

## **Distribution Agreement**

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

\_\_\_\_\_  
Chantelle Jones

7/24/2019

\_\_\_\_\_  
Date

Grant Proposal to fund the Mississippi Breastfeeding Summit and share evidence-based breastfeeding information to improve knowledge and increase breastfeeding duration and exclusivity rates in Mississippi

By

Chantelle Jones  
MPH

Prevention Science

\_\_\_\_\_ [Chair's signature]  
Laurie Gaydos, PhD  
Committee Chair

\_\_\_\_\_ [Member's signature]  
Shari McKenzie-Hicks  
Committee Member

\_\_\_\_\_ [Student's signature]  
Chantelle Jones  
Student

## Abstract

Numerous studies have been conducted on the benefits of breastfeeding and concluded that breastfeeding is healthy for both the mother and baby. Breastfed babies are less likely to contract disease and have lower risks of chronic diseases like obesity when they grow up (AAP, 2012). For mothers, breastfeeding lowers risks of breast cancer, arthritis, and many other illnesses and diseases (Salone, et al., 2013).

Mississippi breastfeeding statistics are significantly worse than the average for the United States. The Center for Disease Control and Prevention's (CDC) breastfeeding scorecard provides data regarding the percentage of children breastfed by age in the United States (US). The 2018 report, which is based on data from 2015, indicates that 83.2% of infants born in 2015 in the US were breastfed from birth (CDC, 2018). Of these, 57.6% were breastfed for six months, and only 24.9% were exclusively breastfed for the first six months (CDC, 2018). In Mississippi, 63.2% of the babies were breastfed from birth, 35.4% were breastfed to the age of 6 months, and only 16.3% were breastfed exclusively. When compared to rates across the US, Mississippi by far has the lowest breastfeeding rates.

The objective of this grant proposal is to hold a planning and training conference that promotes breastfeeding in Mississippi. This will be achieved through sharing of evidence-based breastfeeding data, consultations, and talks by key stakeholders. The primary goal of the conference is to promote breastfeeding initiation and duration, highlight programs and strategies that will be useful in promoting breastfeeding, and help attendees with making a positive impact on breastfeeding culture in Mississippi.

The long-term objective of this proposal is to develop a Breastfeeding Empowerment Task Force with a sole focus on improving breastfeeding rates in Mississippi. The task force will work with local politicians and other stakeholders to ensure that there is a conducive environment and attitude in Mississippi for breastfeeding to thrive. The taskforce will help educate others on the importance of breastfeeding, best practices, and promoting breastfeeding to improve initiate and duration rates throughout Mississippi. It will also advocate for changes like breastfeeding breaks by employers and lactation rooms, and work towards ensuring that there is the provision of equipment such as pumps and facilities in public buildings and workplaces across the state.

Grant Proposal to fund the Mississippi Breastfeeding Summit and share evidence-based breastfeeding information to improve knowledge and increase breastfeeding duration and exclusivity rates in Mississippi

Chantelle Jones

July 10, 2019

## Acknowledgements

Thank you to the reviewers of this grant proposal, my Thesis Chair, Laurie Gaydos and Thesis Field Advisor, Shari McKenzie-Hicks. The time, effort, and expertise contributed to reviewing is greatly appreciated, without which it would have been impossible to complete this thesis.

## Table of Contents

Chapter I - Introduction.....	1
Problem Statement .....	2
Purpose statement.....	3
Proposed Conference Overview .....	3
Conference Objectives .....	3
Significance Statement.....	4
Definition of terms .....	5
Chapter II – Literature Review.....	6
Introduction .....	7
Benefits of Breastfeeding .....	7
Benefits for Babies .....	7
Benefits for Mothers .....	9
Factors that affect breastfeeding practices .....	10
Socio-Demographic Factors .....	10
Policy Level .....	12
Community Level.....	13
Interpersonal Level.....	13
Individual Level .....	14
Chapter III - Methodology .....	16
Review of Federal Funding Agencies with breastfeeding.....	17
NIH (National Institute of Health) .....	17
CDC (Center for Disease Control and Prevention) .....	17
Grant Announcement .....	18
Grant review process.....	19
Application process .....	19
Chapter IV – Reviewer Comments .....	24
Chapter V - Results .....	34
References.....	60

## Chapter I - Introduction

The American Academy of Pediatrics recommends exclusive breastfeeding through 6 months postpartum, and continued breastfeeding for at least 12 months (AAP, 2012). Increasing breastfeeding duration rates and breastmilk intake is a national initiative with Healthy People 2020 (CDC, 2018). Given the importance of breastfeeding for maternal and infant health, there is a need to translate and share existing literature on how education and support might help increase breastfeeding duration and exclusivity rates in Mississippi where it especially has not taken hold. CDC's 2018 breastfeeding scorecard shows higher breastfeeding initiation rates in the United States at 83.2%, which suggests mother's start out wanting to breastfeed, but by 6 months' participation drops to 57.6% (CDC, 2018). Despite research and recommendations proving the many health benefits of breastfeeding for infants, children, and mothers, less than 50% of infants in the United States were exclusively breastfed the first 3 months, and around 25% through the first 6 months, with Mississippi having the worst US breastfeeding rates in all categories (CDC, 2018). In Mississippi, the rates start out at 63.2% and drop to 35.4% by 6 months (CDC, 2018).

Research shows that breastfeeding could help improve child and maternal health, preventing serious health issues like Sudden Infant Death Syndrome (SIDS), acute illnesses like pneumonia, asthma and diarrhea (Stuebe, 2009). Moreover, infants who are not breastfed tend to suffer from obesity at higher rates than infants who are. Breastfeeding can also impact an infant's cognitive development, and the mother's health (Stuebe, 2009). Data suggest that breastfeeding could potentially contribute to reducing the development of illnesses like breast cancer, hypertension, heart attacks, pre-menopausal ovarian and breast cancer, type 2 diabetes, ovarian cancer, and post-partum depression (Chowdhury, et al., 2015).

### Problem Statement

Research shows that breastfeeding is protective for both mothers and infants on a variety of health issues. However, breastfeeding rates in Mississippi are the lowest in the country, demanding a unique approach to increase rates in the state. There is a need for breastfeeding advocates, professionals,



healthcare workers, and those that impact breastfeeding laws to discuss innovative ways to improve the breastfeeding culture in Mississippi

### Purpose statement

Therefore, this thesis includes a grant proposal for a conference to coordinate resources, personnel, and trainings to remove the barriers that cause low breastfeeding rates in Mississippi by providing knowledge that could help fill the gaps.

### Proposed Conference Overview

The proposed conference will convene a singular event which will focus on the enhancement of the breastfeeding community in Mississippi, and on building capacity to implement The Surgeon General's Call to Action to support breastfeeding through policy and practice change, with an emphasis on racial equity and community engagement. Sessions at the Mississippi Breastfeeding Summit will focus on bringing innovative breastfeeding strategies into the community, developing breastfeeding interventions, creating targeted media messaging, sharing breastfeeding toolkits and aids, and presenting new ideas on how to increase rates state-wide.

### Conference Objectives

The proposed conference will meet the following objectives:

- 1) Improve Summit participant knowledge on available evidence-based breastfeeding programs and approaches.
- 2) Highlight tools available to educate others on improving breastfeeding success rates by sharing evidence-based educational handouts and toolkits throughout conference and outside of sessions.
- 3) Offer leadership training to build, form, and manage breastfeeding support collaborations and partnerships.

- 4) Provide an in-person forum for sharing and exploring best practices and lessons learned to enhance impact of collaborative work to implement the strategies of The Surgeon General's Call to Action to support breastfeeding.
- 5) Build capacity and commitment to achieve diversity, equity, and inclusion in breastfeeding support by marketing the summit to the targeted audience, and presenting and sharing innovative ways to improve support and acceptance of breastfeeding in Mississippi.
- 6) Expand collective awareness of opportunities to strategically apply national policy developments by building and strengthening working relationships with health departments and national, state, or community-level organizations, in order to encourage integration of breastfeeding into other areas of the public health agenda.
- 7) Establish Breastfeeding Empowerment Task Force to:
  - a. Develop and deliver training tools.
  - b. Partner with global, national, and local community groups to promote the benefits of breastfeeding education that is integrated with existing public health programs and collaboration that serve family planning, teen pregnancy, and women's health in Mississippi.
  - c. During Summit, document and share membership list, notes, action items, and next steps for the Taskforce.

### Significance Statement

The significance of this conference is raising awareness on the breastfeeding disparities in Mississippi from a social-ecological perspective, identifying innovative breastfeeding support strategies, and how bringing more awareness to the masses on its importance can be improved through a conference in the Mississippi area. The social-ecological model will be used as a conceptual framework for organizing sessions during the proposed conference. This model provides a very useful theoretical framework for addressing the numerous and varied obstacles for a successful breastfeeding journey. The model suggests that an individual's behavior is integrated in a dynamic network of intrapersonal characteristics, interpersonal processes, institutional factors, community features, and public policy

(Salihu, et. al, 2015). The social-ecological model assumes that interactions between individuals and their environment are reciprocal, which implies that individuals are influenced by their environment and their environment is influenced by them (Salihu, et. al, 2015). This model also assumes that the environment is comprised of several overlapping levels. Many of the barriers encountered at the various levels will be discussed, and their placement within the model will be used to identify potential reasons for these obstacles and identify viable solutions. Taking into account all these level-specific influential factors will help ensure success in improving environmental factors that affect support for breastfeeding mothers in Mississippi.

#### Definition of terms

- Breastfeeding – The activity of feeding a baby or young child milk from the breast of a lactating woman.
- Lactation – The secretion of milk from the mammary gland.
- Postpartum – (of a mother) after giving birth: postnatal
- Antepartum – describing the period before childbirth; antenatal
- Conference/summit – (science) a formalized event where research results and lessons learned are presented, workshops are facilitated, and posters are shared.

Chapter II – Literature Review

## Introduction

Breastfeeding rates in Mississippi are low which could be improved by increasing support and knowledge on the importance of breastfeeding. Breastfeeding decisions and practices are influenced by a wide range of factors, including knowledge, attitudes, beliefs, and sociocultural environments. During pregnancy and even in postpartum, some mothers are not aware of the breastfeeding recommendations and nutritional value of breastmilk, or the recommendation and value associated with exclusively breastfeeding for at least the first 6 months (Jiang, et al., 2012). According to the World Health Organization (2009) “Exclusive breastfeeding means that an infant receives only breast milk, or expressed breastmilk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines” (WHO, n.d.).

## Benefits of Breastfeeding

Breastfeeding is an unquestionable right of mothers and their children, and all efforts should be made to promote, follow and maintain exclusive breastfeeding for at least the first 6 months after a child’s birth. Many publications and studies highlight the qualities of breast milk and its benefits and health repercussions. It is widely known that breastfeeding is an important part of the reproductive process, and that its practice offers multiple benefits for the physical and emotional health of the nursing mother and child (Ciampo, 2018).

## Benefits for Babies

A study found that infants who received breastmilk had a fifth less likelihood than children who were not given breast milk, showed a lower risk of contracting illnesses (Parish, 2008). This can be attributed to an agent found in breastmilk in the early days of breastfeeding. After a mother has breastfed for some time, the presence and concentration of secretory IgA are in low amounts. This agent protects infants and babies from harmful pathogens. Breastmilk produced by a lactating mother is made to meet the specific needs of the child (Bridgman, et al., 2016). The body reacts when

subjected to pathogens present in the body and produces the protective agent tailored to fight foreign bodies, creating antibodies for the infant, depending on whatever the mother has been subjected to (Bridgman, et al., 2016).

