



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

LEADING AMERICA TO HEALTHIER LIVES

OFFICE ON WOMEN'S HEALTH

REDUCING DISPARITIES IN BREASTFEEDING INNOVATION CHALLENGE



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Welcome and Introductions



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Agenda

- Welcome and Introductions
- Background
- Overview of the Challenge
- Timeline
- Resources and Organizations
- Questions
- Follow Up



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH (OASH): THE ROADMAP FOR A HEALTHIER NATION

HEALTH TRANSFORMATION

Catalyze a health promoting culture

HEALTH INNOVATION

Foster novel approaches and solutions

HEALTH RESPONSE

Respond to emerging health challenges

HEALTH OPPORTUNITY

Advance health opportunities for all

LEADING AMERICA TO HEALTHIER LIVES



HHS OFFICE ON WOMEN'S HEALTH (OWH)

Vision

All women and girls achieve the best possible health

Mission

The Office on Women's Health provides national leadership and coordination to improve the health of women and girls through policy, education, and innovative programs.

Goals

- Inform and influence policies
- Educate the public
- Educate professionals
- Develop and expand innovative approaches



OFFICE ON WOMEN'S HEALTH PROGRAMS

MOVE YOUR WAY MATERNAL HEALTH



Improving the health and wellness of families through increased physical activity during pregnancy and postpartum

IT'S ONLY NATURAL

It's only natural
mother's love. mother's milk.



Improving breastfeeding rates among African American women

POSTPARTUM DEPRESSION



Lowering the barriers women face in talking to their health care provider about symptoms



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Importance of Prioritizing Breastfeeding

Breastfeeding

- Reduces the risk of short- and long-term illnesses and diseases in both mother and baby.
- Associated with lowering a mother's risk of **hyperlipidemia, hypertension, diabetes, and cardiovascular disease.**

Breast milk

- Provides the **necessary nutrition for infants**, changing over time to **meet infants' changing nutritional needs.**

Interventions focusing on breastfeeding

- May have a positive impact on mothers' cardiovascular outcomes.



Disparities in Breastfeeding

- Despite the **many benefits of breastfeeding**, **racial and ethnic disparities** exist among women initiating and continuing breastfeeding.
- **The 2011 Surgeon General's Call to Action to Support Breastfeeding**
 - Provided evidence for persistent disparities and gave a national call to action

The Surgeon General has identified 20 key actions to improve support for breastfeeding.



Disparities By the Numbers

Racial Disparities

Fewer **non-Hispanic Black infants (73.7%)** are ever breastfed compared with **Asian infants (90%)**, non-Hispanic **White infants (86.7%)** and **Hispanic infants (84.1%)**.

WIC

Infants eligible for and receiving WIC are less likely to ever be breastfed (**77.0%**) than infants eligible, but not receiving WIC (**82.1%**), and infants ineligible for WIC (**92.1%**).

Age

Mothers **20 to 29 years** are **less likely** to ever breastfeed (**82.4%**) than mothers aged 30 years or older (**85.2%**).



The Challenge: Breastfeeding Mothers in the United States



REDUCING DISPARITIES IN BREASTFEEDING INNOVATION CHALLENGE

Breastfeeding can reduce the risk of short- and long-term conditions in both mother and baby.

REGISTER FOR THIS CHALLENGE to help increase breastfeeding initiation and continuation rates.

DEADLINE: NOVEMBER 16, 2020

www.challenge.gov/challenge/reducing-disparities-breastfeeding-innovation-challenge/



National competition to identify:

- Effective, pre-existing programs that increase breastfeeding initiation & continuation rates and decrease disparities among breastfeeding mothers

The goal of this innovative competition:

- Demonstrate sustainability and the ability to replicate and/or expand a program that has proven outcomes to improve breastfeeding rates and reduce disparities

The program must:

- Demonstrate evidence-based interventions to target gaps in breastfeeding education, instruction, and/or support for breastfeeding mothers in the United States

Challenge Phases

Phase 1:

Identification of successful programs

Phase 2:

Awarding plans for sustainability and replication and/or expansion

Phase 3:

Awarding the programs that have successfully replicated and/or expanded



Prize Award

Phase 1 FY21

- Identification of successful programs
- Up to 15 submissions may be selected
- Prize of up to \$15,000

Phase 2 FY22

- Awarding plans for sustainability and replication and/or expansion
- Only Phase 1 participants will be considered
- Up to 10 submissions may be selected
- Prize of up to \$30,000

Phase 3 FY23

- Awarding programs that have successfully replicated and/or expanded
- Only Phase 2 participants will be considered
- Up to 5 submissions may be selected
- Prize of up to \$55,000



Challenge Timeline: Phase 1

Phase 1: Identification of successful programs

- **Submissions due November 16, 2020**
- **Judging will occur November 17, 2020 - December 1, 2020**
- **Finalists notified by December 2, 2020**



Eligibility & Submission Requirements

Please see all eligibility requirements on the **landing page**

The application for Phase 1 of the competition shall meet the following **requirements:**

- Entries must consist of PDF files
- All submissions must be in English.
- Participants must not use HHS or other government logos or official seals
- must not give an appearance of Federal government endorsement.



