

Proceedings
Interstate *Ten Steps* Collaborative

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Introduction and Background



Widespread implementation of The *Ten Steps* to Successful Breastfeeding is known to increase country-level breastfeeding rates. However, hospitals across the United States have been extremely slow to implement these practices. Presently, there are several remarkable activities underway to enhance implementation of the practices that are needed for full adherence with the *Ten Steps*. These include (but are not limited to):

- Increased numbers of hospitals being designated as Baby-Friendly;
- US Centers for Disease Control and Prevention (CDC) grant to the National Initiative for Children's Healthcare Quality (NICHQ) for "Best Fed Beginnings," a collaborative quality improvement approach to supporting readiness for Baby-Friendly USA designation;
- W.K. Kellogg Foundation launching its First Food Movement to increase breastfeeding rates while decreasing inequities in the United States; and
- Program development, summits and other action by states and cities, as indicated in Interstate *Ten Steps* Collaborative surveys and by the increase in breastfeeding programs funded by CDC's grants: Communities Putting Prevention to Work (CPPW) and Community Transformation Grants (CTG).

The first meeting of the Interstate Collaborative occurred in October of 2011, and was the first time the states, federal governmental agencies and national organizations dedicated to advancing BFHI came together to communicate, identify issues, define remaining problems for further research, and summarize what is known as a basis for advancing progress toward widespread implementation of the *Ten Steps*.

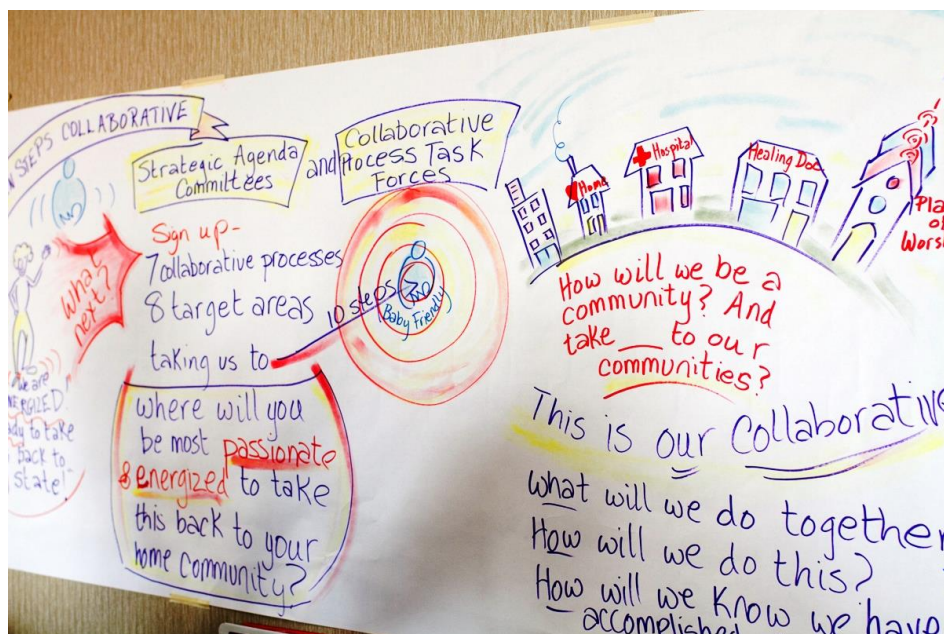
During the 2011 meeting, state-level leaders responsible for active *Ten Steps* programs were able to synergize lessons learned from their implementation efforts across the country. Information was gathered from participants in advance of the meeting through e-surveys and written reports, summarized and brought to establish baseline knowledge about the programs. The agenda was built on needs and desires identified in the pre-work, and primarily aimed to facilitate the sharing of lessons-learned in states with active programs. These lessons learned were considered in light of existing barriers to and facilitators of breastfeeding.

The 2011 meeting employed a facilitated consensus-building process, in which each set of activities utilized the previous agreements to forward progress toward consensus. Participants established a greater awareness of each other's programs and evidence-based practice and learned from presentations of various programmatic models. The results was a set of recommendations to support increased

implementation of the *Ten Steps*, monitoring and evaluation, and a research agenda consisting of gaps in the evidence base that, if filled, would support widespread implementation of the *Ten Steps*.

Following the meeting, the outcomes were compiled and vetted by sending back to the meeting participants and nationally-recognized experts in programmatic research and implementation of the *Ten Steps*. These can be found in the publication, “Findings and Recommendations from the 2011 Meeting of the Interstate Collaborative to Support Widespread Implementation of the *Ten Steps* to Successful Breastfeeding.” (<http://tinyurl.com/2011FandR>) The results were disseminated on the national stage, including at the American Public Health Association and the United States Breastfeeding Committee.

The 2011 meeting included the twenty areas that reported having active *Ten Steps*’ support programs. In 2013, all states and large metropolitan statistical areas were invited to attend a second meeting, and thirty-nine attended. Given the greater inclusiveness of the group and the 18 month time-lapse, the recommendations from 2011 were vetted and reconsidered with all registrants in advance of the 2013 meeting using e-surveys. The results were used as the basis for forming committees and taskforces to operationalize the recommendations as the newly-launch “Interstate *Ten Steps* Collaborative.”



