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Signature of Student Date

Grant Proposal Addressing Multi-Generational Perspectives on Breastfeeding among African American Women through a Church-Based Peer and Professional Breastfeeding Support Program

By

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Degree to be awarded: MPH

Executive MPH

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MPH, Emory University, 2018

Thesis Committee Chair: Amy Webb-Girard, PhD

Thesis Field Advisor: Melissa Fox Young, PhD

Abstract

Research has established that breastfeeding is the optimal source of nutrition for newborns and infants younger than age 6 months. The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months followed by continued breastfeeding with complementary foods until 1 year of age. African American mothers are less likely than White mothers to breastfeed their children. According to the National Immunization Survey for children born in 2013, 84% of White infants initiated breastfeeding, compared to only 66% of Black infants. African American women consistently report barriers to breastfeeding as a lack of family and community support, and the lack of access to breastfeeding education and resources during their prenatal and postnatal periods. As in many communities around the world, elder female family members are highly respected and trusted in the African American community and new mothers often turn to them for advice. Decisions related to infant feeding practices are no different. However, it is common that breastfeeding interventions neither acknowledge the influence nor explicitly involve elder female family members in efforts to strengthen existing family and community practices. The proposed church-based initiative uses the social support model as a framework to increase access to professional and peer support within the community by providing professional lactation education to parish nurses and training elder female church members in breastfeeding support and counseling, who will then lead breastfeeding support groups within the congregation for pregnant and breastfeeding women. Wise Village will provide pregnant and breastfeeding mothers within the African Methodist Episcopal Church (AME Church) Sixth District a newly-formed social support network that promotes breastfeeding initiation and duration. This church-based breastfeeding support model can be expanded to other AME Churches as well as adopted by other faith-based organizations.

Acknowledgments

I would like to express my gratitude to my thesis committee chair, Dr. Amy Webb Girard, and my field advisor, Dr. Melissa Fox Young for their support and expert guidance throughout my thesis work. I also wish to thank my external proposal reviewers for their time and thoughtful responses to my grant proposal. Additionally, I would like to express my gratitude to my family for their never-wavering confidence in me and their support during the many days and nights I had to be away from them through my long journey to finishing the program.

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Chapter I: Introduction

While research has established that breastfeeding is the optimal source of nutrition for newborns and infants younger than 6 months of age, African American mothers are less likely than White mothers to breastfeed their children. The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, followed by continued breastfeeding with complementary foods until 1 year of age (American Academy of Pediatrics, 2012). However, according to the National Immunization Survey for children born in 2013, only 66% of Black infants initiated breastfeeding, compared to 84% of White infants (MacGowan, 2016). As a result, African American infants are far behind the Healthy People 2020 breastfeeding initiation goal of 81.9% ("Maternal, Infant, and Child Health | Healthy People 2020," 2014).

African American women consistently report a lack of family and community support, as well as a lack of access to breastfeeding education and resources during the prenatal and postnatal periods, as significant barriers to breastfeeding. Although these common barriers are not unique to African American mothers, they are disproportionately prevalent in this group, which may contribute to lower breastfeeding rates overall (Johnson, Kirk, Rosenblum, & Muzik, 2015), and may be a substantial contributor to the origins of health disparities among African Americans across a lifetime (Spencer & Grassley, 2013).

Common beliefs and concerns about breastfeeding, such as pain, sagging breasts, inadequate nutrition for the baby, and the shame associated with breastfeeding in public, are often instilled in African American women by their family and friends, and such beliefs deeply influence a woman's choices. Social support is a culturally-relevant

consideration in addressing stigmas and multigenerational perspectives on breastfeeding in the African American community, as many African Americans commonly rely on the support and guidance of family, friends, and church members, when making major life decisions. Decisions related to infant feeding practices are no different.

As in many communities around the world, elder female family members are highly respected and trusted (Aubel, 2006) in the African American community, and new mothers often turn to these figures for advice. Unfortunately, it is common that breastfeeding interventions neither acknowledge this important influence, nor explicitly involve elder female family members in efforts to strengthen existing family and community practices (Aubel, 2006).

The proposed program uses a social support framework that fosters naturally-occurring social networks and community resources through a church-based initiative. The program will increase access to professional and peer-based breastfeeding support within the community, by providing professional lactation education to parish nurses and training elder female church members in breastfeeding support and counseling, who will then lead breastfeeding support groups in the congregation for pregnant and breastfeeding women.

The purpose of the program is to increase breastfeeding initiation, duration, and social support. The specific aims of the Wise Village program are: 1) to increase the number of evidence-based trained peer and professional breastfeeding support persons within the community, 2) to expand access to breastfeeding education, skills, encouragement, counseling, and referral resources within the African Methodist

Episcopal Church community, 3) to initiate important conversations about breastfeeding that address cultural stigmas and change multigenerational perspectives within the African American community, and 4) to increase the number of professionals within the community on the path toward becoming an International Board Certified Lactation Consultant (IBCLC).

Definition of terms

Black: African American, non-Hispanic Black.

Black Church: Churches with predominantly Black congregations.

Breastfeeding duration: The length of time for any breastfeeding, including breastfeeding through the initial stage of exclusive breastfeeding and any period of complementary feeding until weaning (Noel-Weiss, Boersma, & Kujawa-Myles, 2012).

Breastfeeding initiation: Providing the infant with first human milk feedings (Jana, 2006).

Exclusive breastfeeding: Providing infant with no food or drink other than human milk; excludes medications (World Health Organization, 2002).

Peer Support: Lay or non-professional members of the community to whom other community members turn for care, advice, information, or support (Fleury, Keller, & Perez, 2009).

Professional Support: Professional support networks that may include healthcare providers and lactation consultants (Raj & Plichta, 1998).

Social Support: Social support includes emotional, tangible, and educational components (Raj & Plichta, 1998) .

Chapter II: Literature Review

The literature review examines the factors associated with both barriers and points of encouragement for breastfeeding among African American women, and places the proposed program within the specific context of church-based support. First, barriers to breastfeeding are reviewed, with particular emphasis on factors that are prevalent among African American women. Second, the literature is examined, to demonstrate the influence of social and peer support on breastfeeding initiation and duration. Finally, the cultural relevance of church-based interventions within the African American community is explored. Overall, this chapter outlines some of the most common barriers to breastfeeding among African American women, and the impact that churches and public health programs can have on reducing breastfeeding disparites among this population.

Benefits of Breastfeeding

According to the United States Breastfeeding Committee, one of the leading experts on the current state of breastfeeding in the U.S., breastfeeding is the "most effective global public health intervention for child survival" (M. Labbok & E. Taylor, 2008). Research has established that breastfeeding is the optimal source of nutrition for newborns and infants younger than 6 months of age (American Academy of Pediatrics, 2012). Breast milk provides critical nutrients to infants when they are needed most, supporting a variety of early developments in the body, including brain development. It also transfers from mother to child necessary antibodies that protect against disease (Duijts, Jaddoe, Hofman, & Moll, 2010), and wards off other early childhood dangers,

such as SIDS (Vennemann et al., 2009) and asthma (Kull, Almqvist, Lilja, Pershagen, & Wickman, 2004). Breastfeeding provides health benefits for mothers, such as a decreased likelihood of postpartum depression, and protection against breast and ovarian cancer (Bicalho-Mancini & Velásquez-Meléndez, 2004). And finally, the benefits of breastfeeding include both economic and environmental benefits: breast milk is far less expensive than formula, and produces far less waste (Office of the Surgeon General (US), Centers for Disease Control and Prevention (US), & Office on Women's Health (US), 2011). The American Academy of Pediatrics recommendations exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, for 1 year (American Academy of Pediatrics, 2012).

Breastfeeding in the United States

Over the past decade, breastfeeding rates have continued to rise in the United States, most likely reflecting various legislative changes that specifically address health, economics, employment, and welfare policies and practices, with a unifying goal of providing systemic support for mothers to breastfeed. The Innocenti Declaration (1990) and other U.S. legislations, including the Family Medical Leave Act (1993), Personal Responsibility Welfare and Work Opportunity Act (1996), the Affordable Care Act (2010), and the Healthy People Act (2010), have resulted in national policies such as the Surgeon General's Call to Action to Support Breastfeeding (2011), and the Baby-Friendly Hospital Initiative (BFHI) (Johnson et al., 2015). In 2016, 81% of infants born in the U.S. initiated breastfeeding at birth (Centers for Disease Control and Prevention (US), 2016), compared to 74% in 2008 (Centers for Disease Control and Prevention

(US), 2008). The percentage of babies exclusively breastfeeding at 6 months increased from 12% in 2008 (Centers for Disease Control and Prevention (US), 2008), to 22% in 2016 (Centers for Disease Control and Prevention (US), 2016). Infant breastfeeding at 12 months also increased from 21% to 31% during the same time period.

The Healthy People 2020 breastfeeding goals for “ever-breastfed infants,” “breastfed infants at 6 months,” and “breastfed infants at 12 months” are 81.9%, 60.6%, and 34.1%, respectively (“Maternal, Infant, and Child Health | Healthy People 2020,” 2014). As you can see, even with increases in overall breastfeeding initiation and duration rates, there is still much work to be done, in order to meet the Healthy People 2020 breastfeeding goals.

Barriers to Breastfeeding

Released in 2011, *The Surgeon General Call to Action to Support Breastfeeding* identified many of the most common barriers to successful breastfeeding. The seven barriers addressed in *The Call to Action* were found to be: lack of knowledge, lactation problems, poor family and social support, social norms, embarrassment, employment and child care, and health services (Office of the Surgeon General (US) et al., 2011). Although these common barriers are not unique to African American mothers, they are disproportionately prevalent in this group, which may contribute to lower breastfeeding rates overall (Johnson et al., 2015). *The Call to Action* noted that, even while researchers control for family income or education level, breastfeeding rates of African American infants are lower than those of White infants at birth, 6 months, and 12 months.

