

## Examining State Innovations to Advance Breastfeeding and Health Equity

### Executive Summary

Racial disparities in breastfeeding initiation and duration rates continue to persist despite national gains in breastfeeding initiation rates. Research suggests that interventions that include comprehensive legal, policy, and programmatic efforts are needed to address the multiple breastfeeding-related barriers faced by breastfeeding families. Comprehensively incorporating multilevel and multisector approaches requires a review of current legal, policy, and programmatic state efforts.

ASTHO conducted a landscape analysis through key informant interviews and a national legislative scan to understand the legislative and programmatic successes and challenges among the ASTHO breastfeeding learning community (BLC) innovation states in three strategic areas:

1. Maternity care practices in birthing facilities.
2. Continuity of care.
3. Workplace compliance with the federal lactation accommodation law.

Five themes emerged from the data across the nine states:

1. Equity and advocacy.
2. Workforce needs.
3. Sustainability.
4. Partnerships.
5. Legislative implementation.

States must continue to address these areas to ensure that breastfeeding support includes equitable care for all breastfeeding families.

### Introduction

#### Background

Breastfeeding is considered the gold standard in postnatal care for both birthing persons and infants. In the United States, [optimal](#) infant nutrition is exclusive breastfeeding for six months and continued breastfeeding for at least one year, with age-appropriate additional feeding. According to [CDC](#), 84% of infants are breastfed, but rates decline with time, and about 25% of infants are exclusively breastfed through six months. Rates of breastfeeding duration and exclusivity are lower among Black infants than White infants, regardless of whether their parents had initiated breastfeeding. CDC's [August 2019 Morbidity and Mortality Weekly Report](#) demonstrated that racial and ethnic differences in breastfeeding initiation are partly responsible for the disparity between Black and White infants in any and exclusive breastfeeding at ages three and six months.

Families may experience [barriers](#) to meeting their breastfeeding goals, including social norms and restrictive policies and practices in birthing facilities, at home, and at work. These barriers

disproportionately affect Black, Indigenous, and people of color, and families with lower socioeconomic status. Racial and ethnic [bias](#) among healthcare providers can further contribute to these disparities. Specifically, [research](#) shows that low-income minority women report the following barriers to breastfeeding:

1. Language and literacy barriers.
2. Lack of social, work, and cultural acceptance or support.
3. Insufficient breastfeeding education and support from healthcare providers.
4. Lifestyle choices, including tobacco and alcohol use.

This report describes the work of nine states participating in the ASTHO BLC State Innovations to Advance Breastfeeding and Health Equity grant program.

### State Legislation to Support Breastfeeding

Although all 50 states, Washington, D.C., Puerto Rico, and the United States Virgin Islands have laws authorizing women to breastfeed [in any public or private area](#), there remain legal barriers to breastfeeding. A common obstacle for breastfeeding mothers is navigating employment while making time to breastfeed or express human milk. Federal law requires that particular public buildings [include lactation rooms](#) for breastfeeding parents and require certain employers to provide a breastfeeding employee with [reasonable break time](#) during the workday to express human milk for at least one year following the birth of a child. States have enacted more expansive laws to protect breastfeeding employees by requiring specific employers to [compensate employees](#) during breaks to express human milk, [extending the time](#) an employee is to be granted breaks to express human milk, or requiring employers to provide breastfeeding employees [private space to breastfeed](#) that is not a bathroom or toilet stall. In 2020, [Oklahoma](#) joined 31 other states, Washington, D.C., and Puerto Rico in enacting workplace protection laws related to breastfeeding employees.

Beyond reducing barriers to breastfeeding, state laws also positively promote breastfeeding. For example, in 2019, [Illinois](#) amended its Medical Patient Rights Act to provide pregnant persons the right to receive information about breastfeeding. Similarly, a 2019 [New York state](#) law empowers breastfeeding parents to seek lactation counseling services directly without a referral from another medical professional. Over the past two years, [Connecticut](#), [Illinois](#), and [New Jersey](#) each passed laws providing financial reimbursement for pasteurized, donated human milk.

### Breastfeeding Learning Community

In 2018, with support from CDC's Division of Nutrition, Physical Activity, and Obesity, ASTHO launched the second cohort of its five-year BLC, comprising 16 State Physical Activity and Nutrition Program recipients. ASTHO used its learning community model to support states in implementing sustainable, scalable approaches to improve breastfeeding rates and address breastfeeding barriers using three evidence-based strategies:

1. Maternity care practices in birthing facilities.
2. Continuity of care.
3. Workplace compliance with the federal lactation accommodation law.