Infants fed on synthetic milk such as baby formula may be at greater risk of developing allergic reactions than babies that are fed on breastmilk (Kull, et al., 2002). It is believed that components of breastmilk such as secretory IgA that is only present in breastmilk improve the infant's immunity. This is achieved through the creation of a mucus barrier in an infant's intestines. Without this layer of protection, babies could develop allergic reactions to substances ingested orally causing inflammation and subsequently undigested foods such as protein to enter into the gut which could result in an allergic reaction as well as other complications (Kneepkens & Brand, 2010).

A study revealed that children who were given breastmilk exclusively and over long periods of time presented better brain development and exhibited more intelligence - this after researchers studied infants until the age of 6 and a half years and conducted tests to measure the intelligence of the children. Exclusively breastfed children scored higher in this test than those who were not exclusively breastfed in the same period (Salone, Vann, & Dee, 2013). Experts believe that breastfeeding may affect how developing infants cope with issues relating to body weight in later years. A potential reason for this is that infants who received breastmilk tend to eat until they are satisfied, contributing to better appetite and eating patterns as they mature. Leptin is believed to control and affect appetite and is present in breastmilk, this substance has also been found to regulate fat in the body. Babies fed on formula have been found to gain a substantial amount of weight during their early stages after birth compared to breastfed babies (Spatz, 2012). This is associated with the formula-fed children showing a higher likelihood of being obese as they develop.

It is worth noting that the advantages associated with breastfeeding go beyond nutritional value to the infant (WHO, n.d.). Other than the nutritional value the infant receives in the first 6 months after

birth, breastfeeding protects baby from infections and diseases given it contains active ingredients that fight against disease-causing organisms. This among other benefits is why exclusive breastfeeding is recommended at least for the first 6 months, although any quantities of breastmilk given to an infant are still crucial and very beneficial (Jiang, Li, Yang, Wen, Hunter, He, & Qian, 2012). Benefits that are brought about by breastfeeding are being shared increasingly, and more and more people are advocating for exclusive breastfeeding. A study by Hong Jiang, et. al, (2012) found that breastfeeding reduced the likelihood of premature death and that just breastfeeding an infant after the first few days of being born reduced the risk exposure to mortality by half. This indicates that breast-feeding reduces the infant mortality rate and that babies that receive breast milk have an increased chance of survival.

### Benefits for Mothers

A large number of nursing mothers have said that breastfeeding has a soothing effect and leaves them relaxed (Gribble, et al., 2006). This can be attributed to the fact that breastfeeding causes the release of a hormone known as oxytocin which has been found to trigger feelings of relaxation both in animals and human beings by researchers (Butt, Borgquist, Anagnostaki, Landberg, & Manjer, 2014). Other than the relaxed feeling one gets on the release of the oxytocin in the body, it has also been found that it also aids the uterine walls to contract after birth which helps reduce the risk of postpartum bleeding (Salone, Vann, & Dee, 2013).

Extensive studies have revealed a link between breastfeeding and reduced risk from certain types of cancers (Cordeiro, 2014). Women who breastfeed their babies for longer periods could potentially have reduced risk of developing breast and ovarian cancer (Cordeiro, 2014). Breastfeeding for about a year has shown the greatest reduction in the likelihood of developing cancer in women and has indicated to be a potential means of avoiding cancer (Butt, Borgquist, Anagnostaki, Landberg, & Manjer, 2014). In order to efficiently improve the low rates of breastfeeding, and promote the practice, is through mass education, for example holding conferences (Baby Center, n.d.).

### Factors that affect breastfeeding practices

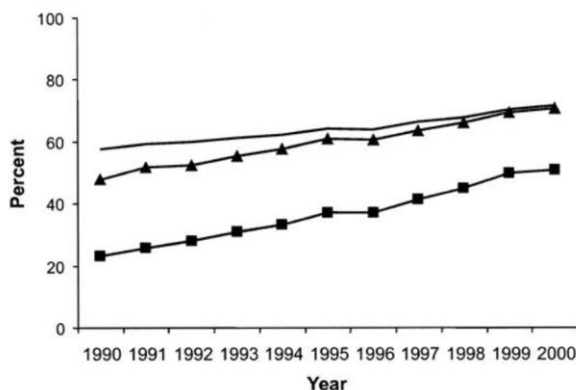
In the United States, most women are aware that breastfeeding is the best source of nutrition for infants, but they seem to lack knowledge about its specific benefits. Unfortunately, education about breastfeeding is not always readily available nor easily understood by mothers. Many rely on books and other written materials as their only source of information and guidance on breastfeeding. However, solely using these sources for gaining knowledge can be ineffective, especially for low-income women, who may have more success relying on role models (Office of the Surgeon General, 2011). The goal is to increase knowledge, skills, and support relative to breastfeeding and positively influence mother's attitudes about it.

### Socio-Demographic Factors

It is well-known that women who are poor, young, unmarried, and were not breastfed themselves are more likely to reach for the formula. Based on data published by the CDC, breastfeeding rates among African American women are significantly lower than all other ethnic groups (CDC). National data shows 45% of African-American women have breastfed compared to 66% and 68% of Hispanic and white women (Bentley, Dee, & Jensen, 2003). Breastfeeding data also shows significant disparities in unmarried mothers, and mothers at the lowest level of poverty (CDC). Mississippi has the highest poverty rates in the US, which research shows has a direct correlation to breastfeeding rates (Zadrozny, 2014). States with the lowest rates of breastfeeding have also had some of the country's lowest median incomes. Generally, as incomes rise, so do breastfeeding rates. Figure 1 shows trends in US breastfeeding initiation rates.



**Figure 1.** Trends in U.S. Breastfeeding Initiation

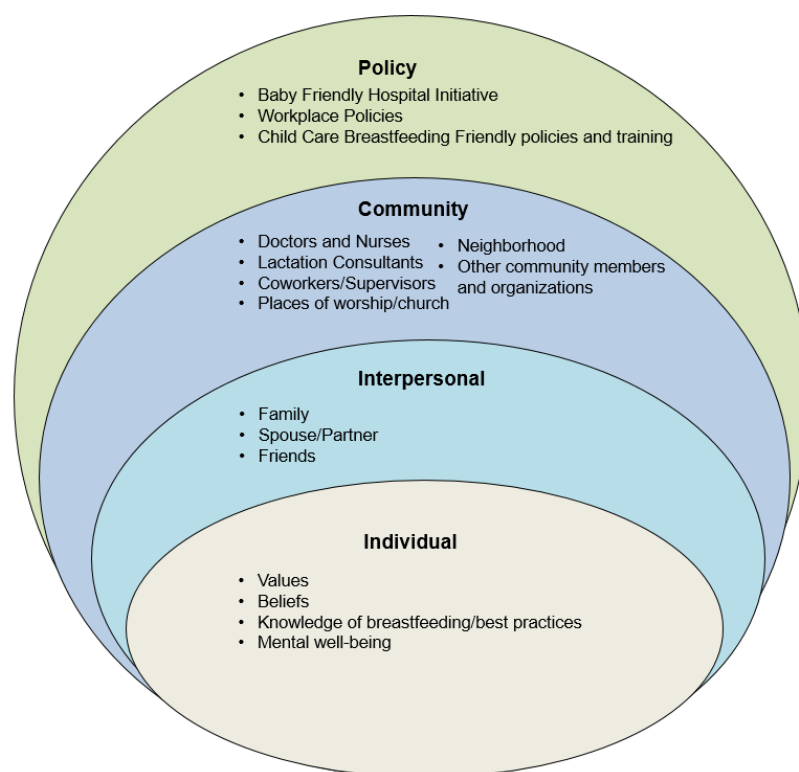


1990–2000. African-American, ■—■; white, —; Latina, ▲—▲. Reprinted from *The Journal of Nutrition*, by M.E. Bentley, D.L. Dee, and J.L. Jensen, *Volume 133, Issue 1, January 2003, Pages 305S-309S*

### **Social-ecological Model as a Framework for Overcoming Barriers and Breastfeeding Challenges in Mississippi**

The decision to breastfeed, and having a successful and positive breastfeeding experience is influenced by many factors, from individual motivations to societal circumstance and existing policies (Behrens, et al., 2017). Therefore, the proposed conference will include sessions that targets levels of the social ecological model. Through the Mississippi Breastfeeding Summit, the aim is to promote breastfeeding strategies that target the Mississippi community at various levels. Figure 2 is a diagram of the social ecological model levels that will be addressed during the summit. Making an impact requires change to all four levels. The social-ecological model takes into account socio-cultural factors, as well as environmental factors, and their linkages to an individual's success with breastfeeding.

**Figure 2.** Breastfeeding Social Ecological Model



Adapted from American College Health Association (2018), Retrieved from [https://www.acha.org/HealthyCampus/HealthyCampus/Ecological\\_Model.aspx](https://www.acha.org/HealthyCampus/HealthyCampus/Ecological_Model.aspx)

### Policy Level

Factors that impact breastfeeding at the Policy level include hospital policies, workplace policies, and childcare facilities policies and training. The policy level is shaped by local, state and federal laws. One barrier that must be addressed at this level includes policies and structures in place within the government that potentially discourage breastfeeding such as WIC and hospitals that distribute free formula. A variety of policy strategies would be needed to create a favorable environment for breastfeeding. (Li, et al., 2004) Following the Mississippi Breastfeeding Summit, the focus of the Breastfeeding Empowerment Taskforce is on policy and structural issues, building capacity and commitment to achieve diversity and inclusion for breastfeeding support in Mississippi, and expanding awareness of opportunities to strategically apply national policy developments at the state level. This will be accomplished by building and strengthening working relationships with health

departments, national, state, and community-level organizations in order to encourage integration of breastfeeding into multiple areas of the public health agenda.

### Community Level

Factors that impact breastfeeding at the Community level include doctors, nurses, lactation consultants, co-workers, supervisors, community members, and places of worship. Features of the community that may influence meeting breastfeeding goals include convenience and acceptance of breastfeeding, local cultural attitudes, the convenience of breastfeeding and accommodations for pumping and nursing in public settings including places of worship, and pumping breaks in the workplace.

Improving breastfeeding rates in Mississippi will require changes surrounding nursing mothers to ensure that their decision to breastfeed does not become a burden. A study that analyzed data from a national public opinion survey conducted in 2001 found that only 43 percent of U.S. adults believed in the right to breastfeed in public (Office of the Surgeon General, 2011). Support in the workplace and common places visited within the community, are key in improving breastfeeding rates. An example is churches; especially for minorities, such as African American women. Having the support of religious leaders and being able to nurse in church and feel comfortable would go a long way in providing encouragement to initiate and continue breastfeeding. Religious and community leaders who serve Mississippi will be invited to attend the summit, learn more about the challenges nursing mothers face while in public places, and ways to help. There will be a session during the summit on improving support. Engagement will continue with follow up work by the Breastfeeding Empowerment Taskforce.

### Interpersonal Level

Factors that impact breastfeeding at the Interpersonal level include family, spouse/partner, friends, and general attitudes toward breastfeeding. Several sociodemographic factors such as maternal age

and household income influence a mother's decision to breastfeeding. Family influence can also have a significant impact. For example, spouses and grandparents not being familiar with the importance of breastfeeding or knowing how to be supportive, could negatively impact a mother's breastfeeding journey, and even discourage it without meaning to (Office of the Surgeon General, 2011). This is also true for the infant's primary caregivers while the mother is away. Grandparents especially, are often looked to as a source of wisdom within a family and having their own beliefs and ideas against breastfeeding could discourage the mother from initiating or meeting their breastfeeding goal (Emmott, et al., 2015). There will be a session during the summit to help grandparents support their breastfeeding grandchild. An objective of the Breastfeeding Empowerment Taskforce will be to reach out to this group and provide programs to educate and support them through focus groups, materials, and toolkits.

### Individual Level

Individuals of various ethnic and racial backgrounds are influenced by cultural views and beliefs. Research indicates several potential reasons for the breastfeeding discrepancy, including unsupportive cultural norms, the misconception that formula feeding is better for baby, lack of partner support, and the absence of maternity leave or other work conditions that make breastfeeding possible.