Racial Disparities

Despite the consistent improvement in breastfeeding initiation and duration over the past decade, differences in breastfeeding rates by race have persisted. According to the National Immunization Survey for children born in 2013, 84% of White infants initiated breastfeeding, compared to only 66% of Black infants (MacGowan, 2016). Additionally, breastfeeding rates among African American infants are significantly lower than the Healthy People 2020 goal of 81.9%. The Centers for Disease Control and Prevention further describe racial and geographic differences in breastfeeding among infants in 34 states, including significant differences in initiation rate among Black and White infants, primarily in the South and Midwest; specifically in Georgia, initiation rates were at least 13 percentage points lower among Black infants than White infants (Anstey, 2017). This result parallels data indicating that African American mothers breastfeed their children for a shorter duration than their White counterparts, and have a higher comfort level with formula feeding than other racial or ethnic groups (Jones, Power, Queenan, & Schulkin, 2015).

Community Impact

Fewer breastfed infants in the African American community means that more mothers and their babies are at a higher risk for poor postnatal outcomes, which may be a substantial contributor to the origins of health disparities among African Americans across a lifetime (Spencer & Grassley, 2013). The rates of asthma, respiratory infection, and childhood obesity are increasing among African American infants and children (Hilliard, 2014), while heart disease and cancer are the two leading causes of death

among African American women (Centers for Disease Control and Prevention (US), 2014). Studies show that exclusive breastfeeding reduces the risk of these diseases (Dieterich, Felice, O'Sullivan, & Rasmussen, 2013), making this a potentially critical area for outreach. Worse still, Black infants are dying at 2.4 times the rate of White infants—a sobering disparity that the CDC says could be reduced by at least 50%, simply by increasing breastfeeding among Black women (Hilliard, 2014).

In light of the significant disparities in breastfeeding among African American women and infants, and the potential health risks associated with not breastfeeding, investigating factors associated with both barriers and points of encouragement for breastfeeding among this population may provide valuable insight into effective ways to reduce these disparites.

Attitudes and Stigma

For many Black women, breastfeeding their babies is not the first option. Attitudes and perceptions about breastfeeding within her own community have been shown to deeply influence a women's decision to breastfeed, and common beliefs and concerns about breastfeeding--such as pain, sagging breasts, providing adequate food for the baby, and the shame associated with breastfeeding in public--are often instilled in Black women by their mothers, grandmothers, or friends.

It wasn't always this way, according to Monique Sims-Harper, Director of A More Excellent Way Health Improvement Organization, and a spokeswoman for the California Breastfeeding Coalition. ''When blacks came to this country they breastfed their babies and often their masters' babies," she says. After slavery ended, she goes on, ''Black

women often continued to work as wet nurses for white families. They were really the experts in the field.'' Wet nursing claimed the benefits of breastfeeding for the offspring of White babies, while denying or limiting those health advantages to enslaved infants. On the other hand, wet nursing required enslaved mothers to transfer to White offspring the very nurturing and affection they should have been able to allocate to their own children. Wet nursing undoubtedly had emotional and mental effects that have been ignored and disregarded to this day. Enslaved Black mothers who were not wet nurses, were often not permitted by slave owners to breastfeed for an extended period, because breastfeeding decreases fertility. Stopping breastfeeding early allowed enslaved African women to become pregnant again more quickly after delivery, which slave owners exploited, in order to grow the population of their plantations. This decision was a detriment to the infant (Hilliard, 2014). Perhaps after the "wet nurse" era ended, women within the African American community perceived breastfeeding as a symbol of powerlessness or objectification (Obeng, Emetu, & Curtis, 2015). Finally, by mass-producing formula, and by moving the birthing process from midwives in the home to physicians in the hospital, society has redefined the practice of breastfeeding. As a result, breastfeeding rates among African American women have been greatly affected (Barber, 2005). Exploring historical implications of breastfeeding within the African American community can help identify culturally appropriate interventions that address deep-rooted sentiments toward breastfeeding.

Lack of Education and Knowledge

Breastfeeding self-efficacy refers to a mother's perceived ability to breastfeed, and/or her confidence in breastfeeding her newborn, and influences her basic decisions regarding infant feeding, such as whether or not to breastfeed, how much effort to place on breastfeeding, and how to respond to any challenges she may confront during the experience (Radzyminski & Callister, 2016). Some studies depict the benefits of educational strategies to increase maternal self-efficacy (Dennis, 1999). Antenatal breastfeeding education can enhance a mother's knowledge, and have a positive influence on her confidence to breastfeed (Mattar et al., 2007).

The goals of breastfeeding education are to increase a mother's knowledge and skills, to help her view breastfeeding as normal, and help her develop positive attitudes toward breastfeeding (U.S. Department of Health and Human Services, 2013). Breastfeeding education may be offered in a hospital or clinical setting, but may also occur in libraries, community centers, churches, schools, and work sites. Even though many women have a general understanding of the benefits of breastfeeding, they may not have access to information about how it is done, or they may receive incorrect information (U.S. Department of Health and Human Services, 2013). A common barrier, frequently reported by African American women, is the lack of access to information and resources that promote and support breastfeeding (Jones et al., 2015). To this point, Kulka et al. found that African American mothers reported that they needed more specific information about what to expect during breastfeeding, and how to address possible complications they may encounter (Jones et al., 2015). In another study in 2015 by Obeng et al., African American participants indicated that breastfeeding was

not mentioned during their prenatal or postnatal medical visits. Study participants suggested that including breastfeeding information in prenatal education would have been beneficial in teaching about the differences between human milk and milk substitutes (Obeng et al., 2015).

In addition to prenatal and postnatal medical visits, hospitals and birthing centers play an enormous role in the first days of life, as well as the relative breastfeeding success of their patients. Only 477 U.S. hospitals and birthing centers hold Baby-Friendly designations, and only 22.75% of annual births occur at these Baby-Friendly designated facilities ("Baby-Friendly USA," 2018). Although designated facilities are increasing around the county, a study conducted in 2014 by the Centers for Disease Control and Prevention, found that hospitals in neighborhoods with an above-average population of African Americans promoted nursing at a rate of 15 percentage points lower than facilities located in more affluent areas (Sam P.K. Collins, 2015). A 2016 Cochrane review, which looked at 28 randomized, controlled studies involving 107,362 women, found that health education delivered by doctors and nurses, as well as counseling and peer support by trained volunteers, improved the number of women who began breastfeeding their babies. Five studies involving 564 women reported that women who received breastfeeding education and support from doctors or nurses were more likely to start breastfeeding, when compared to women who received standard care. Four of these studies were conducted in low-income areas, or amongst minority ethnic women in the USA, where baseline breastfeeding rates are typically low. Eight studies involving 5712 women showed improved rates of starting breastfeeding with trained volunteer-delivered interventions and support groups, when compared to women

who received standard care (Balogun O. et al., 2016). Interventions that demonstrate consideration of exactly when, where, and how African American women receive breastfeeding education could address the crucial gap in breastfeeding knowledge among this population.

Social Support

A consistent barrier for African American women cited in the literature is the lack of family and community support for breastfeeding, coupled with the perception that breastfeeding is viewed negatively within the community (Obeng et al., 2015). Social support includes emotional, tangible, and educational components from both family and peer support networks (i.e., lay or non-professional members of the community to whom other community members turn for care, advice, information, or support) (Fleury et al., 2009), and professional support networks (i.e., healthcare providers, lactation consultants) (Raj & Plichta, 1998). Research indicates that the mother's male partner and her mother are the two most influential sources of informal social support (Guralnick, Hammond, Neville, & Connor, 2008). Lewallen and Street conducted a study where they found that African-American women choose not to breastfeed, due to lack of support from their mothers, grandmothers, and significant others--noting that, very often, these relatives themselves had not breastfed (Obeng et al., 2015)

Social support is a culturally-relevant consideration, in addressing stigmas and multigenerational perspectives on breastfeeding in the African American community, as many African Americans commonly rely on the support and guidance of family, friends, and church members, when making major life decisions. Decisions related to infant feeding are no different. As in many communities around the world, mothers,

grandmothers, and aunts are highly respected (Aubel, 2006) and trusted in the Black community, and new mothers often turn to their elder female family members for advice. Commonly-practiced intervention strategies neither acknowledge the influence of these female elders, nor explicitly involve them in efforts to strengthen existing family and community survival strategies (Aubel, 2006).

An example of an intervention that successfully included elder women, is the Naomi and Ruth Project, which was initiated in an African American church setting, after several young women began breastfeeding their babies in church. A survey discovered that many of the church's elder women had breastfed themselves, and were happy and willing to offer advice and support to breastfeeding moms. This discovery sparked a new mentoring relationship in the community (United States Breastfeeding Committee, 2018).

Social relationships can have a great impact on health education and health behavior. Breastfeeding interventions that use pre-existing social support frameworks to foster naturally-occurring social networks can improve breastfeeding outcomes.