Overview of the Challenge- How to Apply

- Register by sending an entry naming an official representative to BreastfeedingChallenge@hhs.gov
- Submission of < 5 pages describing the program
- Detailed instructions are available on challenge.gov



Overview of the Challenge- Judging Criteria

Phase 1:

- Previously demonstrated effectiveness (**statistical significance**) in: increasing rates of initiation of breastfeeding and/or increasing rates of continuation of breastfeeding among mothers in the United States: **(40%)**
- Ability of the program to address racial/ethnic disparities among breastfeeding mothers in the United States : **(20%)**
- Application of **evidence-based interventions** to target gaps in breastfeeding education, instruction, and/or support for breastfeeding mothers in the United States: **(20%)**
- A description of how the program is **innovative at targeting gaps** in breastfeeding education, instruction, and/or support for breastfeeding mothers in the United States: **(20%)**



Resources and Organizations

It's Only Natural

<https://www.womenshealth.gov/its-only-natural>

CDC DNPAO

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

Data Sources for the Breastfeeding Report Card Indicators – 2020

Indicators	Data Source	Background
Ever breastfed	National Immunization Survey (NIS)	Breastfeeding rates for infants born in 2017 come from the US National Immunization Surveys (NIS) 2018 and 2019. The NIS provides current national, state, and selected urban-area estimates of vaccination coverage rates for US children. Because breastfeeding data are obtained by maternal recall when children are between 19 and 35 months of age, breastfeeding rates are analyzed by birth cohort rather than survey year. Available at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm .
Breastfeeding at 6 months		
Breastfeeding at 12 months		
Exclusive breastfeeding through 3 months		
Exclusive breastfeeding through 6 months		
Breastfed infants receiving formula before 2 days of age	mPINC	CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to encourage hospitals to make improvements that better support breastfeeding. Data for this report come from the 2018 mPINC survey. From 2007 to 2015, CDC administered the mPINC survey every 2 years. mPINC was revised in 2018 and these data should NOT be compared to previous mPINC survey years. Available at https://www.cdc.gov/breastfeeding/data/mpinc/index.htm .
mPINC Scores (Total, Immediate Postpartum Care, Rooming-In, Feeding Practices, Feeding Education and Support, Discharge Support, Institutional Management)		



Data Sources for the Breastfeeding Report Card Indicators – 2020

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<p>Ever breastfed</p> <p>Breastfeeding at 6 months</p> <p>Breastfeeding at 12 months</p> <p>Exclusive breastfeeding through 3 months</p> <p>Exclusive breastfeeding through 6 months</p> <p>Breastfed infants receiving formula before 2 days of age</p>	<p>National Immunization Survey (NIS)</p>	<p>Breastfeeding rates for infants born in 2017 come from the US National Immunization Surveys (NIS) 2018 and 2019. The NIS provides current national, state, and selected urban-area estimates of vaccination coverage rates for US children.</p> <p>Because breastfeeding data are obtained by maternal recall when children are between 19 and 35 months of age, breastfeeding rates are analyzed by birth cohort rather than survey year.</p> <p>Available at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm.</p>
<p>mPINC Scores (Total, Immediate Postpartum Care, Rooming-In, Feeding Practices, Feeding Education and Support, Discharge Support, Institutional Management)</p>	<p>mPINC</p>	<p>CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to encourage hospitals to make improvements that better support breastfeeding. Data for this report come from the 2018 mPINC survey. From 2007 to 2015, CDC administered the mPINC survey every 2 years. mPINC was revised in 2018 and these data should NOT be compared to previous mPINC survey years.</p> <p>Available at https://www.cdc.gov/breastfeeding/data/mpinc/index.htm.</p>



Questions



Please see <https://www.challenge.gov/> for detailed information



If you have any additional questions or feedback about this challenge, please send an email to BreastFeedingChallenge@HHS.gov



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HOW TO CONNECT WITH US



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