Every society and culture has its ways of raising children. Due to generational influence, some mothers will follow suit of what their grandmothers and mothers' practices (Maralani & Stabler, 2018). If a mother breastfeeds their child, the child is more likely to do the same.

A working mother's child may not be breastfed as often as that of a stay at home mother. Moreover, breast pumps are costly and the pumped milk needs refrigeration thus it costs more than nursing (Attanasio, Kozhimannil, McGovern, Gjerdingen, & Johnson, 2013). A few barriers breastfeeding mothers face when returning to work include a lack of flexibility for milk expression, lack of accommodations to pump and store breastmilk, and concerns about support from employers and

colleagues. Many additional factors may also impact breastfeeding rates at the individual level, including spousal education and support systems (Wahyutri, Jasmawati, Dharma, & Ratnawati, 2017), delivery type for those who underwent C-sections (Jones, Kogan, Singh, Dee, & Grummer-Strawn, 2011), and total number of children.

Factors that impact breastfeeding at the individual level also include values, beliefs, attitudes, individual knowledge about breastfeeding, and mental well-being. These factors are influenced by the individual's physical and social environments discussed in the interpersonal, community, and policy levels. Fear of embarrassment, not being accepted or having appropriate accommodations while nursing in public, and lack of support at work are substantial barriers. A target population is comprised of minority socio-economically disadvantaged individuals.

Due to its individual and collective importance, the access to breastfeeding protection in Mississippi should receive more attention and support. Lactation and nursing play an important role in maternal recovery from pregnancy and birth, and can impact multiple aspects of maternal health (Ciampo, 2018). Therefore, improving education, support, and programs for breastfeeding at the policy, community, interpersonal, and individual levels could help strengthen the mother's intentions to breastfeed (Ciampo, 2018). It is also the duty of healthcare professionals and the community to identify and present the knowledge, previous experience, and helpful programs from the prenatal period to promote the introduction and maintenance of breastfeeding.

### Chapter III - Methodology

The proposed conference would be most beneficial if hosted in Mississippi. Based on research, there has not been a breastfeeding conference with this approach in the Mississippi area.

### Review of Federal Funding Agencies with breastfeeding support

#### National Institute of Health (NIH)

The National Institute of Health supports breastfeeding and nursing mothers. They have done this through the Nursing Mother's Program which is for employees. The Program provides for aid in the workplace where nursing mothers who are employees of the NIH can ensure the health of themselves and their babies. Through the program, NIH employees also have access to emotional support and overall the aim of the program is to make the return to work less stressful.

(National Institutes of Health, n.d.)

#### Center for Disease Control and Prevention (CDC)

According to the CDC only one in four infants is exclusively breastfed by the age of 6 months as per recommendations. It also indicates that more than three billion a year in medical costs is attributed to low rates of breastfeeding and these costs affect both mother and child across the United States. The CDC promotes the benefits of breastfeeding for both mothers and infants.

The CDC supports and promotes breastfeeding in several ways which include:

- **Collection of Data**

The CDC collects information and data on breastfeeding so that it may learn ways of improving rates in the US through the following;

- Tracking how long infants are breastfed
- Creating reports that indicate how well local governments and health care facilities interact with breastfeeding women.

- **Best practices**

The CDC advocates for best practices by health care professionals and in the medical field through the following actions;

- Supporting Ten Steps to Successful Breastfeeding which is a global standard that promotes breastfeeding in health care facilities.
- Encouraging health care providers such as obstetricians, pediatricians and nurses to educate expectant and new mothers on breastfeeding.

- **Workplace and Community**

The CDC shows its support for breastfeeding women at their workplaces and the communities they live in by;

- Partnering with states to help employers support breastfeeding mothers with stations to pump and store breastmilk, flexible working hours and maternity leave benefits.
- Supporting community-based initiatives such as peer counseling and nutrition programs for breastfeeding mothers.

(Centers for Disease Control and Prevention, n.d.)

### [Grant Announcement](#)

#### **NIH grant for conferences and scientific meetings (R13)**

The NIH grant for conferences and scientific meetings provides funding for grants in both the health and scientific field. Grantees are required to follow application instructions in line with the application guide as well as the program-specific instructions. There are multiple Grant submission options which include submitting through the NIH ASSIST system, an institutional system-to-system (s2s) solution, and Grants.gov workspace. Applicants must meet the eligibility criteria for the grant as mentioned in the announcement, follow the instructions provided writing the grant closely, and ensure that the award budget supports the needs of the proposed conference. The application should



include title of the application project, cover letter, project location, key person profile, budget, research plan, letter of support, resource sharing plan and the human subject information.

The grant proposal is responsive to the criteria in that the project is a breastfeeding conference which is both a conference and a scientific meeting. The scope is to improve the health of infants and mothers by improving breastfeeding rates in Mississippi. Application dates are still eligible since the expiry of the grant is on January 8, 2021. The grant is also eligible because the applicants are in the United States and the conference will be held in Mississippi.

#### Grant review process

The grant proposal was written to meet Emory University thesis requirements; therefore, the information that follows reflects that process.

#### Application process

The grant proposal must be a unique contribution to the field, and research must be authentic. The grant proposal was written using the guidelines and requirements found in the Emory Thesis Manual.

The grant proposal has undergone a peer review. Reviewers received the grant proposal at the end of April 2019 and had four weeks to review. Reviews were conducted individually, and feedback was returned in a Grant Proposal Review Critique form via email. Reviewers received the following instructions and criteria to complete their review.

#### **Grant Proposal Review Critique Instructions**

Please review the proposal information including the attached document to complete the evaluation.

The evaluation is divided into five sections.

- SIGNIFICANCE

- RESEARCH STRATEGY
- INVESTIGATORS
- APPROACH
- BUDGET
- OVERALL SCORE

Provide comments and scores for each section according to the instructions below. Because your evaluation will be included within the principal investigator's final thesis, please include detailed constructive feedback, to assist the PI with the final submission.

### **Scoring**

#### Summary

- The NIH grant application scoring system uses a 9-point scale for both overall impact scores and scores for individual review criteria. For both types of score, ratings are in whole numbers only (no decimal ratings).
- For the overall impact score, 5 is considered an average score.
- For criterion scores, reviewers should consider the strengths and weaknesses within each criterion. For example, a major strength may outweigh many minor and correctable weaknesses.
- The impact score should reflect the reviewer's overall evaluation, not a numerical average of individual criterion scores
- Reviewers should consider the full range of the rating scale and the scoring descriptors in assigning preliminary and final scores
- An application does not need to be strong in all categories to be judged likely to have major impact

### **Reviewer Guidance**

- The table below provides a guide for reviewers in assigning overall impact scores and individual criterion scores.

- Overall impact, for a research project, is the project’s likelihood to have a sustained, powerful influence on the research field(s) involved but may be defined differently for different types of applications.
- Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed
  - As a result, a reviewer may give only moderate scores to some of the review criteria but still give a high overall impact score because the one review criterion critically important to the research is rated highly; or a reviewer could give mostly high criterion ratings but rate the overall impact score lower because the one criterion critically important to the research being proposed is not highly rated.
- An application does not need to be strong in all categories to be judged likely to have major impact, e.g., a project that by its nature is not innovative may be essential to advance a field.
- A score of 5 is a good, medium-impact application.
- The entire scale (1-9) should always be considered.

Overall Impact or Criterion Strength	Score	Descriptor
<b>High</b>	<b>1</b>	<b>Exceptional</b>
	<b>2</b>	<b>Outstanding</b>
	<b>3</b>	<b>Excellent</b>
<b>Medium</b>	<b>4</b>	<b>Very Good</b>
	<b>5</b>	<b>Good</b>
	<b>6</b>	<b>Satisfactory</b>
<b>Low</b>	<b>7</b>	<b>Fair</b>
	<b>8</b>	<b>Marginal</b>
	<b>9</b>	<b>Poor</b>
Other Designations for Final Outcome		
AB	Abstention	
CF	Conflict of Interest	
DF	Deferred	
ND	Not Discussed	
NP	Not Present	
NR	Not Recommended for Further Consideration	

There are no pre-award or post-award processes given the grant proposal was written as part of an Emory University’s grant proposal thesis and will not be submitted for funding.

**Grant Proposal Reviewers****Ebony Holt, MPA**

Ebony Holt began her career in Public Health at the Centers for Disease Control and Prevention (CDC) in 2007 in the National Center for Chronic Disease Prevention and Health Promotion as a Program Operations Assistant. In 2008 she moved to the Procurement and Grants Office as a Grants Management Specialist supporting the PEPFAR initiative. Two years later, she became a certified Grants Management Specialist, and in 2013 she became a Grants Management Officer (GMO) with unlimited signing authority.

Ms. Holt has over 10 years of grants management experience including reviewing grant proposals. She has supported CDC programs such as the PEPFAR initiative (global), H1N1, Hurricane Sandy, Public Health Emergency Preparedness (PHEP), BRFSS, OSTLTS Partners, Wise Woman, Tribal, and Opioid. She has been nominated and has won several awards for her contributions in leadership, innovation, and creativity. Ms. Holt has a bachelor's degree in Mass Communication from Clark Atlanta University, and a Master's in Public Administration from Troy University.

Ms. Holt was selected as a reviewer for this grant proposal thesis for her expertise at the CDC. She brings a unique perspective to the thesis committee given her experience reviewing grant proposals as a GMO.

**Christa Johnson, MBA**

Christa Johnson's work in breastfeeding advocacy stems from her passion for addressing maternal and infant health issues, especially among communities of color. Breastfeeding is a preventative strategy for combating infant mortality and the health disparities that disproportionately affect African American families. She volunteers with Reaching Our Sisters Everywhere (ROSE), a nonprofit corporation developed in 2011 to address breastfeeding inequities and disparities in the African American community. Ms. Johnson reached a Bachelors of Business Administration from

Old Dominion University, and a Masters of Business Administration in International Business and Computer Information Systems from Georgia State University. She has worked in public health at CDC in the National Center for Birth Defects and Developmental Disabilities, and the National Center for Chronic Disease Prevention and Health Promotion in the Division of Reproductive Health which furthered her passion for breastfeeding advocacy.

Ms. Johnson was selected as a reviewer for this grant proposal thesis for her public health experience and advocacy with breastfeeding initiatives. She brings an important perspective on identifying unique approaches to address breastfeeding barriers, especially within the African American community.

#### **Sarah Blake, PhD, MA**

Sarah Blake is the Director of the Master of Public Health and Master of Science in Public Health degree programs at Rollins School of Public Health of Emory University. Dr. Blake is a member of the Cancer Prevention and Control research program at Winship. Dr. Blake earned her MA in Public Policy from the George Washington University, and her PhD in Public Policy from Georgia Institute of Technology and Georgia State University. Dr. Blake's interest is in the areas of adolescent health/child health, cancer prevention, health policy, maternal and child health, and public health preparedness and response.

Dr. Blake was selected as a reviewer for this grant proposal thesis for her interest in maternal and child health, and vast experience and knowledge in the field of Public Health.

#### **Human Subjects**

All Emory thesis grant proposals are exempt from IRB review and do not need to be submitted to Emory IRB. This proposal will not include human subjects.

Chapter IV – Reviewer Comments

**Reviewer 1 comments:**

Comment 1: The significance of the proposal is outstanding. The proposal addresses a serious health disparity that a lot of underprivileged communities face. The potential impact on public health by application of its findings could make great advancements on better health (improvements) for mother and child.

**Response to Comment 1:** Thank you for your review and feedback.

**Comment 2:** The research strategy for this project is very strong. The proposed methods are also very clear and feasible and shows strong signs of the of ability to execute the aims of the overall project.