Church-based Programs

As an institution, the Black church has a long and rich history as the center of spiritual, social, and political life for many African Americans. Historically, the mission of the Black church in America has extended well beyond the traditional functions of worship and spiritual growth. Many Black churches also contribute to the social, economic, and political welfare of their congregants, as well as the community at large (Bailey et al., 2017). As early as the 1920s, Black churches were involved in outreach

programs to address the health needs of community members through the provision of free health clinics (Markens, Fox, Taub, & Gilbert, 2002)

Many religious organizations include congregant health as part of their mission or ministry, and often institute health committees and participate in community outreach activities. Health committee members or volunteers within a congregation's health ministry frequently work together to empower church members in their health and well-being, to develop and implement health services and resources, and to form healthcare partnerships within the community. Out of necessity, most health ministry initiatives focus on chronic diseases and cancer; as a result, there are very few formal breastfeeding promotion programs within the church.

Churches and other faith organizations are increasingly popular settings in which to conduct health promotion programs and research studies. The church is among the most visible, respected, and credible agencies in a community and, as such, the legitimacy of public health agencies that partner with Black churches may be considerably enhanced (Marci Kramish Campbell et al., 2007). Trust is particularly important in Black communities, given that the historically-justified distrust of medical professionals and healthcare systems contributes to overall health inequities (Jacobs, Rolle, Ferrans, Whitaker, & Warnecke, 2006). To combat this, partnerships with a trusted religious institution or leader can result in improved implementation of health mechanisms (Rowland & Isaac-Savage, 2014). Considerable evidence links social support with increased health-promoting behaviors and decreased health-compromising behaviors, such as dietary habits, physical activity, and adherence to medical regimens (Harvey & Alexander, 2012). For example, Campbell et al. studied 1,198 African

American church members who participated in a four-year nutritional intervention study. They found that church members who reported belonging to a close-knit congregation were more successful at increasing their fruit and vegetable intake, as opposed to those who were less successful at changing to a healthier diet (M K Campbell et al., 1999).

It cannot be assumed that programs that have worked in one ethnic group or religious organization will play out equally well in another context. Thus, careful formative research and community partnering is essential in designing and structuring health programs. Formative research and discussions with community members and key informants are critical in the early phases of designing church-based programs. The knowledge gained from these qualitative studies can enable program design appropriate and effective messages and strategies, and improve on these elements with each successive project (Marci Kramish Campbell et al., 2007).

The communal trust, social service, and support that is found in Black churches, make churches an institutional resource to bridge the gap in the unequal distribution and disparities (Yale Global Health Justice Partnership, 2018) of breastfeeding information and social support within the African American community.

Chapter III: Methodology

Funding Agencies

Investments in national, state and local organizations committed to researching and supporting breastfeeding can directly impact the improvement of breastfeeding rates. Many types of interventions are implemented to try to increase breastfeeding initiation, to increase exclusive breastfeeding, and to increase its duration. Community-based interventions are a commonly used program model that carefully works with naturally occurring units of solution that reflect the community's needs.

The chart below reflects a sample of agencies that fund community-based breastfeeding support programs:

Federal Agencies
Centers for Disease Control and Prevention (CDC)
Health Resources and Services Administration (HRSA)
National Institutes of Health (NIH) • Fogarty International Center (FIC) • National Institute of Child Health and Human Development (NICHD)
USDA Food and Nutrition Service
State/Territory Agencies
State and Local Health Departments
Tribal Health Departments
Foundations and Non-profit Organizations
Aetna Foundation
Association of Maternal & Child Health Programs
March of Dimes
Ms. Women's Foundation
National Association of County & City Health Officials (NACCHO)
W.K. Kellogg Foundation
Others
Breastfeeding Coalitions
Research Centers funding community-based projects

The above chart demonstrates that breastfeeding support interventions are more often addressed/funded by foundations or non-profit organizations. However, some funding does funnel down from federal agencies to state and non-profit organizations to fund projects such as the National Association of County & City Health Officials (NACCHO) Breastfeeding Project in partnership with the Centers for Disease Control and Prevention. The rationale for choosing this specific funding agency includes the organization's mission and longstanding relationships with nearly 3,000 local health departments across the United States. NACCHO is positioned to reach underserved populations to address disparities by working directly with community leaders.

Grant Announcement

The National Association of County and City Health Official (NACCHO) is the voice of the approximately 2,800 local health departments (LHDs) across the county. 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 ("NACCHO," 2018).

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is offering funding for LHDs and community-based public, private, non-profit, or faith-based organizations to provide peer and professional lactation support to African American and underserved (e.g. ethnic minority group or low-income) women and infants. The purpose of this project is to increase implementation of evidence-

based and innovative peer and professional breastfeeding support programs, practices, and services in predominately African American communities. The application guidelines include: cover sheet, problem statement, program overview, organizational capacity and experience, work plan and timeline, budget and budget justification and appropriate attachments. The proposal narrative must be limited to no more than 10 double spaced pages, and the appendices to no more than 5 pages.

Request for Applications Review Criteria

- *Completeness of the Proposal Narrative (Parts B-D)*

Applicant description of how the proposal is responsive to the criteria: Each section of the application instructions have been addressed and ideas are clearly developed.

- *Evidence of need (e.g. population demographics) and ability to address needs of target population.*

Application description of how the proposal is responsive to the criteria: Evidence of breastfeeding disparities and barriers to breastfeeding among African American women and infants have been described. As well as statistical evidence of disparities within the State of Georgia. The population demographics for the geographic location of the proposed program are included. Rationale is included that describes the need to address multi-generational breastfeeding perspectives with the African American community and how church-based programs are culturally appropriate to addressing this need.

- *Evidence of agency capacity to carry out the proposed activities.*

Applicant description of how the proposal is responsive to the criteria: An experienced public health program development and evaluation consultant will be hired to carry out the proposed activities. The health ministry mission of the African American Episcopal Church (AME Church) has been described to align with the program's objectives and capacity to carry out the proposed activities.

- *Evidence of a history of working with local stakeholders to effect positive change.*

Applicant description of how the proposal is responsive to the criteria: The program's consultant outlines her experience in working with local stakeholders to support and develop breastfeeding programs. The health ministry mission of the African American Episcopal Church (AME Church) and the role of parish nurses has been described as an aid in positive change for church members.

- *Completeness, clarity, and perceived ability to implement proposed work plan (e.g. timeline, goals, objectives, evaluation)*

Applicant description of how the proposal is responsive to the criteria: The 18-month work plan includes well thought out considerations of time and resources needed to implement the proposed plan. The program design, work plan and timeline align and are outlined in the order in which these activates will be performed to ensure that the ability to complete the proposed actives are clear and feasible.

- *Realistic and appropriate budget*

Applicant description of how the proposal is responsive to the criteria: The two-year budget is within the grant award amount. Each expense is based on actual cost estimates, considering time and resources needed to fund each activity.

- *Letter(s) of Support*

Applicant description of how the proposal is responsive to the criteria: The organizational capacity and experience section of the project narrative includes a list of letter(s) of support to demonstrate community partner confidence and support of the proposed program.

- *Demonstration of overall commitment*

Applicant description of how the proposal is responsive to the criteria: The health ministry mission of the African American Episcopal Church (AME Church) has been described to align with the proposed program's objectives as well as including the investment of professional training for the AME Church parish nurses.

Grant Review Process

The grant reviewers were given the proposal and accompanying documents via e-mail on Thursday, March 1, 2018. Reviewers had two weeks to review the proposal and return the evaluation form. The NACCHO request for applications guidelines and the EMPH external reviewer evaluation form was provided as guides for the review process. By Thursday, March 15, 2018 the reviewers provided individual feedback directly to the student using the external reviewer evaluation form. First, the student reviewed each feedback form independently, then reviewed the feedback with the thesis committee. Strategies for responding to the feedback and incorporating it into the final proposal were discussed.

Grant Proposal Reviewers

Maeve Howett, PhD, APRN, CPNP-PC, IBCLC, CNE
Clinical Professor and Assistant Dean for Undergraduate Nursing Education
UMass Amherst

Dr. Howett is a pediatric nurse practitioner and lactation consultant. Her research and clinical expertise is interdisciplinary, focusing on women's experiences of infant feeding in breastfeeding and non-breastfeeding mothers and early childhood nutrition.

Ayanna Robinson, PhD, MPH
University of Georgia
Black Girls Breastfeeding Club, Founder

Dr. Robinson's research interests include nutrition, maternal and child health, and women's health. Her current research examines the experience and outcomes of mothers who receive breastfeeding support in online settings. She founded Black Girls Breastfeeding Club, which aims to promote positive breastfeeding norms and provide education on the importance of breastfeeding to African American women.

Haguerenesh Woldeyohannes MPH, RN
Director, Community Outreach and Translation Core
Emory University School of Nursing

Ms. Woldeyohannes' expertise lie in fostering bidirectional dialogue in clinical and public health environments between target audiences, health research and program developers. She conducts focus groups and connects key informants to healthcare organizations to inform clinical interventions and public health program development.

Protection of Human Subjects

This section does not apply because the proposed project is not research, therefore exempt.

Chapter IV: Incorporation of Reviewer Comments

I would like to take the opportunity to thank the external reviewers for their detailed review and constructive comments that have helped improve my proposal.

Reviewer 1 comments:

Comment 1 - The PI refers to social support theory. Providing more details on how social support theory was used to structure the program components would strengthen the proposal. Also, on page 3, the following is stated, "a peer support training program for mothers, grandmothers, aunts and friends”. This is small, but grandmothers (and aunts most likely) technically would not be peer supporters, as they are in a different age demographic than the mothers. ROSE Community Transformers program, for example, trains mothers who are within five years of breastfeeding as community transformers. Considering this, what type of training can be offered for maternal grandmothers or aunts who are not eligible for the community transformers program? Perhaps, the Lactation Education Resources Lactation Consultant Training Program can be offered to other women in the church, outside of the nurses? Also, consider adding partners as participants/guests in breastfeeding club meetings, if not included already.