### Innovation Grant

In 2019, to further support this effort, ASTHO awarded nine BLC state grants (Alaska, Arkansas, Colorado, Illinois, Missouri, Ohio, Pennsylvania, Utah, and Washington state) to create innovative

policies, systems, and cultural change in breastfeeding support. States created vision statements, transformative systems frameworks, and innovative approaches for achieving breastfeeding equity in collaboration with local partners. In addition, state projects focused on building and sustaining health equity in breastfeeding.

These states developed comprehensive, integrated strategies emphasizing community collaborations that represent the community voice to eliminate breastfeeding barriers in community, clinical, and work settings. [Evidence](#) suggests that addressing the multiple breastfeeding barriers faced by breastfeeding families requires a multilevel approach that includes comprehensive legal, policy, and programmatic efforts. This landscape analysis will examine programmatic and legislative successes and challenges and provide recommendations to promote healthy breastfeeding and reduce breastfeeding disparities. The aim is to ultimately and effectively support breastfeeding parents and their infants, particularly in systemically under-resourced populations.

## Methods

ASTHO conducted a national legislative scan and compiled a list of breastfeeding-related bills considered during the 2019 and 2020 legislative sessions. This project also used a qualitative approach focused on one-hour key informant interviews coded through Dedoose. The study sample consisted of the nine BLC innovation states, which partnered with local health agencies or community-based organizations. All projects focus on populations with lower breastfeeding rates, including systemically marginalized mothers and Black, Hispanic, or rural/Appalachian women. Strategies include creating new advisory committees or work groups consisting of low-income mothers and mothers of color, training people of color as lactation counselors and educators, assisting health systems and work sites in developing breastfeeding-friendly policies and procedures, and engaging systemically marginalized populations to determine breastfeeding barriers and effective solutions.

ASTHO created an interview guide and began the interview by reading the introduction to the innovation state key informants, asked questions from the project overview section, and assigned key informants questions from two of the three focus areas based on their project area, which key informants then answered. ASTHO staff then read states the conclusion.

Interviews took place between August and November 2020, and researchers uploaded the transcripts from the recorded interviews and coding framework into Dedoose to produce codes for further analysis. ASTHO downloaded the codes from Dedoose into Excel sheets for further analysis. The evaluators then applied a thematic analysis to characterize and subsequently modify emergent themes through an iterative approach that combined data collection and analysis concurrently. States provided consent for state names to be identified with their responses.

## Results

### Legislative Scan

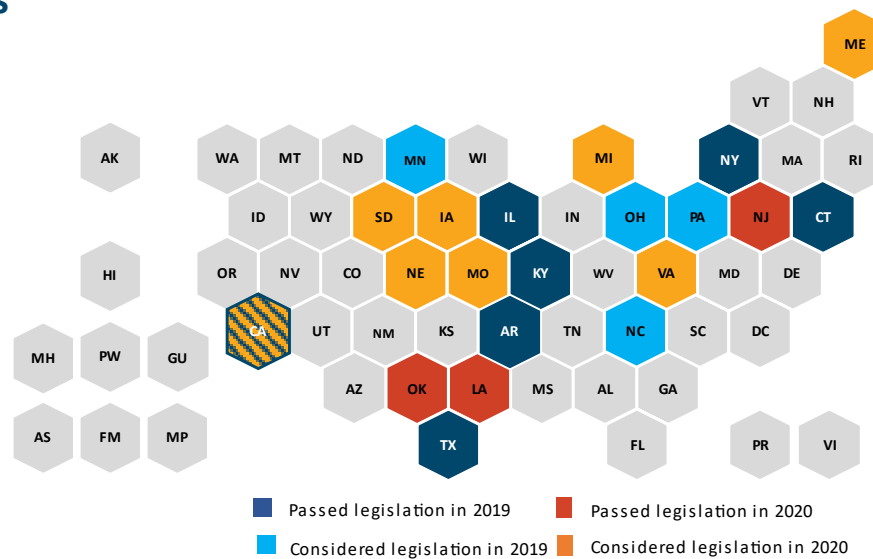
ASTHO identified 41 breastfeeding bills introduced in 12 states during the 2019 legislative session (see Figure 1), of which 12 were enacted into law. During the 2020 legislative session, ASTHO identified 25 bills across 13 states, of which five were enacted into law. Of the nine BLC grant states, four (Arkansas, Illinois, Ohio, and Pennsylvania) considered breastfeeding legislation in 2019, and one (Missouri)

considered breastfeeding legislation in the 2020 legislative session. Only two of the BLC grant states (Arkansas and Illinois) enacted breastfeeding laws during this period:

- Arkansas enacted [HB 1176](#) in 2019, requiring the Arkansas Department of Health to establish standards for transporting, processing, and distributing commercial human milk.
- In 2019, Illinois enacted [HB2](#), establishing access to breastfeeding as a right for a pregnant patient, and [HB3509](#), which extends health insurance and medical assistance coverage to pasteurized donated human milk.

