, 2021 at 2:00pm ET and 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 meeting to begin or submit the application. The webinar will be recorded, sent out to all registrants, and posted on NACCHO's website. To register for this webinar, click [here](#) or go to <https://bit.ly/BlueprintImplementation>. 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 support the implementation of the Blueprint to strengthen community lactation support. **Applicants are required to apply with 1-2 key partners to implement strategies from at least two (2) Blueprint recommendations.** Note that applicants are not expected to implement all the strategies listed under the selected blueprint recommendation, but rather should focus on the strategies that best respond to their communities' needs. While there is no maximum number of recommendations that can be implemented, NACCHO encourages applicants to be realistic in their workplans, taking into consideration the project timeline, available funding, grantee and partners' capacity and current state of lactation support in their jurisdictions.

Summary of Project Activities

From November 1, 2021, through July 31, 2022, grantees are expected to complete the following:

- Participate in a kick-off call with NACCHO to occur the week of November 1, 2021;
- Modify workplan, if necessary;
- Implement the workplan with community partners;
- Participate in monthly groups calls with all grantees and bi-monthly individual project check-in calls with NACCHO;
- Submit two progress reports a final report that includes successes, barriers to implementation, and relevant data; NACCHO will provide templates at a later date;
- Submit at least one or more tools or resources that were developed as part of this project. Examples include: community lactation resource directory, clinical workflow procedures for lactation support, culturally relevant social marketing campaigns, transfer of care hand-off protocols, partnership assessments, community lactation resource directory; community breastfeeding database and reporting systems, and multisector continuity of care coalition framework;
- Submit slides for a final report-out webinar.

ELIGIBILITY

ELIGIBLE APPLICANTS

Eligibility is restricted to non-profits and municipalities that are conducting the work within a defined local community (e.g. a specific county, city, or a group of zip codes). Applicants may include, but are not limited to, local health departments, community health centers, WIC offices, Healthy Start sites, non-profit hospitals, local breastfeeding

APPLICATIONS DUE SEPTEMBER 26, 2021, at 11:59PM PT

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. 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 and community members in their collaborative work.

Proposals from applicants who do not meet this eligibility will not be reviewed and will be automatically disqualified.

METHOD OF PAYMENT

Awardees will be supported through a fixed-price contract based on a schedule of deliverables. Applicants must submit a report (i.e., progress or final) with each invoice. The proposed schedule is as follows, based on a \$20,000 project budget:

Deliverable	Target Date	Amount
Progress report 1	January 30, 2021	\$6,500
Progress report 2	April 30, 2022	\$6,500
Final report	July 31, 2022	\$7,000

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) Complete the [Application Document](#) (linked here and included below)
- 3) Develop a project workplan that delineates your project strategies, timeline, and roles and responsibilities. A sample workplan is [here](#).
- 4) Develop a line-item budget and budget narrative for up to \$20,000. See a sample line-item budget and budget narrative [here](#). If you are including fringe benefits or indirect rates, provide proof in the form of an approved rate letter (for fringe and/or indirect) or calculations (fringe). Proof is not needed for indirect rates of 10% or less. Note that restricted items will not be considered or reimbursed. See a list of unallowable costs in Appendix A.
- 5) Complete the required contract forms:
 - [Vendor Information Form](#)
 - [W-9](#)
 - [Non-Debarment Form](#)
- 6) If you are not already registered, register at SAM.gov. If awarded, the organization must be registered with SAM.gov and will provide proof of completion by sharing a DUNS number and proof of registration (i.e., approval email or screenshot). Note that this registration takes up to 30 days, so it is recommended that you start the registration process prior to award; NACCHO will not execute a contract without a DUNS number. Registration with SAM.gov is free.
- 7) Combine the application document and all attachments in one single PDF file and submit it as email attachment to breastfeeding@naccho.org by 11:59PM PT on September 26, 2021. No applications will be accepted by fax or postal mail. Applications submitted after this deadline will not be reviewed.