Response to comment 1 –

- Social Support Theory – As shown on page 1-2, context has been added related to the social support framework and evidence of the impact social support can have on health behaviors.

- Peer support – As shown on page 3, paragraph 2 clarification of the definition for "peer" has been added. Examples of a similar support program that includes grandmothers have also been added (page 3). Where appropriate throughout the proposal, "peer support" has been replaced with social support to further clarify the program structure.
- ROSE Community Transformers – As shown on page 6, paragraph 2, clarification of ROSE's Community Transformer eligibility as it relates to the Wise Village program has been added. ROSE's eligibility is specific to their program model, however, the training can be adapted across groups with varied ages and breastfeeding experiences.
- Partners as participants - As shown on page 7, paragraph 2, partners have been added as participants of the Breastfeeding Clubs.

Comment 3 - The PI does a great job describing barriers to breastfeeding, such as community and family support, as well as, breastfeeding education and how the program components will address these barriers. Adding information from the literature specifically on the importance of peer support for breastfeeding mothers will strengthen the rationale for this component.

Response to comment 3 - As shown on page 3, paragraph 2 context has been added related to the importance of peer support for breastfeeding to support the proposal's rationale.

Comment 4 - The proposed activities are feasible within the timeline provided. Do you have an estimate of how long the 90-hour lactation training program will take to complete? This would clarify how participants who complete the program will be

integrated into the program activities. Also, in looking at the budget, you may want to allocate more money for food since the breastfeeding groups will meet monthly at three different sites. Finally, do you have a target number of mothers you would like to participate in the initiative?

Response to comment 3 - As shown on page 6, paragraph 1 the number of estimated months to complete the Breastfeeding Specialist training has been added. The Year 2 food allocation budget is based on bi-weekly Breastfeeding Clubs/$50 per club – the targeted number of participants is 10-12 people at each club which allocates around $5 per person. I am comfortable with leaving the budget as-is in the final version. The target number of participants for each of the program initiatives has been added to the appropriate sections in the final version.

Comment 5 - Nice work! I think this is a great idea for addressing the need for breastfeeding support among African American mothers, as well as, establishing more peer and professionally trained lactation counselors. The PI uses a setting that has been used in the public health, faith-based organizations, to implement health promotion programs, but is innovative in that breastfeeding support initiatives are not included in the current health ministry for the targeted churches. I have a few questions to consider:

a. Since this is a faith-based initiative, will the program integrate religion into the content on support/promotion of breastfeeding, or are the churches more of the site to get a target population of African American mothers?

b. Are there faith-based breastfeeding support examples in the literature (other than what was cited about Atlanta)? If not, including that information would be great in describing program significance.

c. Have you considered other metrics other than the process evaluation or is that outside of the scope?

Response to comment 5 –

a. The program will not integrate religion into the content. The program is structured around the church's health ministry mission and social service.
b. Further research has been done to include other examples of faith-based breastfeeding support in the proposal and literature review chapter.
c. The program design has been structured as a pilot with the hope of implementing future phases that very well could include other metrics.

Reviewer 2 comments:

Comment 1 – Excellent proposal! In response to the question, the submission could have elaborated on the partnerships at the state (i.e GA Dept of Health, HMHB of GA) national level.

Response to comment 1 – The partnerships listed under the Organizational Capacity and Experience (page 10) are hypothetical to fulfill the call's requirement of describing the consultant's qualifications. The ROSE partnership is elaborated on in several sections of the Program Overview. The other partnerships listed are not directly related to the program design, therefore were not elaborated on in the final version.

Comment 2 – Both the theory and structure were clearly outlined. One suggestion is to offer greater detail on social support as a theoretical approach. For example, distinguish between structural and functional social support or perceived and received support.

Response to comment 2 – As shown on pages 1-2, context has been added related to the social support theory and evidence of the impact social support can have on improving breastfeeding rates.

Comment 3 – Considering ZOYA/Ms. Fields relationships and letters of support – perhaps there are evaluation methods or best practices she could adapt or build upon for her research.

Response to comment 3 – As shown on page 10, context has been added to include how the consultant's previous experience with evaluation methods will be used to obtain data regarding services provided and women served.

Reviewer 3 comments:

No comments to address.

Chapter V: Final Proposal

A. COVER SHEET

Vendor Information Form

Organization
Official Name of Organization: African Methodist Episcopal Church Sixth District
NACCHO Member #: N/A
DUNs Number: **184339752**
EIN Number:
Size of Population Served: 29,000
Street Address: 2900 Chamblee Tucker Rd Building 3
City: Atlanta State: GA Zip: 30341

Primary Contact
Name: Natalie Fields, MPH, IBCLC
Title: Program Development and Evaluation Consultant
Organization: ZOYA Consulting
Address (if different from above): 1100 Peachtree Street, Atlanta, GA 30303
Telephone: 404-222-4888 Fax: 404-222-8887
Email Address:

Person to Receive Contract from NACCHO for Signature
Name: Reginald T. Jackson
Email Address: bishopjackson@ame.com

Authorized Signer for Contract
Name: Reginald T. Jackson
Title: Bishop
Organization: African Methodist Episcopal Church Sixth District
Address (if different from above):
Telephone: 770-220-1770 Fax: 770-220-1000

Accounts Payable Information
Name (Attn): Treasurer, AME Church Sixth District
Address (if different from above):
Telephone: 770-220-1770 Fax: 770-220-1000

B. PROBLEM STATEMENT

African American mothers are less likely than White mothers to breastfeed their children. According to the National Immunization Survey for children born in 2013, 84% of White infants initiated breastfeeding, compared to only 66% of Black infants[1]. The Centers for Disease Control and Prevention further describe racial and geographic differences in breastfeeding among infants in 34 states, including significant initiation rate differences among Black and White infants, primarily in the South and Midwest; specifically in Georgia, initiation rates were at least 13 percentage points lower among Black infants than White infants[2]. This parallels data indicating African American mothers have a much higher comfort level with formula feeding than other racial or ethnic groups[3]. Less breastfeeding in the black community means that more mothers and their infants are at risk for poor postnatal outcomes, which may be an important contributor to the origins of health disparities among African Americans across a lifetime[4].

Evidence-based practices that address both social and cultural barriers to breastfeeding are necessary, in order to change multigenerational perspectives among African Americans about breastfeeding. A consistent barrier for African American women cited in the literature is the lack of family and community support for

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[1]MacGowan, C. (2016). CDC Overview Health Equity. Presentation, National Association of County & City Health Officials webinar.

[2]Anstey, E., Chen, J., Elam-Evans, L., & Perrine, C. (2017). Racial and Geographic Differences in Breastfeeding — United States, 2011–2015. Retrieved 17 February 2018, from https://www.cdc.gov/mmwr/volumes/66/wr/mm6627a3.htm

[3]Jones, K., Power, M., Queenan, J., & Schulkin, J. (2015). Racial and Ethnic Disparities in Breastfeeding. Breastfeeding Medicine, 10(4), 186-196. http://dx.doi.org/10.1089/bfm.2014.0152

[4] Spenser, B., & Grassley, J. (2013). African American Women and Breastfeeding: An Integrative Literature Review. Health Care For Women International, 34(7), 607-625.

breastfeeding, coupled with the perception that breastfeeding is viewed negatively within the community[5]. Another barrier is the lack of access to breastfeeding education and resources[6] during the prenatal and postnatal periods.

The proposed project addresses these breastfeeding barriers by using a social support framework that fosters naturally-occurring social networks and community resources. Considerable evidence links social support with increased health-promoting behaviors and decreased health-compromising behaviors, such as dietary habits, physical activity, and adherence to medical regimens[7]. For example, Campbell et al. (2000) studied 1,198 African American church members who participated in a four-year nutritional intervention study. They found that church members were more successful at increasing their fruit and vegetable intake if they reported belonging to a close-knit congregation than those who were less successful at changing to a healthier diet[8].

Common beliefs and concerns about breastfeeding, such as pain, sagging breasts, adequate nutrition for the baby, and the shame associated with breastfeeding in public, are often instilled in black women by their family and friends and such beliefs deeply influence a woman's choices. Social support is a culturally-relevant consideration, in addressing cultural stigmas and multigenerational perspectives on breastfeeding in the African American community, as many African Americans

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[5]Obeng, C., Emetu, R., & Curtis, T. (2015). African-American Women's Perceptions and Experiences About Breastfeeding. Frontiers In Public Health, 3. http://dx.doi.org/10.3389/fpubh.2015.00273

[6] Anstey, E., Chen, J., Elam-Evans, L., & Perrine, C. (2017). Racial and Geographic Differences in Breastfeeding — United States, 2011–2015. Retrieved 17 February 2018, from https://www.cdc.gov/mmwr/volumes/66/wr/mm6627a3.htm

[7] Harvey, I. and Alexander, K. (2012). Perceived Social Support and Preventive Health Behavioral Outcomes among Older Women. *Journal of Cross-Cultural Gerontology.*

[8] Campbell, M., Demark-Wahnefried, W., Symons, M., Kalsbeek, W., Dodds, J., Cowan, A., Jackson, B., Motsinger, B., Hoben, K., Lashley, J., Demissie, S. and McClelland, J. (1999). Fruit and vegetable consumption and prevention of cancer: the Black Churches United for Better Health project. *American Journal of Public Health*, 89(9), pp.1390-1396.

commonly rely on the support and guidance of family, friends, and church members, when making major life decisions. As in many communities around the world, mothers, grandmothers, and aunts are highly respected[9] and trusted in the Black community, and new mothers often turn to their elder female family members for advice. Decisions related to infant feeding practices are no different.