During the 2020 legislative session, Missouri considered four bills related to breastfeeding, including [HB 1490](#), which would have required the Missouri Department of Elementary and Secondary Education to develop a model policy for accommodating breastfeeding students and employees. The interview respondents from Missouri note that this bill reaffirmed standards in place under the federal law rather than extending additional support to breastfeeding individuals. Because the considered bill did not provide further protection than the federal law, key partners recommended that the 2020 legislation not move forward and noted that they hope that the original legislation's sponsor collaborates with the breastfeeding support community before drafting future legislation.

**Figure 1: Breastfeeding Legislation Considered in 2019 and 2020 Sessions**



### Key Informant Interviews

*Below are descriptions of each of the state breastfeeding learning community programs.*

**Alaska** engaged community program staff and focused on expanding existing breastfeeding support services into a model program that provided breastfeeding mothers with support services and outreach education. **Arkansas** had three project goals:

1. Recruit a physician champion.
2. Work with family medicine clinics to improve breastfeeding rates.

3. Assess and prepare early childhood education centers for supporting breastfeeding, milk storage, and implementation of policies and practices.

**Colorado** convened state partners and other community organizations to address the project goal of erasing breastfeeding-related stigma. In addition to providing certified lactation education training, Colorado also held a statewide Black health and breastfeeding summit. **Illinois** focused on improving continuity of care. To develop a vision, the state included input from seven focus groups across the state. The vision was to provide families, especially those in systemically under-resourced communities, with equitable access to adequate and accurate culturally appropriate lactation support from peers, professionals, and communities. Illinois hosted several in-person and phone meetings with a variety of critical partners. While champions instituted policies in hospitals, Illinois sought state policy leaders for breastfeeding.

**Missouri** held focus groups designed as Black sacred spaces to measure Black women's lived experience of giving birth in [Baby-Friendly](#) designated hospitals to document Black maternal and infant experiences. Missouri highlighted personal integrity as an essential value to build trust in any partnership. **Ohio** conducted focus groups with Black and Appalachian women in Ohio, two populations with lower breastfeeding rates, particularly in breastfeeding duration. When reflecting on partnerships, Ohio key informants stated that they are working within the health agency, as well as with other state agencies and coalitions. They are also open to any other partnerships.

Beyond the innovation grant period, **Pennsylvania** is creating a dissemination plan to share the state action plan that its key partners and work group developed. The work group had strong advocates for breastfeeding, including many from different backgrounds. The group prioritized achieving proportional representation that was in line with the state population of both Black and Latinx breastfeeding mothers (or at least women of childbearing age of each population across the state).

**Utah** noted staffing, training, and costs as barriers for hospitals to become designated as Baby-Friendly. To address this, Utah developed the Stepping Up for Utah Babies training program, an incremental approach to changing practices. The program includes hospital practices and policies, training for staff, and other points the [Ten Steps](#) cover, but on a more feasible implementation level. It also targeted lactation accommodations in the workplace and focused on:

1. Work sites.
2. Receiving funding through a mini-grant.
3. Individuals of lower income.

**Washington state** pioneered an equity-focused training event about implicit bias and how racism impacts breastfeeding success. Their training primarily focused on racism, including the history of racism in breastfeeding promotion, why and how some populations have been systemically marginalized, and what needs to change. Washington state's engagement with programmatic staff focused on nurturing connections and providing a safe space for partners and the community. The state's work to engage policy staff centered around leveraging the community and community relationships to address breastfeeding policy, specifically for Medicaid, and establishing a bundled package for reimbursement.

### **Maternity Practices in Birthing Facilities**

Several key informants noted differences in their birthing facility policies and practices. An **Illinois** key informant noted that "Illinois has a highly regulated perinatal system, so about half the state has a

regulated perinatal system and about half of it's not codified." In other words, the system designates perinatal levels of care, but not maternal levels of care. To adjust this system to recommended maternal levels of care, the project team is working with the state government to modify the code, including making the code more explicit regarding breastfeeding support.