**Response to Comment 2:** Thank you for your review and feedback.

**Comment 3:** There was no information listed on the PI in the proposal. There were 3 key personnel biographical sketches but none of them had information on the PI. Without this information is unclear if the investigators qualifications are enough to oversee this project. In addition, without the investigator being listed in the proposal it is unclear how much time they are devoting to the project. However, if the investigator was the one to actually write the proposal then they seem to have a good amount of expertise on the research topic. This area is rated low due to some of the information needed to make a fair assessment was not provided.

**Response to Comment 3:** You bring up an excellent point. As the Grant Writing Consultant, Chantelle's information was not included because her role is grant writing only. Chantelle does not have an active role in planning or overseeing the conference. Page 4 in the Key Personnel section of the Grant Proposal to include information on the Grant Writing Consultant. The Principle Investigator will be Robin Stanton. Ms. Stanton's information has been updated on page 4 of the Grant Proposal.

**Comment 4:** Overall the approach is very good, and the summit is well designed and is really displayed well in the proposal. For the most part the conceptual framework is well developed and supported however the key stakeholders in the project includes everyone except who the disparity affects and that is mothers. I believe the project would serve an even better benefit for Mississippi if new mothers/pregnant mothers/soon to be mothers were also invited. This could be implemented by providing a few sessions for them to on one of the sessions or even a separate track for them that would provide the important information and educate the targeted population on what breastfeeding is and its benefits.

**Response to Comment 4:** Thank you for your feedback. I agree that, ultimately, breastfeeding mothers are the target population; however, this conference is intended to bring together healthcare providers, public health educators, employers, lactation specialists, and other breastfeeding advocates that support these mothers to improve the services and support they offer and provide innovative ways to impact the community surrounding breastfeeding mother, making breastfeeding an easier and more convenient experience. The idea is that improving support to these groups will ultimately improve breastfeeding initiation and duration rates in Mississippi. Mothers will actively be part of the next phase following the proposed Summit. This is intended to be a planning and training conference for stakeholders who will help move things forward.

**Comment 5:** It is hard to determine if the budget is appropriate considering an itemized budget was not provided. It is unclear on the number of speaker accommodations will be provided for, what is included in operating expenses and materials and furniture. In addition, food is only proposed at \$1,000. It is hard to determine if this amount is also accurate given we do not know the number of attendees expected or if the conference is expected to last all day or if meals are provided or just light snacks. A few modification recommendations would be to try to work out an agreement with the venue to have them to provide food. The venue price of \$10,000 seems extremely high if they are only providing a room for 2 days. Another modification would be to try to identify what are the costs



associated for operating expenses and other and are they really one in the same? At this time, it cannot be determined if any budget line items could be eliminated or reduced without jeopardizing the project considering an itemized budget was not provided.

**Response to Comment 5:** Good feedback regarding the estimated budget, thank you. An itemized budget was not a requirement for this thesis; however, I agree that the high-level estimates could be more realistic, and some of the items could be clarified to show what is included. The budget table on page 6 of the Grant Proposal has been updated with new estimates. A conference budget estimate from the University of Maryland's School of Business where they planned a conference based on 70 attendees, was used as a guide (University of Maryland, 2011).

**Comment 6:** Overall this is an excellent proposal. The only concern is the linkage to care to the targeted population (pregnant mothers). To make the proposal stronger a recommendation would be to identify ways to link the mothers to care and to provide some type of follow up incentive for mothers who have completed at least 6 months of breastfeeding.

**Response to Comment 6:** Thanks again for your review and feedback. A "Target Audience" to the Grant Proposal on page 4, that discusses the anticipated attendees and focus of the summit. I hope this will clarify why breastfeeding mothers were not included as attendees.

**Reviewer 2 comments:**

**Comment 1:** The goal of this proposal does not specifically further scientific understanding of the breastfeeding disparity within the state of Mississippi. In order to contribute to this area, I would suggest incorporating a scientific follow-on component for the board such as:

- a. The initiation of a 20-year study of Mississippi female residents and their babies. This study would seek to document the health of breastfed babies vs non-breastfed to determine understand the benefits of breastfeeding on health

- b. While it is clear in the proposal that there is a large disparity within the state of Mississippi versus the rest of the country, it is not made clear why this is a significant health problem. The abstract highlights several risks associated with not breastfeeding. However, a more in-depth argument can be made as to why not breastfeeding is a significant health problem. For example, how does Mississippi's rates of adult obesity, breast cancer, and arthritis compare to states with higher breastfeeding rates?
- c. (The potential impact on the public health of Mississippi residents would be greatly benefited by increased breastfeeding rates as a result of the initiative outlined in this proposal. Specifically outlining these impacts as related to (b) would help to strengthen the proposal.

**Response to Comment 1:** Thank you for your review and suggestions. The idea of a follow-on study to take a deeper dive into researching and documenting the health of breastfed babies vs non-breastfed in Mississippi, is a great idea. The study could help highlight the benefits of breastfeeding on health, which could then be used to help better understand and improve breastfeeding rates in Mississippi. I have added information about next steps and initiating a study to the Grant Proposal's Evidence of Impact section on page 13.

**Comment 2:**

(a) The potential benefit for public health of Mississippi's residents is clear.

(b) Very clear

(c) Suitable

(d) Based on the logistics outlined in the proposal, the aims seem clearly attainable.

(e) Strengths – strong details are provided the outline how the summit will be conducted

Weaknesses – The significance of the summit as it relates to the benefits of breastfeeding needs more support

(f) No

**Response to Comment 2:** Thank you for your review and feedback. Regarding the significance, initiating a breastfeeding study in Mississippi as a follow-on to the summit

would support the existing scientific knowledge base, on the benefit of breastfeeding, and would be. This has been added to the Evidence of Impact section on page 13.

**Comment 3:** The PI is committed to increasing the awareness of the benefits of breastfeeding in her personal life and through academic research. The PI has dedicated a significant amount of time in creating various grant proposals and has the experience needs in order to effectively deliver a successful proposal for a summit such as this. The PI has dedicated a significant amount of time in research of this topic and development of this proposal.

**Responses to Comment 3:** Thank you for your review and feedback.

**Comment 4:**

(a) The summit is designed extremely well. The objectives, the marketing strategy, the content of the summit, and the follow-on activities have been plainly stated.

(b) The conceptual framework is well developed and supported

**Response to Comment 4:** Thank you for your review and feedback.

**Comment 5:** No, the budget does not look to be enough.

Recommendations:

- Break out marketing-specific cost under pre-conference expenses
- Increase the food budget
- Consider any materials that will be given to participants during the conference such as name tags, notepads, pens, small thank-you's for participants or speakers (i.e. certificate of appreciations)
- Should the budget include labor of the employees?

**Response to Comment 5:** Great feedback regarding the estimated budget, thank you. An itemized budget was not a requirement for this thesis; however, I agree that the high-level

estimates could be more realistic, and some of the items could be clarified to show what is included. The budget table on page 6 of the Grant Proposal has been updated with new estimates. Each category has been increased and a new section was added to allot for resources to provide hands-on support during the Summit. A conference budget estimate from the University of Maryland's School of Business where they planned a conference based on 70 attendees, was used as a guide (University of Maryland, 2011).

**Comment 6:** Overall, the purpose is constructed soundly and provides a great deal of detail around the logistics of the summit. I would recommend making a stronger argument for why this summit is necessary beyond the breastfeeding disparity in Mississippi. Generally, the topic of breastfeeding is becoming more popular in today's society. Highlighting why breastfeeding is significant as well as identifying how this summit fits into Mississippi's overall prospective on health are crucial to making a convincing argument in support of this proposal.

**Response to Comment 6:** Thank you for your review and feedback.

**Reviewer 3 comments:**

**Comment 1:** Addressing health disparities in breastfeeding is an important topic and one that would merit a conference for public health officials and providers. This proposal does not provide enough justification/explanation for why this should be done in Mississippi. Nor do the applicants explain how the conference will lead to improved outcomes or interventions to reduce health disparities in breastfeeding.

**Response to Comment 1:** Thank you for your review and feedback. The justification for having a breastfeeding conference in Mississippi is to address the dismally low breastfeeding rates. Mississippi breastfeeding statistics are significantly below the average for the United States, which is alarming.

The primary goal of the conference is to promote women's health, especially in breastfeeding, to highlight programs and strategies that will be useful in promoting breastfeeding and help attendees with communicating the importance of breastfeeding.

The long-term objective of this proposal is to develop a Breastfeeding Empowerment Task Force with a sole focus on support the improvement of breastfeeding rates in Mississippi. The task force will work with local authorities and other stakeholders to ensure that there is a conducive environment and attitude in Mississippi for breastfeeding to thrive. The taskforce will help educate others on the importance of breastfeeding and best practices, and promote breastfeeding throughout Mississippi. It will also advocate for changes like breast-feeding breaks by employers and lactation rooms, and work towards ensuring that there is the provision of equipment such as pumps and facilities in public buildings and workplaces across the state. Another goal is to help further scientific understanding of the breastfeeding disparity in Mississippi. A scientific follow-on study to document the health of breastfed babies' vs non-breastfed babies in Mississippi.

**Comment 2:** The applicants do a good job of explaining the layout/conduct of the conference. The conference guide that is presented at the end is very helpful to illustrate sample conference sessions and their objectives. The applicants should provide more details at the beginning about the intended audience for the conference. It is vague as to who exactly will attend and whether abstracts/new submissions will be accepted for this conference.

**Response to Comment 2:** Thank you. A Target Audience section was added to page 5 of the Grant Proposal. Abstracts and new submissions will be accepted for this summit.

**Comment 3:** The proposal describes “key persons” but not a Director or investigator. Is Chantelle Jones the investigator/PI? Her name is on the cover sheet but nowhere in the proposal does she

describe her role. Very strange. Not sure how she is connected to the key persons who will oversee or manage the conference.

**Response to Comment 3:** Great point, thank you. As the Grant Writing Consultant, Chantelle's information was not included because her role is grant writing only. Chantelle does not have an active role in planning or overseeing the conference. Page 4 in the Key Personnel section of the Grant Proposal has been updated. Robin Stanton is the Principle Investigator.

**Comment 4:** Parts of the proposal are well described, particularly at the end. But more info is needed about the purpose, scope, and intended outcomes of the conference. Also, there is some mention of the socio-ecological model as a conceptual framework but it's not clear how this shaped the design of the conference. More input is needed there as well.

**Response to Comment 4:** Thanks for your feedback. This summit will include sessions that target each level of the social ecological model. The decision to breastfeed and a successful and positive breastfeeding experience is influenced by many factors from individual motivations to societal circumstance and existing policies. The four levels that will be addressed during the summit are the policy, community, interpersonal, and individual levels. Making an impact requires change to all levels, and conference sessions are being planned based on will have sessions that targets each of these levels.

**Comment 5:** Budget seems quite low. It's not clear how many participants are expected or if they must pay a registration fee. Why is there a food budget only for \$1,000? The proposal indicates that supplementary funding will be sought...but it's not clear by which organization, etc. Lots more detail is needed here.

**Response to Comment 5:** Thank you for your suggestions. An itemized budget was not a requirement for this thesis; however, I agree that the high-level estimates could be more realistic, and some of the items could be clarified to show what is included. The budget table

on page 6 of the Grant Proposal has been updated with new estimates. Each category has been increased and a new section was added to allot for resources to provide hands-on support during the Summit. A conference budget estimate from the University of Maryland's School of Business where they planned a conference based on 70 attendees, was used as a guide (University of Maryland, 2011). It is anticipated that the registration fee will cover the cost of the conference, therefore, supplemental funding from the Mississippi Breastfeeding Coalition if registration is lower than anticipated.

**Comment 6:** Overall, this proposal lacks important detail about the purpose, scope, and need for such a conference. Also, there is too little information about the expected participants, costs associated with the conference, and eventual outcomes of the conference.