Commonly, interventions neither acknowledge their influence nor explicitly involve them in efforts to strengthen existing family and community survival strategies[9]. A successful example of an intervention including elder women is the Naomi and Ruth Project which was initiated in an African American church setting after several young women began breastfeeding their babies in church. A survey discovered that many of the church's elder women had breastfed themselves and were happy and willing to offer advice and support to breastfeeding moms. This discovery sparked a new mentoring relationship in the community[10].

Social support includes emotional, tangible, and educational components from both peer support networks (i.e lay or non-professional members of the community to whom other community members turn for care, advice, information, or support[11] and professional support networks (i.e. healthcare providers, lactation consultants)[12]. These support networks would help to address breastfeeding barriers, prevent and manage

[9] Aubel, Judi. 2006. *Grandmothers Promote Maternal and Child Health : The Role of Indigenous Knowledge Systems' Managers*. Indigenous Knowledge (IK) Notes; No. 89. World Bank, Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/10745

[10] U.S. Breastfeeding Committee (2018). *USBC : Landscape of Breastfeeding Support Gallery*. [online] Available at: http://www.usbreastfeeding.org/p/cm/ld/fid=177

[11] Fleury, J., Keller, C. and Perez, A. (2009). Social Support Theoretical Perspective. *Geriatric Nursing*, 30(2), pp.11-14.

[12] Raj, V., & Plichta, S. (1998). The Role of Social Support in Breastfeeding Promotion: A Literature Review. *Journal Of Human Lactation*, *14*(1), 41-45. http://dx.doi.org/10.1177/089033449801400114

feeding decisions and problems, and provide access to emotional support and helpful resources, which can ultimately predict breastfeeding success for African American mothers and babies[13]. The literature reports finding that additional lay and professional support improves breastfeeding rates[14] . A 2016 Cochrane review, which looked at 28 randomized, controlled studies involving 107,362 women, found that health education delivered by doctors and nurses, as well as counseling and peer support by trained volunteers, improved the number of women who began breastfeeding their babies.

The proposed project, Wise Village, is an African Methodist Episcopal Church-based initiative that will train female church members in breastfeeding support and counseling, by providing professional education for parish nurses, a counseling training program for mothers, grandmothers, aunts and friends, and a breastfeeding support group for pregnant and breastfeeding women. The aims of Wise Village are: 1) to increase the number of evidence-based trained peer and professional breastfeeding support persons within the community, 2) to expand access to breastfeeding education, skills, encouragement, counseling, and referral resources within the AME Church community, 3) to initiate important conversations about breastfeeding that address cultural stigmas and change multigenerational perspectives within the African American community, and 4) to increase the number of professionals within the community on the path toward becoming an International Board Certified Lactation Consultant (IBCLC).

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[13] Center for Disease Control and Prevention. (2013). Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies (p. 19). Atlanta: U.S. Department of Health and Human Services.

[14] Baby Friendly Initiative. (2018). *Breastfeeding peer support: What works? - Baby Friendly Initiative*. [online] Available at: https://www.unicef.org.uk/babyfriendly/breastfeeding-peer-support-what-works/

Wise Village will be concentrated in three African Methodist Episcopal Church (AME Church) Sixth District congregations in Clayton, DeKalb, and Fulton counties. There are approximately 29,000 members of the AME Church Atlanta-North Georgia area, with the greatest concentration of churches in the city of Atlanta, which has about 36 congregations[15]. The community demographics and population size for Clayton, DeKalb, and Fulton counties include an estimated combined population of 2.043 million, an African American population of 71% in Clayton; 55% in DeKalb; and 45% in Fulton. Across the three counties, 87% of residents have a high school degree or higher, 37% have a Bachelor's degree or higher, the median household income is $51,648, the median resident age and sex is 34.2 years; 52% women, and 40% of residents are married[16].

Health ministry is a leading priority of the AME Church[17], and volunteers on Health Commissions and within congregations work together to empower members in their health and well-being, to develop and implement health services and resources, and to form healthcare partnerships within the community. Most health ministry initiatives focus on chronic diseases and cancer, and there are currently no formal breastfeeding promotion programs within Sixth District congregations. Wise Village will provide mothers within the AME Church community with newly-formed social support networks that promote breastfeeding initiation and duration.

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[15] *The AME 6th Episcopal District of Georgia - About Us*. (2018). *Ame6.church*. Retrieved 9 January 2018, from http://www.ame6.church/about-us

[16] Bureau, U. (2018). *Census.gov*. *Census.gov*. Retrieved 17 December 2017, from https://www.census.gov/en.html

[17] *Health-E-AME*. (2018). *Health-e-ame.com*. Retrieved 25 February 2018, from http://www.health-e-ame.com/commission.htm

In order to develop and maintain public health partnerships in breastfeeding, Wise Village will collaborate with Reaching Our Sisters Everywhere (ROSE), Inc., a member network that was founded to address breastfeeding disparities to improve health equity among people of color nationwide, through culturally-competent training, education, advocacy, and support[18]. ROSE will be contracted to facilitate their Community Transformer training and will serve as a resource to a greater breastfeeding support network.

C. PROPOSAL OVERVIEW

Goal #1: To increase the number of evidence-based trained peer and professional breastfeeding support persons within the community.

Professional Education

Parish nursing is a recognized specialty practice that combines professional practice and health ministry. Parish nurses are Registered Nurses (RN's) and have usually completed a specialized education program[19]. AME Church parish nurses are volunteers on the Health Commission, and their roles often include health educator, counselor, advocate, referral agent, and developer of support groups. Many congregations also have members who are RN's, and who volunteer within the church's health ministry; this training will likewise be open to them. Wise Village will cover expenses for up to six nurses to complete the Lactation Education Resources Lactation Consultant Training Program - Enriched course. This is a 90-hour, self-paced, online

[18] *About Us I Reaching Our Sisters Everywhere*. (2018). *Breastfeedingrose.org.* Retrieved 17 February 2018, from http://www.breastfeedingrose.org/main-page/

[19] *Parish Nurse | Parish Nursing Education & Careers*. (2018). *All Nursing Schools*. Retrieved 3 February 2018, from https://www.allnursingschools.com/articles/parish-nurse/

training course (estimated 4-6 months to complete) that covers breastfeeding and lactation management topics including, but not limited to, initiating breastfeeding, nutrition during lactation, counseling skills, engorgement and mastitis, weaning, herbs and breastfeeding, and when breastfeeding fails. A Breastfeeding Specialist Certificate is available at the successful completion of this course[20]. Sixth District nurses can express interest in taking this course via a short application. The application will be used to verify professional status and obtain a Wise Village volunteer commitment statement.

Peer Support Training

ROSE will be contracted to facilitate Community Transformer (CT) training. ROSE's eligibility includes mothers who are within five years of breastfeeding, however, this criteria is specific to their program model. The CT training can be adapted across groups with varied ages and breastfeeding experiences. ROSE does conduct CT training with groups outside of their program model. The training is a two-day workshop that utilizes evidence-based curriculum on providing peer breastfeeding support. During the training, participants learn essential skills for providing peer counseling in the area of lactation management, as well as methods for making resource referrals for interventions outside the scope of their practice. Finally, participants are also taught how to lead ROSE Breastfeeding Clubs[21]. Potential participants will learn about the training opportunity through flyers and posters displayed throughout the church building

[20] *Lactation Education Resources - Lactation Consultant Training Program.* (2018). *Lactationtraining.com.* Retrieved 6 February 2018, from https://www.lactationtraining.com/lactation-consultant-training-program

[21] *ROSE Community Transformers | Reaching Our Sisters Everywhere.* (2018). *Breastfeedingrose.org.* Retrieved 6 February 2018, from http://www.breastfeedingrose.org/community-transformers/

as well as through official church announcements. To generate participant interest, an information session will be held at each project location during the training registration period.

Goal #2: To increase access to breastfeeding education, skills, encouragement, counseling, and referral resources, through peer and professional support.

Professional Support

The Certified Breastfeeding Specialist nurses will be available to facilitate education sessions with women and families about breastfeeding, make home or hospital visits, act as a referral resource for pregnant and breastfeeding mothers, and facilitate Breastfeeding Clubs. The system for formal access to these nurses will be informed by formative research, including, an assessment of the current system for access to parish nurses, one-on-one phone or in-person interviews with the nurses, pregnant and breastfeeding members, and church staff. The information collected will help determine the nurse's availability, the needs for access to the nurses among pregnant and breastfeeding mothers and resources available within the church, such as access to meeting spaces.

Breastfeeding Club

Modeled after the ROSE Breastfeeding Club, in which members share and address their breastfeeding concerns and experiences, Wise Village will help pregnant and new mothers on their breastfeeding journey, by uniting them with grandmothers, aunts, cousins, and friends, in order to come together in a supportive, community environment. The Breastfeeding Clubs will also play host to important conversations

about breastfeeding stigmas and misconceptions, which can be addressed as a community. Partners, babies and children will be welcome to attend, and light refreshments will be served.

Each Community Transformer and Certified Breastfeeding Specialist will be expected to volunteer to serve as a Breastfeeding Club leader at least three months out of the year. Community Transformers that lead a Breastfeeding Club will receive $40 per club from ROSE as part of their program incentive. In the absence of a Wise Village leader, a breastfeeding educator, doula, or midwife may be recruited from the community to facilitate the Breastfeeding Club.

Formative research will be conducted among pregnant and breastfeeding church members and Community Transformers within the three project locations to determine the best structure for support delivery (i.e. time/day). To collect this information a short survey will be distributed during the Community Transformer information session(s) and trainings as well as informal interviews will be conducted with the nurses, pregnant and breastfeeding mothers, and church staff. The information collected will help determine the most convenient days/times to facilitate the Breastfeeding Clubs, and resources available within the church, such as access to meeting spaces.