APPLICATIONS DUE SEPTEMBER 26, 2021, at 11:59PM PT

Below are questions you will be required to answer in the [Application Document](#):

1. Briefly share the structure of your organization, describe your defined local community, and describe the oppressed population with historically low rates of breastfeeding that you work with. (250 words)
2. Describe the lactation support landscape in your local community and indicate the barriers and gaps in continuity of care. (500 words)
3. Who are your project partners? Describe how you've worked together before and the roles each partner will play on this project. Describe how you and your partners are currently involved in and/or leading chest/breastfeeding efforts in the community. (400 words)
4. Who will work on this project? Include key staff from all partners and/or community members and their project roles. (250 words)
5. What recommendations are you choosing to implement and why? How will your selected strategies address gaps in continuity of care in chest/breastfeeding support in your community described above? (500 words)
6. How would this project help advance equity in chest/breastfeeding in your community? (100 words)

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/Partnership Capacity:*** (30 points) Applicant and/or partners have experience implementing lactation support programs and services in their communities. Partnership includes a chest/breastfeeding expert organization and an organization that represents the community. All partners describe a history of or commitment to collaborating. Application includes description of key staff that is appropriate for the project.
- ***Proposed Approach:*** (40 points) Applicant's project approach is realistic and achievable and likely to address existing gaps in continuity of care. The work plan includes at least two recommendations from the blueprint. All partners have clear roles and responsibilities.
- ***Commitment to Addressing Equity:*** (20 points) All successful applications will have identified inequities related to breastfeeding and propose activities that will address these inequities. All successful applications will serve Black, Indigenous, of People of Color (BIPOC) or other populations that are historically oppressed through meaningful engagement.
- ***Community Need:*** (5 points) (1) Extent to which organization understands community needs and (2) organization, jurisdiction, or region would benefit from a stronger continuity of care for lactation support.
- ***Budget:*** (5 points) Line-item budget and budget narrative is reasonable and in line with project activities. Line-item budget does not include allowable costs

NACCHO may follow up with applicants via phone or email for additional information.

CONTRACT TERMS

Agreement with NACCHO standard contract terms and conditions ([here](#)) and scope of work (Appendix B) 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.

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>

Breastfeeding in the Community: Work Plan and Budget Alignment Essentials

<https://www.naccho.org/uploads/downloadable-resources/Work-Plan-Breastfeeding.pdf>

US Breastfeeding Committee

<http://www.usbreastfeeding.org/>

Breastfeeding Needs Assessment

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

Lactation Support Providers descriptor table

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>

Breastfeeding-friendly environments toolkits

Steps to Breastfeeding-Friendly Health Centers: <https://bit.ly/3tCLsbi>

10 Steps for Breastfeeding-Friendly Health Department Toolkit: <https://bit.ly/3xZyU1b>

New York Breastfeeding-Friendly Practices: <https://on.ny.gov/3ezCSFX>

Colorado Medical Office Toolkit: <https://bit.ly/3o7bN0b>

Illinois Public Health Institute: Improving Lactation Support and Continuity of Care

<http://bit.ly/LactationsupportCoC>

****Additional resources to support implementation of the strategies can be found directly on the Blueprint document under each Blueprint recommendation at <http://www.breastfeedingcontinuityofcare.org/blueprint>**

APPENDICES

Appendix A:

1. Recipients may not use funds for clinical care except as allowed by law.
2. Recipients may not use funds for research.
3. Incentives such as gift cards.
4. Vehicles.
5. Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
6. Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
 - a. Procure or obtain,
 - b. Extend or renew a contract to procure or obtain; or
 - c. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements
7. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
8. Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
9. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
10. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action,
 - o or Executive order proposed or pending before any legislative body
11. Funding restrictions stated in [CDC-RFA-OT18-1802](#) apply

Appendix B:

Implementing *Continuity of Care in Breastfeeding Support: A Blueprint for Communities*

Scope of Work

November 1, 2021 – July 31, 2022

- Participate in a kick-off call with NACCHO to occur the week of November 1, 2021;
- Modify workplan, if necessary;
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- Participate in monthly groups calls with all grantees and bi-monthly individual project check-in calls with NACCHO;
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- Submit final project slides and/or a success story.