**Response to Comment 6:** Thank you for your review and feedback. I have added more detail throughout the proposal and indicated above to address your concerns about the lack of justification and detail. I hope this helps clarify the need for such a conference in Mississippi and gives the level of detail needed to meet requirements.

Chapter V - Results

Mississippi Breastfeeding Summit

Final Grant Proposal



**Title**

Grant Proposal to fund the Mississippi Breastfeeding Summit and share evidence-based breastfeeding research to improve knowledge and increase breastfeeding duration and exclusivity rates in Mississippi.

**Abstract**

Numerous studies have been conducted on the benefits of breastfeeding and concluded that breastfeeding is healthy for both the mother and baby. Breastfed babies are less likely to contract disease and have lower risks of chronic diseases like obesity when they grow up (AAP, 2012). For mothers, breastfeeding lowers risks of breast cancer, arthritis, and many other illnesses and diseases (Salone, et al., 2013).

Mississippi breastfeeding statistics are significantly worse than the average for the United States. The Center for Disease Control and Prevention's (CDC) breastfeeding scorecard provides data regarding the percentage of children breastfed by age in the United States (US). The 2018 report, which is based on data from 2015, indicates that 83.2% of infants born in 2015 in the US were breastfed from birth (CDC, 2018). Of these, 57.6% were breastfed for six months, and only 24.9% were exclusively breastfed for the first six months (CDC, 2018). In Mississippi, 63.2% of the babies were breastfed from birth, 35.4% were breastfed to the age of 6 months, and only 16.3% were breastfed exclusively. When compared to rates across the US, Mississippi by far has the lowest breastfeeding rates.

The objective of this grant proposal is to hold a planning and training conference that promotes breastfeeding in Mississippi. This will be achieved through sharing of evidence-based breastfeeding data, consultations, and talks by key stakeholders. The primary goal of the conference is to promote breastfeeding initiation and duration, highlight programs and strategies that will be useful in promoting breastfeeding, and help attendees with making a positive impact on breastfeeding culture in Mississippi.

The long-term objective of this proposal is to develop a Breastfeeding Empowerment Task Force with a sole focus on improving breastfeeding rates in Mississippi. The task force will work with local politicians and other stakeholders to ensure that there is a conducive environment and attitude in Mississippi for breastfeeding to thrive. The taskforce will help educate others on the importance of breastfeeding, best practices, and promoting breastfeeding to improve initiate and duration rates throughout Mississippi. It will also advocate for changes like breastfeeding breaks by employers and lactation rooms, and work towards ensuring that there is the provision of equipment such as pumps and facilities in public buildings and workplaces across the state.

**Relevance narrative**

The importance of this grant proposal to Public Health is to promote breastfeeding, the best and most natural way to feed an infant. This will be done by sharing evidence-based research and new ideas and strategies to cultivate change during the proposed conference.

Outcomes of the summit will be gauged by analyzing participant feedback. From evaluations and findings, and through the work of the Breastfeeding Empowerment Taskforce, we anticipate that policies and measures will be formulated to raise awareness and implement support programs for breastfeeding mothers in the Mississippi area. Results from the evaluations will be available after the conference and could be used as a body of knowledge for other researchers.

## Key Personnel

The table below gives a summary of three key personnel who will be resourceful during the preparation and implementation of the conference.

Details	Key Person 1	Key Person 2	Key Person 3	Key Person 4
Prefix	Dr.	Dr.	Mrs.	Mrs.
First name	Jameshya	Tiffani	Robin	Chantelle
Last Name	Ballard	Grant	Stanton	Jones
Position/Title	Board President	Board member	Board President	Grant Writing Consultant
Organization Name	Mississippi Breastfeeding Coalition	Maternal and Child Health (MCH) Nutrition Council	Association of State Public Health Nutritionists	Emory University
Street	805 S Wheatley St., Suite 400B	PO Box 1700	800 NE Oregon Street	201 Dowman Dr
City	Ridgeland	Jackson	Portland	Atlanta
State	Mississippi	Mississippi	Oregon	Georgia
Country	USA	USA	USA	USA
Zip/Postal Code	N/A	39216	97232	30322
Phone Number	601-543-6137	601-206-1559	971-673-0261	404-606-2234
E-Mail	jameshya.thompson@msdh.ms.gov	tiffani.grant@healthyms.com	robin.w.stanton@state.or.us	chantelle.lucena.jones@emory.edu
Professional Title	Public Health Officer	Nutritionist Department of Nutrition, Physical activity, & obesity.	Nutrition Consultant	Grant Writing Specialist

**Key person 1: Jameshya Thompson Ballard, PhD, RD, CLC**

Jameshya Ballard is the current president of the board of Mississippi Breastfeeding Coalition. The coalition was formed with the primary aim of creating more awareness on the need for breastfeeding in the state of Mississippi, where breastfeeding rates have remained much lower than other US states. Dr. Ballard is also the Deputy Director at the Mississippi State Department of Health. It is from this role that she has learned to appreciate breastfeeding as a key aspect of good public health. Dr. Ballard is also a member of the Maternal and Child Health (MCH) Nutrition Council which is a sub-section of the Association of State Public Health Nutritionists (ASPHN). MCH advocates for proper nutrition for mothers and children and emphasize the importance of breastfeeding for both children and mothers. Based on the experiences gained from these roles, Dr. Ballard will be very resourceful in the preparation and implementation of the proposed conference as planning committee co-chair and summit presenter.

**Key person 2: Tiffani Grant, MS, RD, LD**

Tiffani Grant is also a member of the Mississippi Maternal and Child Health (MCH) Nutrition Council. As mentioned, this council focuses on the nutritional needs and health of mothers. Grant has been an active member of MCH and has participated in numerous nutritional projects and campaigns. She is also a Bureau director at the Mississippi State Department of Health-division of Nutrition, Physical Activity, & Obesity. Given Tiffani is from the State of Mississippi; she possesses first-hand experiences with the breastfeeding culture there which will be helpful for implementing the proposed conference. Given her experience within the state of Mississippi and with breastfeeding, she will be a valuable asset to planning the conference as a planning committee co-chair and summit presenter.

**Key person 3: Robin Stanton**

Robin Stanton is the board President of the Association of State Public Health Nutritionists (ASPHN). As the board president, she oversees a number of initiatives regarding public health and nutrition. Robin Stanton was among the pioneers of the “Supporting Breastfeeding in the Workplace” campaign which was

aimed at ensuring that employers become accommodative to mothers with young children who breastfeed. Stanton is a Nutrition Consultant by profession and works for Oregon's Center for Prevention and Health Promotion. While Mrs. Stanton does not work in the Mississippi area, her experience as a breastfeeding advocate and supporting breastfeeding initiatives in the workplace, make Mrs. Stanton a great resource as a planning committee member and summit presenter for the preparation and implementation of the proposed conference. Robin will be the Principle Investigator for this summit. She can offer much-needed guidance and technical know-how on preparing sessions that speak to advocating for and cultivating change in the breastfeeding community.

**Key person 4: Chantelle Jones**

Chantelle Jones is the Grant Writing Consultant for this proposal. Mrs. Jones is a student in Emory University's Executive Master of Public Health Program, and a breastfeeding advocate. Grant Writing Consultant is involved for writing grant services only. Mrs. Jones will not have an active role in planning or overseeing the conference.

**Other Key Personnel**

Polly Patrick, IBCLC, Mississippi Breastfeeding Coalition Board Vice President

Christina Glick, MD, MA, Mississippi Lactation Services Founder

Megan Glenn, Mississippi Lactation Services Consultant

Cheryl Lloyd, RN, IBCLC, Mississippi Breastfeeding Coalition Board Member

Amy Winter, MPH, RD Mississippi Breastfeeding Coalition Board Member

Lyndsay Wright, MPH, RD, Mississippi Breastfeeding Coalition Board Member

Alan R. Rudnick, MDiv, Senior pastor of the First Baptist church of Ballston Spa, New York

**Target Audience**

This conference is intended to bring together healthcare providers, public health educators, employers, lactation specialists, and breastfeeding advocates that support mothers who are considering or have started breastfeeding in the Mississippi area. This audience is targeted to improve the services and support offered to mothers, and provide innovative ways to impact the community surrounding them by making breastfeeding an easier and more convenient experience. The idea is that reaching those who have the potential to facilitate breastfeeding access and support, will ultimately have a positive impact on improving breastfeeding initiation and duration rates in Mississippi. Abstracts and new submissions will be accepted for this conference.

### **Conference Plan**

#### **Facilities and other Resources**

##### **Conference Venue: Hilton Jackson**

- Provides a 30,000 square feet of flexible meeting space, 17 meeting rooms with 2 amphitheater rooms, and 4 Penthouse Executive Board Rooms. The conference room has on-site audio-visual service available 24-hours, flexible podium, computers, whiteboard, chairs, and Business Center.
- 21600 Sq. Ft. Exhibit Space
- 276 Guest Rooms

##### **Equipment:**

- Approximately 20 computers that are operational and efficient. The computers are connected to the internet
- Apple Mac mini desktop computers
- Apple MacBook Pro laptop

##### **Office:**

- 100 square feet office space
- The office is spacious allowing a conducive working environment. It contains a table, office chair, a computer connected to the internet, and a sofa set for guest among other staff.

##### **Library:**

- Rowland Medical Library situated at the University of Mississippi Medical Center (UMMC) provide scholarly materials.

**Other:**

- Other facilities include health care facilities, auditoriums, and lactating rooms all available within the vicinity.

**Hotel Equipment Available for use with booking**

- HP LaserJet 1160 printers (3)
- Roland Cube Street EX public address system (4)
- Epson EX7240 Pro WXGA 3LCD Projector (4)

**Marketing Strategy**

In order for the conference to be effective, people must attend and participate. To achieve this, a good communication and marketing strategy is needed. In this heavily connected and digitized world, social media has proven to be an effective mobilizer and this method, among other strategies, is what we will employ to get the word out about the conference. This include:

- Using sponsored ads on various social media platforms
- Use of local radio stations to mobilize the public to attend the conference
- Reaching out to and working with pro-breast-feeding influencers who have clout in the community to publicize the conference
- Taking part in TV interviews and shows to help create awareness on the conference

**BUDGET**

<b>Budget period</b>	<b>Start Date:</b> October 2019	<b>End Date:</b> November 2020
Anticipated number of attendees: 100	Registration Fee: \$500	
<b>ITEM</b>	<b>COST</b>	
<b>PRE-CONFERENCE EXPENSES</b>		
Travel/Accommodation for Speakers and Planning Committee	\$13,000	
Materials/Marketing/Ads	\$8,500	
Other supplies and services	\$5,000	
<b>Subtotal I</b>	<b>\$26,500</b>	
<b>CONFERENCE EXPENSES</b>		
Food and non-alcoholic beverages Day 1 and Day 2 lunch Snacks drinks throughout	\$10,500	
On-site staff to provide hands-on support throughout 2-day Conference	\$6,000	
Rental of venue	\$6,000	
<b>Subtotal II</b>	<b>\$22,500</b>	
<b>POST CONFERENCE EXPENSES</b>		
Preparation and distribution of conference report	\$1,000	
<b>Subtotal III</b>	<b>\$1,000</b>	
<b>GRAND TOTAL</b>	<b>\$50,000</b>	



### **Specific Aims**

Our objective is to host the Mississippi Breastfeeding Summit, in which research findings and evidence-based information and tools are summarized, communicated and used by individuals who have the capability to use the information being shared to improve breastfeeding adoption and continuation. The Mississippi Breastfeeding Coalition will sponsor the conference and provide staffing to help coordinate the summit, and collect and analyze evaluation forms after each educational session.