Resource Materials

Breastfeeding education and information resources will be available in the church childcare area for women, their partners, and families to take home. Information about the Breastfeeding Clubs and how to access the Certified Breastfeeding Specialist will also be available.

Goal #3: To initiate meaningful conversations about breastfeeding that address cultural stigmas and change sentiments within the African American community

The project manager, Natalie Fields, will initially develop a list of breastfeeding topics that emerge as common themes of interest, lack of knowledge and misconceptions based on information gathered from the formative research surveys and interviews. The list will also include common topics found in research literature. During project year two, Ms. Fields will conduct observational research during a sample of Breastfeeding Clubs as well as conduct a focus group with Breastfeeding Club leaders and participants to further define the discussion topics and support delivery structure. Breastfeeding Club leaders will select at least one topic from the list per club to discuss with the group.

Goal #4: To increase the number of professionals within the community on the path toward becoming an International Board Certified Lactation Consultant (IBCLC)

Pathway to IBCLC

The Lactation Consultant Training Program – Enriched course meets the IBCLC requirement for 90 hours of lactation-specific training, which gives AME Church parish nurses a stepping stone toward the International Board Certified Lactation Consultant (IBCLC) credential, should they wish to pursue it. Providing this continuing education opportunity aligns with the goals of the AME Church health commission, as well as the need for more African American IBCLC's in Georgia.

D. ORGANIZATIONAL CAPACITY AND EXPERIENCE

The African Methodist Episcopal Church is a Christian denomination founded by Bishop Richard Allen in Philadelphia, Pennsylvania, in 1816. Most members are of African descent, although the church does not limit membership by race. The mission of the African Methodist Episcopal Church is to minister to the social, spiritual, and physical development of all people. The AME Church has a connectional infrastructure; each local church is part of the larger organization. Clayton, DeKalb, and Fulton counties are in the Sixth District, whose Bishop is Reverend Reginald Jackson. Because health ministry is a core value of the AME Church, District Health Commissions are modeled to ensure that health care resources and services are provided to the congregations they serve. District Health Commissions and congregation volunteers work to promote health, advocate for health care access and rights, and collaborate with community organizations to improve health.

Natalie Fields, MPH, IBCLC, will serve as the project manager for Wise Village. Ms. Fields founded ZOYA Consulting, which provides organization-level breastfeeding support program planning, implementation, and evaluation. ZOYA's mission is to promote breastfeeding by raising awareness and fostering supportive environments. Ms. Fields is a ROSE Community Transformer and serves as a Community Advisory Board member for Atlanta's Children's Environmental Health Center. ZOYA Consulting has assisted clients such as Children's Health Care of Atlanta and Emory University in evaluating their workplace lactation support programs.

Natalie Fields will liaison with administrative staff within the AME Church Sixth District headquarters, including the Treasurer and Director of Health. Each project

location will have a representative from the congregation appointed to collaborate with Ms. Fields on on-site implementation. Thus far, the project has obtained letters of support from Reaching Our Sisters Everywhere, the Georgia Breastfeeding Coalition, the Georgia Department of Health, Healthy Mothers Healthy Babies Coalition of Georgia, and Grady Memorial Hospital.

Given Ms. Fields' expertise in program develop and evaluation, her previous experience will aid in the development of data collection methods for the formative research and data regarding services provided and women served. During project year two, program evaluation activities will assess progress toward peer and professional support training goals, program satisfaction of participants and volunteers, and program successes and challenges. With the assistance of NACCHO tools and resources, these data collection and evaluation activities will inform decisions and adjustments to various aspects of the Wise Village program.

CONCLUSION

Although the most common breastfeeding barriers are not unique to Black mothers, they are disproportionately prevalent in this group and therefore may contribute to lower breastfeeding rates. Addressing social and cultural breastfeeding barriers through evidence-based practices is necessary, in order to change attitudes about breastfeeding and shift infant feeding practices among African Americans. The communal trust, social service and support that is found in Black churches, make churches an institutional resource to bridge the gap in the unequal distribution and

disparities[22] of breastfeeding information and support within the Black community. Wise Village will provide mothers within the AME Church Sixth District with newly-formed social support networks that promote breastfeeding initiation and duration. This church-based breastfeeding support model can be expanded to other AME Churches as well as adopted by other faith-based organizations.

[22] *When the State Fails: Maternal Mortality & Racial Disparity in Georgia*. (2018). *The Global Health Justice Partnership.* Retrieved 28 February 2018, from https://law.yale.edu/system/files/area/center/ghjp/documents/ghjp_2018_when_the_state_fails-_maternal_mortality_racial_disparity_in_georgia.pdf

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APPENDIX A:
APPLICATIONS DUE BY 6:30 PM E.T. ON FRIDAY, OCTOBER 10, 2014

Reducing Disparities in Breastfeeding through Peer and Professional Support

REQUEST FOR APPLICATIONS

OVERVIEW

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 local health departments (LHDs) across the country. These city, county, metropolitan, district, and tribal departments work to protect and improve the health of all people and all communities. 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.

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity for LHDs and community-based public, private, non-profit, or faith-based organizations to provide peer and professional lactation support to African American and underserved (e.g. ethnic minority group or low-income) women and infants. The purpose of this project is to increase implementation of evidence-based and innovative breastfeeding programs, practices, and services at the community level, specifically focused on peer and professional lactation support to breastfeeding mothers in predominantly African American communities; and to develop and maintain public health partnerships critical to building community support for breastfeeding.

NACCHO will make at least 70 awards available to LHDs, community-based public, private, non-profit, or faith-based organizations, and lactation support providers for a 2-year breastfeeding project. Each grantee will receive up to $25,000, per year, to support project activities. Applications must be submitted no later than **October 10, 2014 at 6:30 pm E.T | 3:30 pm P.T.** Selections will be made on or about **November 15, 2014** and year one of the project period will run from the date of contract execution to **June 30, 2015**. Although the project is intended for two years, funding for year two is not guaranteed, and is contingent upon receipt of federal funds to support activities, and approval of year one final progress reports.

NACCHO will host two (2) optional webinars on **September 25, 2014 at 1:30 pm E.T.** and **September 26, 2014 at 9:30 am E.T.** to discuss the funding opportunity and respond to questions. Registration information for the webinars is located below. These optional webinars will contain the same information, therefore it is not necessary for potential applicants to attend both webinars. Please note that no new information will be shared during the webinar. The webinar will be recorded and posted to the NACCHO website. Applicants can submit applications and questions regarding this announcement at any time and do not have to wait for optional webinar in order to begin or submit applications and questions. The webinar will be recorded and posted to the NACCHO website.

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

APPLICATIONS DUE BY 6:30 PM E.T. ON FRIDAY, OCTOBER 10, 2014

ELIGIBILITY AND CONTRACT TERMS

ELIGIBLE APPLICANTS

This RFA is open to any public or private entity (including local health departments, non-profit, faith-based, and community-based organizations).

CONTRACT TERMS

Agreement with NACCHO standard contract terms and conditions is a requirement. **No modifications to the terms or contract language will be made. Contractors that cannot agree to NACCHO's contract language should not apply for this initiative**. As part of the application, the contractor/organization will be asked to verify that he/she has read NACCHO's standard contract language (see Resources section) and has provided a copy to the individual with signing authority at your organization for advanced consideration. If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.

Applicants should review all terms and conditions to determine whether or not they are appropriate for submitting a proposal.

OTHER

Any application that fails to satisfy the deadline requirements will be considered non-responsive and will not be considered for funding under this announcement. **NOTE**: Multiple applications from an organization are not allowable. However, organizations or agencies have the ability to submit joint applications for this grant.

SCHEDULE OF EVENTS

Please note the following deadlines and events for this application:

Event	Date/Time
Informational Webinar	September 25, 2014, 1:30 pm E.T. (Register) September 26, 2014, 9:30 am E.T. (Register)
Notice of Intent Deadline (Optional)	September 29, 2014, 6:30 pm E.T. (Submit)
Application Submission Deadline	October 10, 2014, 6:30 pm E.T.
Award Notification Date	November 15, 2014
Anticipated Contract Start Date	December 15, 2014
Grantee Regional Meetings	Dates to be Determined (January and February 2015)
Year 1 Contract End Date	June 30, 2015
Year 2 Contract End Date	May 31, 2016

PROJECT GOALS & TECHNICAL REQUIREMENTS

Breastfeeding is one of the most effective measures mothers can take to prevent disease and protect the health of infants. Even though the benefits breastfeeding is widely accepted not all infants start or continue to breastfeed for the first six months of their lives. According to CDC, 79 percent of newborn infants initiate breastfeeding with 49 percent and 27 percent breastfeeding for six and twelve months, respectively.[1] Only 19 percent of infants are exclusively breastfed for the first 6 months of their lives.[2] African American women have the lowest breastfeeding initiation and duration rates of all racial and ethnic groups. In 2008, African American infants ever breastfed was 58.9 percent, compared to 75.2 percent and 80 percent for whites and Latinos, respectively. Infants breastfed at 6 months and 12 months was also lower among African American women, 30.1 and 12.5 percent, respectively.[3]

The purpose of the Breastfeeding Project, is to increase implementation of evidence-based breastfeeding programs, practices, and services, at the community level, specifically focused on peer and professional lactation support to breastfeeding mothers in predominantly African American communities. The project will also help communities develop and maintain public health partnerships critical to building community support for breastfeeding. NACCHO, in partnership with CDC, will support community-level efforts to improve breastfeeding initiation and duration among African American and underserved women. The project will use a coordinated and comprehensive approach to engage local, state, and national partners, breastfeeding coalitions, and federal agencies to achieve the goals of the project and enhance community-level efforts to support lactating mothers.