Ongoing Interstate Collaboration

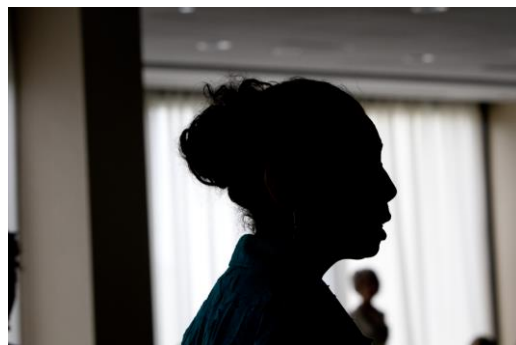


In May of 2013, the Interstate *Ten Steps* Collaborative met, and participants shared and synergized around lessons learned in much the same way as at the 2011 meeting. In order to facilitate this process through Day One, the agenda featured:

- Panel presentation called “Best Practices: National Approaches to Improving Maternity Care,” including Trish MacEnroe of Baby-Friendly USA, Kat Shealy of the Centers for Disease Control and Prevention (CDC), Jennifer Ustianov of the National Initiative for Children’s Healthcare Quality (NICHQ) and Amelia Psmythe of United States Breastfeeding Committee (USBC);
- Panel presentation called “Best Practices: Area Progress-Based Models,” including Miriam Labbok of the Carolina Global Breastfeeding Institute (CGBI), Jennifer Dellaport of Colorado, Gwen Whittit of Kansas and Catherine Sullivan of North Carolina;
- Panel presentation called “Best Practices: Area Models Toward Baby-Friendly USA Designation,” including Beth Milton and Jeanine Hearne-Bersamian of New Jersey, Lissa Knudsen of New Jersey and Emily Magid of New York City;

(All panel presentations can be found in **Appendix A: Panel Presenters’ Slides**)

- “Ring of Knowledge” exercise in which each area presented one lesson learned in implementation of the *Ten Steps* by sharing the problem being addressed, the solution they tried, the outcomes and lessons learned. The results were entered into an aggregate form, and can be reviewed in **Appendix B: Ring of Knowledge**.
- “World Café” exercise in which participants were asked to share the most important considerations during four key phases of operating a *Ten Steps* program: considering, developing, implementing and evaluating. What resulted is a list of opportunities and potential roadblocks at each phase, and can be reviewed in **Appendix C: World Café**.



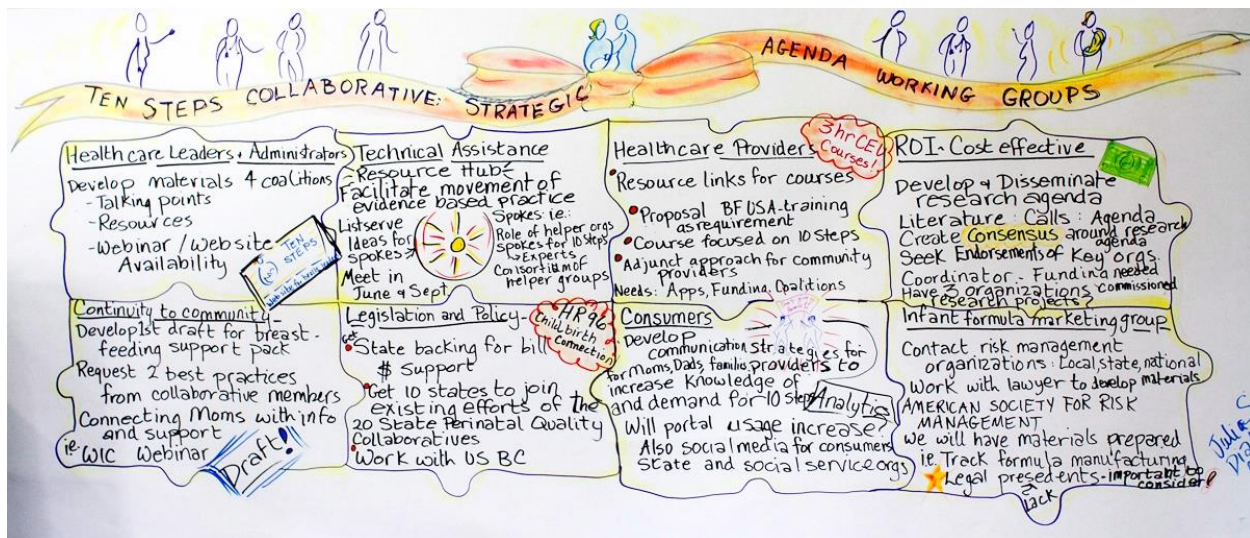
On Day Two, participants convened into groups around shared purpose. Groups were formed using the vetted recommendations for advancing implementation of the *Ten Steps* in the United States, as follows:

Strategic Agenda Committees

1. Healthcare Leaders and Administrators
2. Physicians
3. Return on Investment / Cost-Effectiveness of BFHI
4. Continuity to Community (Steps Three and Ten)
5. Legislation and Policy
6. Consumers
7. Infant Formula Marketing

Collaborative Process Taskforces

1. Portal Development and Maintenance
2. Helper Groups and Speakers' Network
3. Webinars for Interstate Collaborative Members
4. Shared Measures
5. Publication and Dissemination
6. Grant Seeking
7. Area Mentor Network



The Strategic Agenda Committees are largely content-based, and answer the question “What is the Interstate *Ten Steps* Collaborative?” while the Collaborative Process Taskforces answer the question “How will they do it?” The groups defined the key problem in their scope, their objectives for overcoming the problem, and the activities they would undertake to achieve the objectives. The results can be found in **Appendix D: Committee and Taskforce Reports**.

It is important to note that there are two primary functions of the Interstate *Ten Steps* Collaborative.

- The first is to facilitate continuous sharing and learning among area programs, such that participants can continue to support growth and development of their own area programs, facilitating national spread.
- The second is to make a collective impact on key issues that face everyone working toward the goal of advancing the *Ten Steps*.

Collaborative members are invited to participate in a webinar report-out and discussion to reflect on the progress to date, and verify consensus around next steps. The expectation going forward is that the committees and taskforces will continue to work toward their objectives with the support of the Carolina Global Breastfeeding Institute staff dedicated to this project.