Our goal is to promote core breastfeeding research and dissemination and implementation activities by providing an opportunity for key stakeholders to network and develop partnerships that will help improve capacity building in Mississippi. Culturally-mediated behavior, adoptions, and change follow a social ecological model. This model targets the individual, interpersonal, community, and policy levels (reference); therefore, the summit will include sessions that target all of these factors. This will be a dissemination and implementation conference for the state of Mississippi and the target audience will include healthcare providers, public health and breastfeeding educators, employers, lactation specialists, and other breastfeeding advocates.

The specific aims of our proposal are to:

**Aim 1:** Improve participant knowledge of new evidence-based breastfeeding approaches, and provide an in-person forum for the sharing and exploration of best practices and lessons learned to enhance impact of collaborative work and implement the strategies of The Surgeon General's Call to Action to Support Breastfeeding, in Mississippi.

**Approach:** Presenting to attendees on new ways to improve breastfeeding in Mississippi. This includes sessions on strategies for introducing breastfeeding within the community, improving media messaging around breastfeeding, and how to target interventions and training for the most at risk populations in Mississippi.

**Aim 2:** Disseminate knowledge on available tools to help educate others.

**Approach:** Workshops designed to help participants with material development and communicating the importance of leveraging media messaging to expand reach. Workshops will also include sessions that cover the importance of establishing breastfeeding/nursing rooms and policies in public places including the workplace and places of worship.

**Aim 3:** Establish the Breastfeeding Empowerment Task Force to build capacity and commitment to achieve diversity, equity, and inclusion in breastfeeding support in Mississippi. Expand awareness of opportunities to strategically apply national policy developments to the state level by building and strengthening working relationships with health departments and national, state, and community-level organizations, in order to encourage integration of breastfeeding into other areas of the public health agenda.

**Approach:** This task force will focus on improving breastfeeding in Mississippi through identifying and delivering innovative approaches and programs beyond the summit. This Task Force will partner with and be overseen by the Mississippi Breastfeeding Coalition. There will be a session during the summit to discuss goals of the task force and an opportunity for attendees to sign up to participate. The Breastfeeding Empowerment Task Force will collaborate with local government, community groups, and other interested stakeholders to come up with organized and structured programs to ensure community members, employers, and families are continuously educated on the benefits and importance of breastfeeding, as well as work towards policy adoptions that support breastfeeding in Mississippi such as breastfeeding rooms and work breaks.

**Aim 4:** Evaluate attendee knowledge on strategies to improve breastfeeding before and after the summit, and use feedback to report on the summit's success.

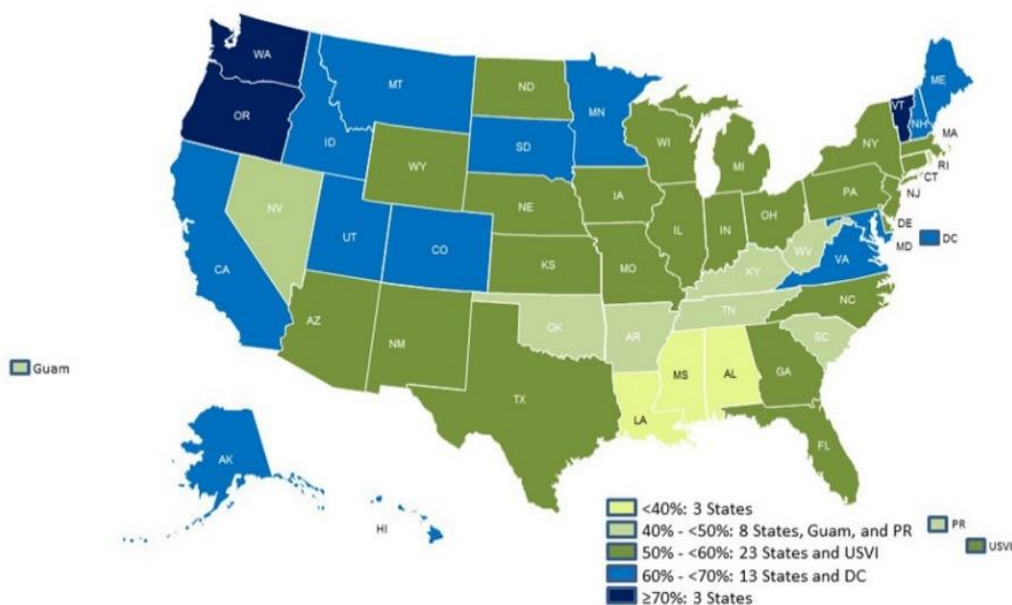
**Approach:** To ensure training sessions are successful and learning occurs, participants will complete acknowledge assessment before and after each session at the summit. The evaluation will cover competencies from many of the educational sessions.

## Research Strategy (Conference Plan)

### Significance

The American Academy of Pediatrics recommends exclusive breastfeeding through 6 months postpartum and continued breastfeeding until the infant is 12 months (AAP, 2012). Despite research and recommendations proving the many health benefits of breastfeeding for infants, children, and mothers, and guidance to exclusively breastfeed for the first 6 months, less than 50% of infants in the United States were exclusively breastfed the first 3 months, and around 25% through the first 6 months. Mississippi has the worst US breastfeeding rates in all categories (CDC, 2018). Rates of breastfeeding in Mississippi are dismally low. Mississippi has a breastfeeding initiation rate of 63.2% of children breastfed after birth and a rate of 35.4% of children that are breastfed to the age of 6 months (CDC, 2018). This is much lower than all other states in the United States. Figure 1 shows infant breastfeeding rates at 6 months. Mississippi falls in the bottom percentage compared to the rest of the country with less than 40% of infants being breastfed at 6 months.

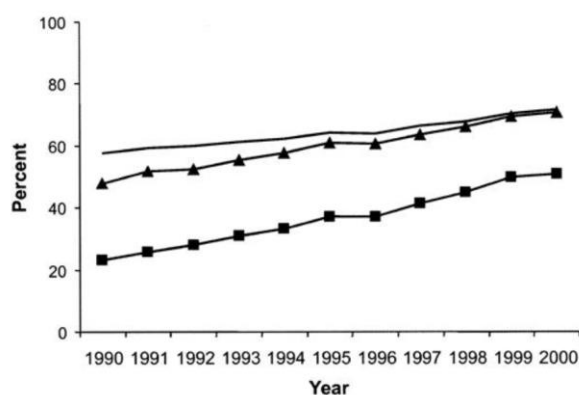
**Figure 3.** Percentage of Infants Breastfed at 6 Months



Reprinted from the CDC 2018, Retrieved from <https://www.cdc.gov/breastfeeding/data/facts.html>

There are a number of factors which contribute to these low rates. It is well-known that women who are poor, young, unmarried, and were not breastfed themselves are more likely to reach for the formula (Zadrozny, 2014). Based on data published by the CDC, breastfeeding rates among African-American women is significantly lower rate than all other ethnic groups (CDC). National data shows 45% of African-American women ever breastfeeding compared to 66% and 68% of Hispanic and white women (Bentley, Dee, & Jensen, 2003). Breastfeeding data also shows significant disparities in unmarried mothers, and mothers at the lowest level of poverty (CDC). Mississippi has the highest poverty rates in the US, which research shows has a direct correlation to difficulty with latching, and pressure from family not to breastfeed which have an impact on success with breastfeeding (Zadrozny, 2014). States with the lowest rates of breastfeeding have also had some of the country's lowest median incomes. Generally, as incomes rise, so do breastfeeding rates.

**Figure 1.** Trends in U.S. Breastfeeding Initiation



1990–2000. African-American, ■—■; white, —▲—▲. Reprinted from *The Journal of Nutrition*, by M.E. Bentley, D.L. Dee, and J.L. Jensen, *Volume 133, Issue 1, January 2003*,

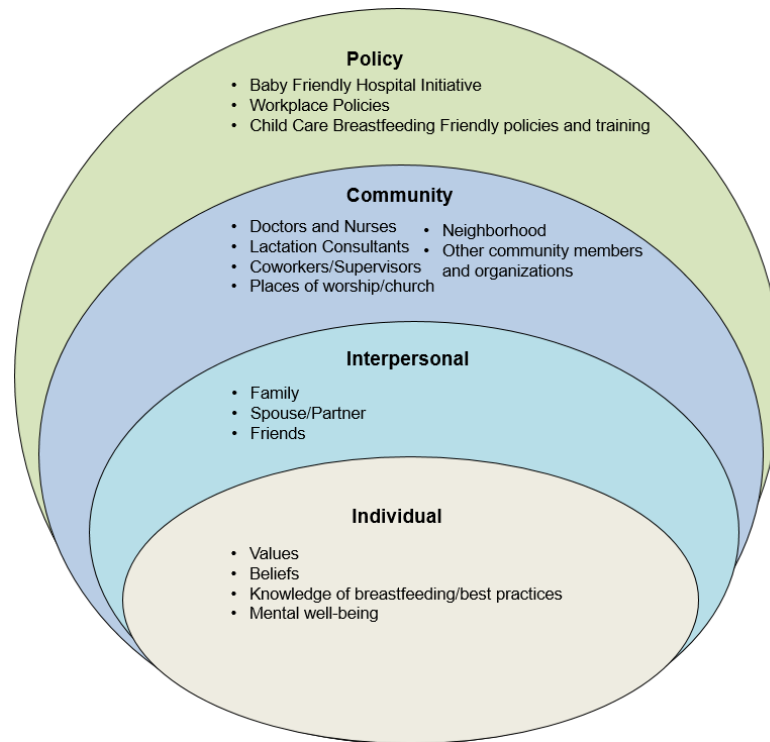
*Pages 305S-309S*

The significance of this summit is to raise awareness of important initiatives and innovations in breastfeeding, and how this information can be used to support the breastfeeding culture in Mississippi, and address disparities and solutions to these disparities. Secondly, gauging the outcomes of the summit through analyzing participant feedback in evaluations, policies and measures will hopefully be formulated to raise awareness to support more breastfeeding initiatives in the state of Mississippi. We anticipate the findings will avail a body of knowledge, which will be used to create interventions and initiatives to help mothers breastfeed. This data can also be used to help dispel current myths that have a negative impact on a mother's decision to initiate or continue their breastfeeding journey.

### **Innovation**

While following a standard conference format, this summit will be guided by the social ecological model (Behrens, et al., 2017) in order to more successfully address barriers to breastfeeding in Mississippi. The decision to breastfeed and a successful and positive breastfeeding experience is influenced by many factors from individual motivations to societal circumstance and existing policies (Behrens, et al., 2017). Therefore, this conference will include sessions that targets each level of the social ecological model. Through the Mississippi Breastfeeding Summit, this project aims to promote breastfeeding strategies that target the Mississippi community at various levels. Figure 3 is a diagram of the social ecological model which shows the levels that will be addressed during the summit. Making an impact requires change to all levels.

**Figure 2.** Breastfeeding Social Ecological Model



Adapted from American College Health Association (2018), Retrieved from [https://www.acha.org/HealthyCampus/HealthyCampus/Ecological\\_Model.aspx](https://www.acha.org/HealthyCampus/HealthyCampus/Ecological_Model.aspx)

The target audience for this summit is providers, educators, breastfeeding consultants and advocates, and lactation specialists attending in a professional capacity. Common problems and best practices will be discussed and shared. Through collaboration and development of the Breastfeeding Empowerment Task Force during the summit, we also seek to engage employers and policy makers to identify alternative solutions for working mothers such as breast pumps and storage facilities at the workplace. Another goal is to work with local employers to educate them on the benefits of breastfeeding and challenges nursing mothers face when returning to work, and coming up with special programs that support women working near their home to allow flexibility for breastfeeding (Natural Breastfeeding, n.d.).

**Approach: conference plan****Focus**

The approach will be to convene a singular event with a focus on the enhancement of breastfeeding coalitions in Mississippi to implement The Surgeon General's Call to Action to Support Breastfeeding through policy and practice change, with an emphasis on racial equity and community engagement. Sessions at the Mississippi Breastfeeding Summit will focus on bringing breastfeeding strategies into the community, developing breastfeeding interventions, creating targeted media messaging, developing breastfeeding toolkits and aids, and looking at new ways to increase breastfeeding state-wide.