The goals of the project are to:

- *Goal 1:* Increase implementation of evidence–based and innovative peer and professional breastfeeding support programs, practices, and services in predominantly African American communities.

- *Goal 2:* Increase local, state and national partnerships and awareness of the processes, successes, and challenges of implementing and expanding access to local peer and professional lactation support services.

NACCHO will identify community-based public, private, non-profit, and/or faith-based organizations to provide services to breastfeeding mothers and their infants within target communities; and will provide guidance, support and technical assistance (TA) to these organizations to initiate and sustain evidence-based and innovative models for peer and professional support. The *Surgeon General's Call to Action to Support Breastfeeding 2011* outlines an implementation strategy focused on providing funding and technical support to small community-based organizations to address the challenges that breastfeeding mothers encounter and increase the support needed for mothers to continue breastfeeding, especially in communities of color. Examples of these types of services that can be provided through this funding opportunity include, but are not limited to, training of current, existing staff in lactation care, counseling skills, case management, etc.; provision of walk-in locations for lactation expertise and support (baby café's); and activities that systematically connect breastfeeding mothers to relevant resources within their communities.

The long term goal of this project is to increase breastfeeding initiation, duration, and exclusivity among African American and underserved populations in the US. This project is intended to increase access to and opportunities for peer and professional lactation support in predominantly African American communities, as well as address the needs of the underserved.

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[1] CDC (2014) Breastfeeding Report Card retrieved from http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf on August 31, 2014

[2] CDC Breastfeeding Promotion and Support, retrieved August 31, 2014 at www.cdc.gov/breastfeeding/promotion/index.htm

[3] Centers for Disease Control and Prevention. Progress in increasing breastfeeding and reducing racial/ethnic differences – United States, 2000-2008 births. MMWR 62(05); 77-80. Retrieved from www.cdc.gov/mmwr/PDF/wk/mm6205.pdf on August 31, 2014

NACCHO will make at least 70 awards available to LHDs, community-based public, private, non-profit, or faith-based organizations, and lactation support providers for a 2-year breastfeeding project. Each grantee will receive up to $25,000, per year, to support project activities. The applicant selection criteria focuses on:

- *Community Need*: Community has low rates of breastfeeding initiation, low breastfeeding duration rates, or significant disparities in breastfeeding rates for African American women and underserved populations.
- *Organization Capacity*: Organization and providers have existing resources and capacity to address breastfeeding support for African American and underserved populations, but need additional resources to expand programs and services within the targeted population. Organizations and providers that have limited or no resources and capacity, must demonstrate they are building capacity and have identified breastfeeding support as a strategic priority through a community health assessment process.
- *Organization Collaborations*: Organization/Providers have a history of multi-sector collaborations or key partnerships with local and state breastfeeding coalitions, local health departments, or other organizations to support efforts.

Organizations and providers will be required to demonstrate that the population in proposed plans are at least 50% African American or underserved. Minimum geographic level served is at the zip code level. Selected organizations will be required to have support of the LHD as a partner in the project's activities. Other factors, such as access to quality data and resources and existing local-state partnerships may also be used in the selection criteria.

SCOPE OF WORK

Grantees will be funded to support the breastfeeding needs of mothers through peer and professional lactation support activities. Grantees will be expected to complete the following activities over the course of the project period:

- Attend one (1) regional grantee meeting, with other selected grantees (location and dates to be determined).
- Develop and refine an 18-month work plan to provide lactation support for African American and underserved women.
- Participate in project assessment to determine training and technical assistance needs of the organization and staff.
- Participate in monthly conference calls, project related webinars, and other activities to support Breastfeeding Project activities and capacity-building in the local organization.
- Implement peer or professional lactation support activities, as defined in the project work plan.
- Collect individual participant data to facilitate understanding of program activity reach.
- Report aggregate data related to services provided, including but not limited to: number of women served, by race and age; number of women reached, by race and age; and number of referrals or connections to local resources.
- Participate in project-related evaluation activities, including pre-post assessments, focus groups, and other identified evaluation activities.

METHOD OF PAYMENT

NACCHO will reimburse the selected the grantee, quarterly, upon receipt of deliverables (e.g. progress reports, etc.) and invoices outlining project expenses, per the payment schedule outlined during the contracting process. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

NACCHO SUPPORT

NACCHO staff will serve as a resource to the contractor to ensure adequate completion of the scope of work and achievement of project goals by fulfilling the following responsibilities:

- Provide background information related to the project, including access to NACCHO reports, data, and other resources necessary to complete the tasks above.
- Develop and support an online community of practice portal to disseminate data and information to the project sites.
- Provide direct technical assistance for completion of tasks, including periodic webinars and phone or e-mail consultations.
- Provide tools, guidance, and assistance to support organizational capacity to collect and report project data and evaluate project activities.
- Assist in the develop models of sustainability of project activities.

PROPOSAL RESPONSE FORMAT

NOTICE OF INTENT

Prospective applicants are asked to submit an online notice of intent as early as possible, but no later than **6:30 p.m. E.T. on September 29, 2014**. The notice of intent is not required, is not binding, and does not enter into the review of a subsequent application. The information that it contains allows NACCHO staff to estimate the potential review workload and plan the review process. Applicants wanting to submit a notice of intent should click here and submit requested information.

APPLICATION

Applications must be prepared using forms and information provided in this announcement. **The project narrative must be limited to no more than 10 double spaced, 8½" x 11", pages when printed by NACCCHO, and the appendices to no more than 5, 8½" x 11", pages when printed by NACCHO.** The application should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may be single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget justification. All pages, charts, figures, and tables should be numbered. Applicants that exceed the specified limits of 10 pages of narrative or 5 pages of appendices when printed by NACCHO will be deemed non-responsive and will not be considered. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the page limit.

Successful applications will contain the following information:

A. Cover Sheet

Please complete the hyperlinked Vendor Information Form and submit as your application's cover sheet. This information will also be used in the event that the submitting agency is selected and engages in a contract with NACCHO.

B. Problem Statement

Describe the target population to be served by this initiative, including the community demographics and population size (at minimum, applicant should provide data at the zip code level). Describe how this project will assist with improving 1) breastfeeding rates among the target population, focusing on African American and underserved populations; 2) the current landscape of breastfeeding policies and practices in your community (please reference any practices identified in The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies; 3) your community's needs related to (a) implementing evidence-based and innovative breastfeeding programs, practices, and services and (b) developing and maintaining public health partnerships for breastfeeding. **Use data and community statistics wherever possible.*

NOTE: The Census Bureau's American Fact Finder can assist in identifying demographic data for population served http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml)

C. Proposal Overview

Describe, in detail, how you propose to meet each of the project goals and specifications outlined above in order to enhance your organization/agency and community's ability to (a) implement evidence-based and innovative breastfeeding programs, practices, and services and (b) develop and maintain public health partnerships for breastfeeding.

D. Organizational Capacity and Experience

- Describe your organization mission and structure, and explain how your organization's efforts align with the aims of this project.
- Describe your organizational/agency and staff qualifications and experience engaging in breastfeeding promotion efforts that involve (a) implementing evidence-based and innovative breastfeeding programs, practices, and services and (b) developing and maintaining public health partnerships for breastfeeding.
- Identify key staff responsible for completing your proposed work and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions outlined in the RFA.
- Describe your organization's capacity to collect or obtain data regarding services provided and women served.

E. Work Plan & Timeline

Develop an 18-month project work plan, using the template provided in the resources section below, to describe your objectives and timeline for achieving project requirements and expected deliverables through June 2016.

F. Budget Proposal

Develop an 18-month line-item budget proposal, using the template provided in the resources section below, not to exceed $25,000 each year, which clearly outlines the dollar amount and a narrative cost justification for each line item.

G. **Attachments**

Please include the following attachments with your application:

- Letter(s) of Support
  - Provide one letter of support, on official letterhead, from your local health officer demonstrating that your organization/agency has the necessary support and partnership to fully engage in the Breastfeeding Project.
  - Provide one letter of support, on official letterhead, from your fiscal agent or person authorized to establish a contract (See Vendor Information Sheet) with NACCHO. The letter should include the following statement: "*I have received a copy of NACCHO's standard contract language and reviewed the terms and conditions within*."
- Project work plan (see Resources for an Example Work Plan)
- Budget worksheet (see Resources for an Example Budget Worksheet)

SELECTION CRITERIA

An Evaluation Team composed of representatives from NACCHO, CDC, and national partner organizations will review and score application for this RFA. The criteria listed below will be used to evaluate proposals for the purpose of ranking them in relative position based on how fully each proposal meets the requirements of this RFA:

- Completeness of the Proposal Narrative (Parts B – D)
- Evidence of need (e.g. population demographics) and ability to address needs of target population.
- Evidence of agency capacity to carry out the proposed activities
- Evidence of a history of working with local stakeholders to effect positive change
- Completeness, clarity, and perceived ability to implement proposed work plan (e.g., timeline, goals, objectives, evaluation)
- Realistic and appropriate budget
- Letter(s) of Support
- Demonstration of overall commitment

SUBMISSION INSTRUCTIONS

Final response to this RFA should be submitted by **October 10, 2014 at 6:30 pm E.T | 3:30 pm P.T**. Responses submitted after this deadline will not be considered. Applications should be submitted in a single email to breastfeeding@naccho.org. Use as a Subject Line: *Breastfeeding RFA*. NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may also be directed to breastfeeding@naccho.org.