When asked to describe the characterization and perception of breastfeeding among key partners, including community organizations, government, and breastfeeding support professionals, **Alaska** cited that community-level support for breastfeeding initiatives is high. **Alaska, Missouri, and Utah** all highlighted that self-sustaining community effort drives the change.

**Washington state** noted that, despite having a governor who supports breastfeeding, there is still key partner distrust of government initiatives. A Washington state key informant reported that "The historical pain is a really big barrier for a lot of our collaboration....I'm associated with the government and that immediately slows down everything. If you want to move anything working with tribes, it has to be brought to the tribal leadership, discussed, chewed on, thought about, and then they might invite you to make your pitch or share a project that you're interested in. So, when the health commission and the tribe see the department of health doing something, they're not going to want to work or collaborate with us even if my intentions are good, even if I've worked with tribes before."

**Alaska, Missouri, and Utah** also said that certain processes can hinder progress and ability to work with the state. **Missouri** noted, "I think, too, when we're talking about that difference between regulations and licensure and that trust with the state, the bureaucracy is difficult to pierce, not only from outside, but also from within."

### **Continuity of Care (Professional and Peer Support): Education and Marketing**

States discussed their region-specific ways of delivering education and marketing materials about breastfeeding to the public. **Alaska** noted that it had a live breastfeeding web page but did not have a dedicated staff member to maintain upkeep. For advertising purposes, Alaska primarily relied on word of mouth. The state created an Alaska Breastfeeding Supported Here logo posted in public spaces in businesses for continued marketing.

Alaska also noted that families have access to online education modules for breastfeeding and pregnancy. If someone is unable to pay, the Alaska program opts to waive the fee. It provides traditional Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) prenatal and breastfeeding sessions for parents. The Alaska team will work with a contractor to develop an online course for breastfeeding training for WIC staff, up to four hours of training with every WIC staff person. The team offered a 10-step course for OB-GYN and nursing students to enhance their knowledge base. Additionally, two Alaska university nursing students took (and, hopefully, future students will continue to take) the breastfeeding course, which is available every semester. Lastly, Alaska is developing a potential class offering at Alaska Pacific University focusing on educating Alaska Native and American Indians on this health disparate population.

In **Arkansas**, before the COVID-19 pandemic, providers could find deliverables—such as breastfeeding-related brochures, binders, window clings, and posters—in the family practice or medical clinics, or else at the Arkansas Family Physician Conference. Since the pandemic, the state has been mailing deliverables to clinics. Commitment letters or surveys are generally faxed or sent by mail. The Arkansas team also created a breastfeeding promotion video. Arkansas also made an effort to represent

additional mothers in the state by partnering with an organization in northwest Arkansas with a Marshallese population.

**Colorado** ensured that its images and marketing (e.g., social media, email blasts, flyers) represent the state's population with a written branding, social media, and marketing policy. The state regularly shares information with its key partners group and ensures every member weighs in before releasing content.

**Illinois** developed social media messages and posters for waiting rooms at clinics or doctor's offices that highlight ways to receive support through WIC and lactation support professionals. The state also established a sign-up option for families to receive mail directly. Illinois partners created around 20 short lactation support videos to share on social media and other networks.

**Missouri** developed a video on YouTube about its breastfeeding partnership and offers free breastfeeding promotion trainings to WIC and hospital personnel. **Ohio** established a 24/7 breastfeeding hotline and funding specifically for marketing and advertising. It put in place a team review process before posting anything, with a conscious image selection. The state also relied heavily on partners to disseminate information, primarily due to the ideal marketing campaign's cost burden.

**Pennsylvania** supported individual hospitals in creating their education and marketing materials. Continuous conversations through the state's work group echoed the need for marketing materials to reflect the communities they are trying to serve. The state was hoping for additional funding for education and marketing, but did note that the local health departments carried out a public awareness campaign. Generally, Pennsylvania disseminated state-created social media messaging around breastfeeding and evaluation outcomes to the public.

When asked to describe their breastfeeding support to uninsured or underinsured patients, **Colorado**, **Illinois**, and **Pennsylvania** referenced WIC resources. The **Illinois** team also shared that a person can be undocumented and still receive Medicaid, and **Arkansas** mentioned that the state has an Arkansas Works Insurance program and a breastfeeding hotline that uninsured individuals can access.