**Format**

We are requesting a project period of 1 year to prepare for and execute the Mississippi Breastfeeding Summit, sponsored by the Mississippi Breastfeeding Coalition. See the timeline below for our proposed activities.

**Major Activities**

1. Monthly Mississippi Breastfeeding Summit planning committee teleconferences
2. Two Mississippi Breastfeeding Summit planning committee meetings in Jackson, Mississippi
3. Two day-long Mississippi Breastfeeding Summit in Jackson, Mississippi

**Figure 4. Timeline**

Planning Timeline															
Activity	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Secure Summit Web Address and Publish Webpage			x												
Monthly Planning Committee Teleconferences	x	x	x	x		x	x	x	x	x	x	x			
Planning Committee in-person Meetings							x						x	x	
Design Marketing Materials		x	x	x	x	x	x								
Distribute Marketing Materials				x			x		x		x		x		
Mail flyers				x				x				x			
Hire Conference Planner		x													
Confirm Speakers and Volunteers				x	x	x									
Conference														x	
Evaluate Outcomes														x	
Publish Outcome of Evaluations on Summit Website															x

This summit will be open to healthcare providers, educators, employers, lactation specialists, and other breastfeeding advocates, with the aim of bringing the various groups that can make an impact together to learn about and discuss new approaches that could improve the breastfeeding culture in Mississippi.

The format of the Mississippi Breastfeeding Summit will include emerging areas of interest, and research related to breastfeeding intervention through plenary sessions; educational workshops; exposure to key players that have an impact on breastfeeding in Mississippi; a period of discussion following each presentation; and networking time. This format allows participants the opportunity for two-way learning with providers, employers, and policymakers, as we contact with other breastfeeding advocates; for learning and having an impact on how other groups translate new information into action; and asking.

Our two-day summit will be held in the Summer of 2020, with one of the two Mississippi Breastfeeding Summit planning committee meeting held the week before. Both will be held in Jackson, Mississippi. The infrastructure provided by Hilton Jackson provides 30,000 square feet of flexible meeting space, 17 meeting rooms with 2 amphitheater rooms, and 4 Penthouse Executive Board Rooms is the perfect venue to support the proposed summit and meetings. We anticipate that 100 participants will attend the summit.

For priority populations, we commit to doing all we can to ensure the representation of women and minorities as speakers, attendees and planning committee members at our summit so that topics of interest and concerns to these priority populations are covered. To ensure this, we will recruit within the community of these populations and give priority consideration to these populations when selecting conference speakers and volunteers. A lactation room will be available.

One of our top priorities is to collect and synthesize evaluation data following each group session in order to improve the success and impact of future conferences. The planning committee will meet once each conference day to discuss any immediate issues or concerns that need to be addressed. The committee will meet and debrief after the conference and discuss recommendations for future conferences as a result of any feedback received and document lessons learned.

### **Summit Planning Committee**

We rely on the counsel and assistance of our summit planning committee for planning the Mississippi Breastfeeding Summit. Members of this group have volunteered to provide their expertise to the planning of the proposed summit and workshop, and to serve as speakers when appropriate. Members of the planning committee will be:



Jameshyia Ballard (Co-Chair), PhD, RD, CLC, Mississippi Breastfeeding Coalition Board President

Tiffani Grant (Co-Chair), MS, RD, LD Maternal and Child Health (MCH) Nutrition Council Director

Robin Stanton, Oregon Association of State Public Health Nutritionists Board President

Polly Patrick, IBCLC, Mississippi Breastfeeding Coalition Board Vice President

Christina Glick, MD, MA, Mississippi Lactation Services Founder

Megan Glenn, Mississippi Lactation Services Consultant

Cheryl Lloyd, RN, IBCLC, Mississippi Breastfeeding Coalition Board Member

Amy Winter, MPH, RD Mississippi Breastfeeding Coalition Board Member

Lyndsay Wright, MPH, RD, Mississippi Breastfeeding Coalition Board Member

The summit planning committee will provide overall direction, policy, program development and guides for planning the summit. They will also identify a conference planner and facilitator. The planning committee conducts business by bi-weekly teleconferences, email and other means. Meeting attendees will discuss the operational matters of the summit including workshop planning, policy changes that should be mentioned during the summit, funding, proposed partnerships, and strategies for strengthening and sustaining the proposed Breastfeeding Empowerment Taskforce. In addition, the planning committee will meet twice in-person for planning purposes before the summit.

### **Details about proposed Summit**

The summit is designed to address Specific Aims 1-4, providing an opportunity to network, establish partnerships, network, educate, provide a platform for communication and consultation, and increase awareness of breastfeeding challenges in Mississippi and innovations in breastfeeding improvements and improvement strategies.

One of the primary aims for this summit is to establish a Breastfeeding Empowerment Task Force. This task force will help build capacity and commitment to achieve diversity, equity, and inclusion in breastfeeding support in Mississippi. Another goal of the task force is to strategically apply national policy developments at the state level by building and strengthening working relationships with health departments and national, state, and community-level organizations. Expanding awareness of opportunities will encourage integration of breastfeeding into other areas of the public health agenda. This taskforce will focus on improving breastfeeding in Mississippi through identifying and delivering innovative approaches and programs beyond the Summit. They will partner with, and be overseen by, the Mississippi Breastfeeding Coalition. There will be a session during the Summit to discuss goals and an opportunity for attendees to sign up to participate. The Breastfeeding Empowerment Task Force will liaise with local government, community groups, and other interested parties to come up with organized and structured programs to ensure community members, employers, and families are continuously educated on the benefits and importance of breastfeeding, as well as work towards policy adoptions that support breastfeeding in Mississippi such as establishing more breastfeeding rooms and work breaks. During the Task Force session, a list of volunteers, notes, action items, and next steps for the Task Force will be documented by a member of the Mississippi Breastfeeding Coalition.

### **Logistical arrangements**

Co-sponsorship will be sought from the Mississippi Breastfeeding Coalition for any unmet budget needs not in the budget proposed in this application. For example, a conference planner and facilitator to execute the planning committee's vision. Co-funding will be sought from Mississippi Breastfeeding Coalition, Lactation service groups across the US, and others to help support summit costs.

Speakers for the summit will be selected based on a number of considerations. Our goal is to have meaningful sessions that will increase participant knowledge overall, networking and collaboration opportunities, and learn and debate new breastfeeding strategies. We want to select speakers who can share new ideas and fresh directions to help improve the breastfeeding rates in Mississippi.

### **Publicizing the conference**

Details will be publicly announced on the summit website and the Mississippi Breastfeeding Coalition website. Both websites will not only house information about the summit, but will also allow participants to register and print summit materials in advance. Social media such as Twitter, Facebook, and Lanyard (a conference directory tool) will also be used to publicize the summit, and flyers will be designed and mailed to members and advocates registered with breastfeeding organizations across the United States, to receive the latest news.

### **Evaluation**

Evaluations will be managed by the planning committee who will use evaluation material from previous Mississippi Breastfeeding Coalition meetings and conferences as a starting point in considering the summit agenda and session content. They will also help the planning committee identify presenters and conference material. Before and after each group session during the summit, a formal written evaluation will be distributed and collected using a Likert scale. The planning committee will summarize the results and disseminate to key stakeholders. Participant evaluations will be our indicator of the knowledge and experience gained at the summit.

### **Dissemination**

The summit materials will have the potential to inform future initiatives, policy, training breastfeeding practices, and enhance collaborative relations in the breastfeeding community in

Mississippi. Summit material will be used and disseminated among summit participants in the following ways:

- Posted to the Mississippi Breastfeeding Coalition and the Mississippi Breastfeeding Summit website.
- Links to reports will be regularly posted to the summit social media platforms (Facebook and Twitter)
- Slidecasts of presentations from the summit will be posted to the website and made available via flash throughout the summit. This way, participants who missed sessions are able to get the audio and content.

Additionally, a detailed strategy for dissemination will be discussed and developed during planning committee meetings and will include plans for publicizing the conference and disseminating summit material.

### **Evidence of impact**

The Mississippi Breastfeeding Summit will follow a standard conference format with a combination of group sessions and concurrent peer sharing panels. Conferences are a time to collaborate with industry peers and to discover knowledge and resources that can help make a difference in achieve personal and professional goals. To help further scientific understanding of the breastfeeding disparity in the state of Mississippi, a scientific follow-on study to document the health of breastfed babies' vs non-breastfed babies in Mississippi, to better understand the benefits of breastfeeding on health.

### **Conclusions**

The Mississippi Breastfeeding Summit is an opportunity for global leaders in breastfeeding to come together to share their knowledge and resources with Mississippi to help improve breastfeeding

rates. Using the social ecological model, providers, educators, breastfeeding consultants and advocates, and lactation specialists attending the summit will have the opportunity to participate in sessions that address factors on all of these levels.

### **Proposed Preliminary Program Schedule**

#### **Learn, Connect, & Act at the Mississippi Breastfeeding Summit!**

The conference learning days have been designed to include:

- Full group learning sessions led by trainers
- Breakout Panel sessions for peer sharing
- Table Topics peer sharing
- Poster Sessions

The Mississippi Breastfeeding Summit will offer several networking opportunities, including:

- Establish Breastfeeding Empowerment Task Force
- Special Interest Meetings
- Story Sharing / Open Mic Night

#### **Summit Objectives**

- Develop leaders in building and the formation and management of breastfeeding support collaborations and partnerships.
- Provide an in-person forum for sharing and exploring best practices and lessons learned to enhance impact of collaborative work to implement the strategies of The Surgeon General's Call to Action to Support Breastfeeding.
- Build capacity and commitment to achieve diversity, equity, and inclusion in breastfeeding support

- Expand collective awareness of opportunities to strategically apply national policy developments to level by building and strengthening working relationships with health departments and national, state, or community-level organizations, in order to encourage integration of breastfeeding into other areas of the public health agenda.

Session Name	Competencies	Level Social Ecological Model	Target Population	Potential Speakers & Titles
<b>Group Sessions</b>				
Breastfeeding Initiative: Reducing breastfeeding disparities in Mississippi	Breastfeeding disparities in Mississippi and how to reduce them	Interpersonal	All attendees	Jameshya Ballard, PhD, RD, CLC (Co-Chair); Board President, Mississippi Breastfeeding Coalition
When Knowledge isn't Power: Developing a Transformative Breastfeeding Curriculum Offering Access and Equity for African American Families	Curriculum and marketing strategies to expand reach of breastfeeding messaging	Community	All attendees	Robin Stanton, MA, RDN; Board President, Oregon Association of State Public Health Nutritionists
Build "Communities Supporting Breastfeeding" in Mississippi	Learn about "Communities Supporting Breastfeeding" and how this can be implemented in Mississippi  A designation recognizing communities that provide multifaceted breastfeeding support across several sectors: businesses, employers, hospitals, child care providers and peer support.	Community	All attendees	Brenda Bandy; Board Member, Kansas Breastfeeding Coalition, Inc.