Please contact the NACCHO Breastfeeding Project at 202-783-5550 or breastfeeding@naccho.org if you do not receive a confirmation of receipt within 24 hours of submission.

RESOURCES

Please find below, links to additional information, forms, and resources needed for this application submission:

Required Application Resources

- Budget Proposal and Justification - Spreadsheet
- NACCHO Standard Contract Language (Member) – Contract
- NACCHO Standard Contract Language (Non-Member) – Contract
- Vendor Information Form - Form
- Work Plan Template – Form

General Resources and Information

- The CDC Guide to Breastfeeding Interventions - http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf
- Census Bureau's American Fact Finder - http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
- Notice of Intent Submission - http://naccho.co1.qualtrics.com/SE/?SID=SV_0uef3wklzscWaH3
- Surgeon General Call to Action to Support Breastfeeding 2011 - http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf
- Webinar Registration:
  - September 25, 2014, 1:30 pm E.T. (Register)
  - September 26, 2014, 9:30 am E.T. (Register)

APPENDIX B:

Reducing Disparities in Breastfeeding through Peer and Professional Support
PROJECT DELIVERABLES AND TIMELINE

ORGANIZATION NAME: African Methodist Episcopal Church Sixth District

OBJECTIVE:	By May 2019, increase the number of evidence-based trained peer breastfeeding support persons within the AME Church Sixth District to at least ten.		
ACTIVITY	**TIMELINE**	**LEAD PERSON/ ORGANIZATION**	
Finalize training contract with Reaching Our Sisters Everywhere (ROSE)	Dec 2018	Sixth District Bishop Project Manager	
- Schedule information session and training session dates - Work with graphic designer to create promotion materials	Jan 2019	Project Manager	
- Promote information sessions and training dates through flyers, posters and church announcements - Conduct information session(s)	Feb 2019	Site Liaison Project Manager	
Conduct Community Transformer training(s) Phase 1	Mar - Apr 2019	ROSE	
Conduct Community Transformer training(s) Phase 2	Feb – Mar 2020	ROSE	
ANTICIPATED PRODUCTS OR RESULTS	Female church members become ROSE Community Transformers and serve as support network to pregnant and breastfeeding mothers within the AME Church Sixth District.		

OBJECTIVE:	By June 2019, increase the number of professionally trained lactation consultants within the AME Church Sixth District to at least six.		
ACTIVITY	**TIMELINE**	**LEAD PERSON/ ORGANIZATION**	
Develop a lactation consultant training program application	Dec 2018	Project Manager	
- Promote training within project sites to church member RN's - Directly distribute applications to Sixth District parish nurses	Jan 2019	Site Liaison Headquarters Admin	
- Review applications - Coordinate on-line training program enrollment	Feb 2019	Project Manager	

Conduct training progress reports	Apr 2019	Project Manager	
ANTICIPATED PRODUCTS OR RESULTS	Parish and/or church member nurses will become Certified Breastfeeding Specialist to serve as a support resource for pregnant and breastfeeding mothers within the AME Sixth District.		

BJECTIVE:	By June 2019, complete formative research activities.		
ACTIVITY	**TIMELINE**	**LEAD PERSON/ ORGANIZATION**	
-Develop survey and interview questions -Distribute surveys and conduct one-on-one interviews	Mar - Apr 2019	Project Manager	
Analyze collected data	May 2019	Project Manager	
Develop program materials, tools and approaches based on analysis	June 2019	Project Manager	
ANTICIPATED PRODUCTS OR RESULTS	Collected data will inform: how to set-up formal access to Certified Breastfeeding Specialist; the support delivery structure for Breastfeeding Clubs; and Breastfeeding Club discussion topics.		

OBJECTIVE:	By July 2019, implement Breastfeeding Clubs within the three project sites to at least one per month.		
ACTIVITY	**TIMELINE**	**LEAD PERSON/ ORGANIZATION**	
Develop education and information resource materials for mothers, partners and families.	May – June 2019	Project Manager	
Coordinate Breastfeeding Club leader schedules.	Apr 2019 – May 2020	Site Liaison Headquarters Admin	
Coordinate and promote Breastfeeding Club meetings at each project location.	Apr 2019 – May 2020	Project Manager	
ANTICIPATED PRODUCTS OR RESULTS	Breastfeeding Clubs will be a supportive environment for pregnant and breastfeeding mothers to share and address their breastfeeding concerns and experiences, as well as a community environment to discuss breastfeeding stigmas and misconceptions.		

Copy and paste as many objectives as needed. Do not exceed two pages.

APPENDIX C:

Applicant Name: African Methodist Episcopal Church Sixth District
Project Title: Wise Village
Project Period: 12/15/2018 - 6/30/2019

Line Item Justification	Amount Requested
A. Personnel	**$3,860**
Administrative Support, TBD	$3,500
Childcare Specialist, TBD	$360
B. Fringe Benefits	**$700**
	$700
C. Conultant Costs	**$11,250**
Project Manager, Natalie Fields	$11,000
Graphic designer, TBD	$250
D. Supplies	**$500**
Food and drinks	$300
Misc. Supplies	$200
E. Other	**$5,850**
Lactation Consultant training program	$5,850
Printing (In-Kind)	
Travel (In-Kind)	
Total Direct Costs	**$22,160**
Indirect Rate	12.00%
Indirect Costs	**$2,659**
TOTAL DIRECT + INDIRECT COSTS	**$24,819**

Applicant Name: African Methodist Episcopal Church Sixth District
Project Title: Wise Village
Project Period: 7/1/2018 - 5/31/2019

Line Item Justification	Amount Requested
A. Personnel	**$3,860**
Administrative Support, TBD	$3,500
Childcare Specialist, TBD	$360
B. Fringe Benefits	**$800**
	$800
C. Conultant Costs	**$6,100**
Project Manager, Natalie Fields	$6,000
Graphic Designer, TBD	$100
D. Supplies	**$1,350**
Food and drink	$1,100
Misc. Supplies	$250
E. Other	**$10,590**
Lactation Consultant training program	$1,950
Reaching Our Sisters Everywhere contract	$6,000
Parish nurse and volunteer RN's incententive	$2,640
Printing (In-Kind)	
Travel (In-kind)	

Total Direct Costs	**$21,900**
Indirect Rate	12.00%
Indirect Costs	**$2,628**
TOTAL DIRECT + INDIRECT COSTS	**$24,528**

APPENDIX D:

Budget Justification

A. Personnel:

Administrative Support, TBD (10% effort): works in the Sixth District headquarters office and will assist the project manager and project location representative. His/her time will also be spent on assisting with preparing reimbursement invoices.

Childcare Specialist, TBD ($12/hr): will be avaialbe to assist mothers with their children while attending Community Transformer training.
- YR 1: 10 hour training x 3 sites = $360.00
- YR 2: 10 hour training x 3 sites = $360.00

B. Fringe Benefits:

Fringe Benefits (20%) are in accordance with institutional policy.

C. Consultant Cost:

Project Manager, Natalie Fields (YR1 20% effort, YR2 10% effort): will direct the implementation of project acitvities. She will develop the formative research and conduct the program evlauation.

Graphic designer, TBD ($25/hour): will design the Community Transformer training promotion materials and other designs as needed.

D. Supplies

Food and drinks will be provided at the Community Transformer trainings and Breastfeeding Clubs for particpants.
YR 1: $300.00 requested for lunch and snacks during Community Transformer tranings
YR 2: $1,100.00 requested for snacks and drinks for Breastfeeding Clubs (2x/month at 3 sites)

Misc. supplies such as training props (doll for demonstration), paper and pens for notes, etc.
YR 1: $200.00 requested
YR 2: $250.00 requested

E. Other

Lactation Consultant training program
YR 1: $975 x 6 = $5,850.00
YR 2: $975 x 2 = $1,950.00

Reaching Our Sisters Everywhere will be contracted to faciliate their 2-day Community Transformer training at the three project locations.
$6,000.00 - contract will be paid in YR 2

Cash incentivties will be provided to the parish nurses and volunteer RN's that lead a Breasfeeding Club

YR 2: $2,640.00 requested ($40 2x per month at 3 project sites)

In-Kind Donations

Printing of training and Breastfeeding Club promotion materials and resource materials.

YR 1: $400.00

YR 2: $450.00

Travel expenses to site locations average YR 1: 150 miles/month and YR 2 100 miles/month using federal milage reimbursement rate (54.5 cents/mile)

YR 1: $572.00

YR 2: $600.00

APPENDIX E: External Reviewer Template

Grant Proposal Thesis - External Reviewer Feedback Template

Please use this template as a basis for providing feedback on the grant proposal you are reviewing to the student PI.

1. Please state your level of agreement/disagreement with the following statement: The submission is responsive to the call for proposals.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

2. How could the submission have been more responsive to the call for proposals?

3. Please state your level of agreement/disagreement with the following statement: The proposal is well thought out and theoretically sound.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

4. What improvements could be made to the theory and structure of the proposal?

5. Please state your level of agreement/disagreement with the following statement: The PI makes a compelling case that the proposed research/project/program is necessary.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

6. What would have improved the argument that the proposed activities are necessary?

7. Please state your level of agreement/disagreement with the following statement: The PI makes a compelling case that the research team will be able to accomplish the proposed activities with the resources and time allocated.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

8. What changes would improve the perceived feasibility of the proposed activities?

9. Please state your level of agreement/disagreement with the following statement: The proposed work is innovative and sets the groundwork for future work in this area.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
○	○	○	○	○

10. What additional comments and suggestions do you have for the PI?