### **Workplace Compliance with Lactation Accommodation Law**

A **Colorado** key informant discussed the varied implementation of the lactation accommodation law, saying, "I've actually seen lactation rooms at some community-based organizations and federally qualified health centers. Some of them are putting them in janitor closets to accommodate the law, and they're not that attractive, and it's scary. And then others are really building a positive peer culture around it, making sure that it's a safe, clean, wholesome, relaxing environment with refrigeration systems in there and all the amenities." They also noted that their state law is stricter than federal law.

**Illinois** partnered with a technical expert and funded local communities with the highest racial disparities and infant mortality rates to implement lactation accommodations and workplace policies. **Ohio** is preparing to launch an Ohio-specific tool kit, an updated version of the federal business case for breastfeeding. The state also expanded federal accommodation work to eight additional counties.

Despite COVID-19 and many people working from home, **Utah** continued to advocate for workplace breastfeeding policies by emphasizing the importance of having a policy around breastfeeding. Because of COVID-19, the state also discussed a suggestion for organizations to edit and to include wording indicating that women working from home still have breaks and emphasizing that working from home still requires paid or unpaid break times to express milk.

**Missouri** emphasized that its state law for workplace accommodations is weaker than the federal law. In 2020, Missouri legislators proposed a breastfeeding work site bill but did not consult the breastfeeding coalition or other breastfeeding champions. The legislation was referred to as, “frankly terrible and providing less protection than the federal law.” The Missouri project team recommended that the legislation not move forward and that the legislators come to the breastfeeding coalition and others before writing future such legislation.

**Utah** also spent many years crafting a breastfeeding bill and has been unable to push it through, while **Washington state** helped develop a state breastfeeding policy by supporting local coalitions to continue efforts around work site accommodations and adding a complaint form online under the attorney general’s office. None of the state codes addressed breastfeeding-related parent education.

## Progress

### Incorporating Health Equity

When asked about progress in incorporating health equity into programs, policies, or financial support, states discussed wanting to take advantage of every opportunity to integrate health equity into their work.

**Alaska** noted disparities in the social determinants such as community and environment—not just economic and racial. To support all hospital patients, lactation nurses went through an adverse childhood experiences (ACEs) program, which included content on ACEs, trauma-informed care, and sexual abuse.

**Missouri** preferred to use direct conduits to the Black community to find community members in cities who have the lived experience of giving birth in Baby-Friendly-designated hospitals. The focus groups were intentional Black sacred spaces, meaning only Black people could be a part of these spaces. Missouri also highlighted vaccination schedules and requirements, as well as the strain they put on Black and non-White mothers: “Even though I know those kinds of rules of vaccination and policies are well-intentioned, what they actually typically do is put undue burdens on the back of the people at the very bottom.”

By developing a robust doula program, **Washington state** created a safety net system to help when a birthing person experiences a microaggression in birthing facilities. Women were able to share stories in a safe space and relationship build with a support professional. Having a skilled and knowledgeable doula who can relate to a parent at a deeper, personal level creates the steppingstones necessary to building a safe space by protecting the space and believing someone’s stories and their perception of events. Washington state also discussed an experience where a hospital inequitably implemented standard protocol.

Following the opioid crisis, there was a directive for the governor to develop hospital guidelines for the postpartum setting. The language designed for the guideline included the phrase “up to your discretion.” Despite the recommendation to do rooming in with the infant, especially if they’re experiencing neonatal abstinence syndrome, some nurses chose to withhold the infant, passing judgment and stereotyping the mother by believing that she would not take care of her infant. American Indian and Black women were most impacted while not having drugs in their system.



**Utah** created mini-grants to improve lactation accommodation at work sites for individuals of lower-income. In addition, Utah found it challenging to develop breastfeeding promotion language that did not accidentally exclude other groups.

### Challenges

When asked about state progress on the innovation project, all states expressed a positive progress update and project flexibility despite the COVID-19 pandemic. States cited COVID-19 as the most common barrier to timeline changes and project adjustments, as states shifted in-person plans to virtual opportunities.

**Colorado** discussed an event that was originally planned to be a statewide Black health summit, but which was expanded to become a national Black health summit with almost 200 attendees. Colorado also highlighted a panel of fathers who discussed their parental role and the barriers to supporting breastfeeding and around being a Black male.

**Pennsylvania** noted, “When I was thinking about this, I thought about not only COVID, which everyone is aware is a barrier to just about everything we're doing these days, but the weight of the trauma of systemic racism and the racial justice movement definitely has been voiced by our members. And I think as a result, the process has sometimes felt a bit rushed, I think, for folks, and they voiced that. And we've tried to address that. And fortunately, we were able to extend our work plan and our timeline to allow for revisiting some of the topic areas.”