Mississippi Communities and Hospitals Advancing Maternity Care Practices (CHAMPS)	Lessons learned from Mississippi CHAMPS program and future partnership opportunities	Community	All attendees	Anne Merewood, PhD, MPH; Director, Center for Health Equity, Education, & Research (CHEER)
Empowering WIC Breastfeeding Peer Counselors to Tell Their Stories on Capitol Hill	How WIC counselors stories can make an impact on breastfeeding policies on Capitol Hill and across the nation	Policy	All attendees	Christina Glick, MD, MA; Founder, Mississippi Lactation Services
Guidelines for Addressing Breastfeeding in the Ministry	Addressing church modesty and outlining steps to normalize and encouraging breastfeeding in church	Community	All attendees	Alan R. Rudnick, MDiv; Senior pastor of the First Baptist church of Ballston Spa, New York
Tips to Help Grandparents Support their Breastfeeding Grandchild	Learn breastfeeding basics and ways to help the mother prepare to breastfeed and offer advice and encouragement at every stage.	Interpersonal	All attendees	Robin Stanton, MA, RDN; Board President, Oregon Association of State Public Health Nutritionists
<b>Peer Sharing Panels: Concurrent Sessions</b>				
<b>Concurrent Session A: Addressing Barriers to Access and Partnerships to Advance Equity</b>				
Tailoring Nursing Interventions Based on Social Determinants and Demographic Factors	Social Determinants and Demographic in nursing interventions	Community	Providers	Anne Merewood, PhD, MPH; Director, Center for Health Equity, Education, & Research (CHEER)
Voices of Urban Mothers: Peer Counselors and Telephone & Text Support for Breastfeeding in the Early Months	Using phone and text for breastfeeding support in the early months	Interpersonal	Educators, breastfeeding consultants and advocates, and lactation specialists	Tiffani Grant, MS, RD, LD; Director Maternal and Child Health (MCH)

				Nutrition Council
Better Together: Leveraging Our Collective Strength and Diversity to Support Equitable Infant Feeding	Explore collective strengths within the community to support breastfeeding	Community	All attendees	Amy Winter, MPH, RD Mississippi Breastfeeding Coalition Board Member
<b>Concurrent Session B: Breastfeeding Support Across Community Contexts</b>				
Facilitating Breastfeeding in Incarcerated Women	Explore breastfeeding support for incarcerated women	Community	Educators, breastfeeding consultants and advocates, and lactation specialists	Jameshyia Ballard, PhD, RD, CLC (Co-Chair); Board President, Mississippi Breastfeeding Coalition
Breastfeeding as a Prevention Tool in Addressing Diseases of Poverty	Using breastfeeding as a tool to prevent and treat diseases that affect lower income residents in Mississippi	Community	All attendees	Lyndsay Wright, MPH, RD; Board Member, Mississippi Breastfeeding Coalition
School District Successes: Supporting Breastfeeding Staff & Students in Mississippi	Successes efforts implemented to support breastfeeding in schools	Policy	Educators, breastfeeding consultants and advocates, and lactation specialists	Christina Glick, MD, MA, Mississippi Lactation Services Founder
National Medical Association Breastfeeding Alliance Approach to Addressing Health Disparities in Breastfeeding in African American Women	Unique approach to addressing health disparities in breastfeeding for Africa American women	Policy	Providers	Kimberly R. Looney, M.D., FACOG Meharry Medical College
<b>Concurrent Session C: Harnessing Voices for Policy Change and Community-Based Strategies</b>				
Paid Parental Leave: An Opportunity to Advance Equity in Breastfeeding, Health Outcomes, and Economic Security	Explore opportunities to advance breastfeeding outcomes and economic security in Mississippi through expanding paid parental leave	Policy	All attendees	Michal A.Young, M.D., F.A.A.P.; Associate Professor and Chairman Medical Director, B.L.E.S.S.



				Department of Pediatrics and Child Health Howard University College of Medicine
Workplace Breastfeeding Protections: Mississippi Could Be Next	Ways to protecting workplace breastfeeding in Mississippi	Policy	All attendees	Christina Glick, MD, MA, Mississippi Lactation Services Founder
Minority Maternal Mental Health: Why It Matters and How it Impact Breastfeeding	How maternal mental health in minorities plays a role in breastfeeding	Individual	Educators, breastfeeding consultants and advocates, and lactation specialists	Mrs. Terri Chambers; Certified Nurse Midwife, Department of Obstetrics & Gynecology Morehouse School of Medicine
Reinventing the Community Baby Shower	Explore the importance and benefits of the Community Baby Shower	Community	All attendees	Lyndsay Wright, MPH, RD; Board Member Mississippi Breastfeeding Coalition

## References

- Adapted from American College Health Association (2018). *Breastfeeding Social Ecological Model*. Retrieved March 2019, from [https://www.acha.org/HealthyCampus/HealthyCampus/Ecological\\_Model.aspx](https://www.acha.org/HealthyCampus/HealthyCampus/Ecological_Model.aspx)
- American Academy of Pediatrics (2012, February 27). *AAP Reaffirms Breastfeeding Guidelines*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>
- A Healthier Michigan. (n.d.). *Tools to Help Nursing Mothers*. Retrieved from A Healthier Michigan: <https://www.ahealthiermichigan.org/2015/04/23/tools-for-breastfeeding-moms/>
- Attanasio, L. B., Kozhimannil, K. B., McGovern, P. M., Gjerdingen, D. K., & Johnson, P. J. (2013). The impact of prenatal employment on breastfeeding intentions and breastfeeding status at 1 week postpartum. *Journal of Human Lactation*, 29(4), 620-628. Retrieved 2 16, 2019, from <https://journals.sagepub.com/doi/10.1177/0890334413504149>
- Baby Center. (n.d.). *How breastfeeding benefits you and your baby*. Retrieved from babycenter: [https://www.babycenter.com/0\\_how-breastfeeding-benefits-you-and-your-baby\\_8910.bc](https://www.babycenter.com/0_how-breastfeeding-benefits-you-and-your-baby_8910.bc)
- Bridgman, S. L., Konya, T., Azad, M. B., Sears, M. R., Becker, A., Turvey, S. E., . . . Kozyrskyj, A. L. (2016). Infant gut immunity: a preliminary study of IgA associations with breastfeeding. *Journal of Developmental Origins of Health and Disease*, 7(1), 68-72. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pubmed/26690933>
- Butt, S., Borgquist, S., Anagnostaki, L., Landberg, G., & Manjer, J. (2014). Breastfeeding in relation to risk of different breast cancer characteristics. *BMC Research Notes*, 7(1), 216-216. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pmc/articles/pmc4022388>
- Centers for Disease Control and Prevention. (n.d.). *Breastfeeding*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/breastfeeding/about-breastfeeding/making-a-difference.html>
- Dixit, A. V. (2016, August 05). *Knowledge and Practices of Exclusive Breastfeeding among Women in Rural Uttar Pradesh*. Retrieved from omicsonline: <https://www.omicsonline.org/open-access/knowledge-and-practices-of-exclusive-breastfeeding-among-women-in-rural-uttar-pradesh-2167-0897-1000228.php?aid=77612>
- Health Foundations. (2015, 01 04). *A Brief (and Fascinating) History of Breastfeeding and its Alternatives*. Retrieved from Health Foundations: <https://www.health-foundations.com/blog/2015/01/05/a-brief-and-fascinating-history-of-breastfeeding-and-its-alternatives>
- History and culture of breastfeeding*. (n.d.). Retrieved from Wikipedia: [https://en.m.wikipedia.org/wiki/History\\_and\\_culture\\_of\\_breastfeeding](https://en.m.wikipedia.org/wiki/History_and_culture_of_breastfeeding)
- Hong Jiang, M. L. (2012). *Awareness, Intention and Needs Regarding Breastfeeding: Findings from First-Time Mothers in Shanghai, China*. Retrieved from Breast Feeding Medicine: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523237/>
- IshakShareena, Azeanny, M. A., QuanLee, K., Hasli, S., Azila, R., & RamliKazzoma, G. (2014). Knowledge and Beliefs About Breastfeeding Are Not Determinants for Successful Breastfeeding. *Breastfeeding Medicine*, 9(6), 308-312. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pubmed/24893127>
- Jones, J. R., Kogan, M. D., Singh, G. K., Dee, D. L., & Grummer-Strawn, L. M. (2011). Factors Associated With Exclusive Breastfeeding in the United States. *Pediatrics*, 128(6), 1117-1125. Retrieved 2 16, 2019, from <http://pediatrics.aappublications.org/content/128/6/1117>
- Kneepkens, C. M., & Brand, P. L. (2010). Clinical practice - Breastfeeding and the prevention of allergy. *European Journal of Pediatrics*, 169(8), 911-917. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pmc/articles/pmc2890076>

- Lerner, S. (2015, January Wednesday, 28th). *Why Few Mississippi Mothers Nurse Their Babies*. Retrieved from Jackson Free Press: <http://m.jacksonfreepress.com/news/2015/jan/28/why-few-mississippi-mothers-nurse-their-babies/>
- Maralani, V., & Stabler, S. (2018). Intensive Parenting: Fertility and Breastfeeding Duration in the United States. *Demography*, 55(5), 1681-1704. Retrieved 2 16, 2019, from <https://link.springer.com/article/10.1007/s13524-018-0710-7>
- Markel, H. (1997). A social history of wet nursing in America: from breast to bottle. *Medical History*, 41(3), 393-394. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pmc/articles/pmc1044810>
- Mississippi State Department of Health. (n.d.). *Breastfeeding Support from the WIC Program*. Retrieved from Mississippi State Department of Health: [https://msdh.ms.gov/msdhsite/\\_static/41,654,144,77.html](https://msdh.ms.gov/msdhsite/_static/41,654,144,77.html)
- National Conference of State Legislatures. (n.d.). *Breastfeeding State Laws*. Retrieved from National Conference of State Legislatures: <http://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>
- National Institutes of Health. (n.d.). *Health and Wellness*. Retrieved from National Institutes of Health: <https://www.ors.od.nih.gov/sr/dohs/HealthAndWellness/Pages/lactation.aspx>
- natural breastfeeding for an easier start. (n.d.). *Event*. Retrieved from natural breastfeeding for an easier start: <https://www.naturalbreastfeeding.com/event/>
- Parish, T. (2008). Breastfeeding Helps Prevent Two Major Infant Illnesses. *The Internet Journal of Allied Health Sciences & Practice*, 6(3), 10. Retrieved 2 16, 2019, from <https://nsuworks.nova.edu/ijahsp/vol6/iss3/10>
- Promotion & Support of Breastfeeding and Obesity Prevention*. (n.d.). Retrieved 2 16, 2019, from Centers for Disease Control and Prevention: <https://www.cdc.gov/breastfeeding/promotion/index.htm>
- Salone, L. R., Vann, W. F., & Dee, D. L. (2013). Breastfeeding: An overview of oral and general health benefits. *Journal of the American Dental Association*, 144(2), 143-151. Retrieved 2 16, 2019, from <https://sciencedirect.com/science/article/pii/S0002817714606152>
- Spatz, D. L. (2012). Breastfeeding is the Cornerstone of Childhood Nutrition. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 41(1), 112-113. Retrieved 2 16, 2019, from <http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2011.01312.x/full>
- The Build Health Challenge. (n.d.). *Transforming Breastfeeding Culture in Mississippi*. Retrieved from buildhealthchallenge.org: <https://buildhealthchallenge.org/communities/2-transforming-breastfeeding-culture-mississippi/>
- Wahyutri, E., Jasmawati, Dharma, K. K., & Ratnawati. (2017). The effect of infant feeding planning education on nutrition and breastfeeding knowledge, mother's attitude, and husband's support to expectant mother. *Journal of Nursing Education and Practice*, 8(1), 87. Retrieved 2 16, 2019, from <http://sciedu.ca/journal/index.php/jnep/article/download/11878/7505>
- WHO. (n.d.). Retrieved 2 16, 2019, from Who.int: [http://www.who.int/nutrition/topics/exclusive\\_breastfeeding/en/](http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/)
- Wolf, H. (2003). Low Breastfeeding Rates and Public Health in the United States. *American Journal of Public Health*, 93(12), 2000-2010. Retrieved 2 16, 2019, from <https://ncbi.nlm.nih.gov/pmc/articles/pmc1448139>
- Zadrozny, B. (2014, July 31). *Why Poor Mothers Don't Breastfeed*. Retrieved March 13, 2019, from <https://www.thedailybeast.com/why-poor-mothers-dont-breastfeed>