### Addressing and Overcoming Barriers

Once the pandemic began, **Missouri** addressed its concern regarding changing in-person convenings to virtual convenings and overcame the barrier by establishing intimacy and trust through the online focus group. The state practiced active listening by being open to feedback and flexibility, and understanding the community's perception.

The **Ohio** team faced a hiring freeze, which prevented that team from filling the nutrition and breastfeeding role and forcing a staff member to work two jobs. **Illinois** echoed the benefit of having partners to help push the work forward. They also began collaborating with other states to present project work at conferences.

### Recommendations from States

When asked if they had advice for other states, Arkansas, Colorado, Illinois, Missouri, Pennsylvania, Utah, and Washington state all mentioned the importance of researching the support and structures currently available within their communities.

**Colorado** also suggested hosting a cultural bias training at the outset of the project and expressed the significance of bringing in trained facilitators to build an equitable platform that all parties feel comfortable collaborating in. **Illinois** recommended that states be honest about their capacity to have open collaboration and see the work through. **Utah** emphasized the significance of letting partners know the value of the work they do. **Washington state** highlighted being aware that people are in different places and making space for everyone.

### Strategies and Opportunities for Sustainability

Regarding future wishes for their project, **Colorado** discussed opportunities for continuation and hopes for expansion, including a full-time program staff member embedded in each organization that can deliver outreach, convening, and training. **Missouri** inquired about how ASTHO and states approach workforce development in hospitals when it comes to breastfeeding. **Ohio** was interested in seeing breastfeeding expand at the state level. **Utah** would like more support with its breastfeeding coalition. **Washington state** discussed wanting to create a breastfeeding data web page that includes hospital scores, such as California's breastfeeding hospital [web page](#).

## Discussion and Conclusion

ASTHO identified the following five themes in the data across the nine states describing their work with advancing equitable breastfeeding:

1. **Equity and Advocacy:** It is challenging to advocate for equitable breastfeeding in the state without addressing the historical trauma and educating key partners and legislatures.
2. **Workforce Needs:** Diversifying the lactation workforce is an area that needs more support and resources.
3. **Sustainability:** It is difficult to sustain and expand this work without critical resources for support (e.g., ongoing financial capital).
4. **Partnerships:** Different key partners at various levels want to do this work, but without relationship-building to bolster collaborations and partnerships, this will continue to be challenging.
5. **Legislative Implementation:** Policies and practices related to breastfeeding do not have equitable implementation.

For maternity practices in birthing facilities, the data show that historical pain and existing processes and practices are barriers for states and are associated with stakeholder distrust. These findings have implications for states' and communities' ability to build partnerships and collaborations on principles such as demonstrated personal integrity and trustworthiness.

Regarding continuity of care focused on education and marketing, states consistently stated the importance of having a dedicated staff member to maintain the project and advance the work forward. States also highlighted the value of having marketing materials that represent the state's population. Colorado noted that it has a written branding, social media, and marketing policy to ensure that materials reflect the diversity of breastfeeding parents in the state. This effort supports the representation and diversity of breastfeeding parents. In addition, it may present an opportunity for future work to explore social connectedness and relatability to images and their association with breastfeeding.

States cited the inequitable implementation of workplace compliance with the lactation accommodation law, which has implications for the narrative of breastfeeding and poses challenges to establishing a positive peer culture. States need legislative breastfeeding champions to advocate for equity through policy to create a standard and foundation supported by breastfeeding advocates that all organizations follow.

When incorporating health equity into various programs, policies, and critical resources, such as financial support, states reported that it is essential to identify and work with direct conduits to the community. This practice is connected with relationship-building to ensure that actions do not create an

undue burden on populations, but rather a supportive, empowering environment where they feel safe. Washington state also discussed its robust doula system, sharing that a doula's presence can minimize the effects of microaggressions by advocating and teaching a parent how to be an advocate for themselves with healthcare providers.

The challenges states described centered mainly on COVID-19. However, other challenges, such as the weight of the trauma of systemic racism and the racial justice movement, affected staff supporting breastfeeding work. This highlights that, as states focus on advancing breastfeeding work, they must continue to seek understanding from all key partners and the communities. Additionally, Washington state described the need for time to consider, discuss, and decide on projects. This is a barrier to community-focused projects that are bound by spending deadlines. Colorado had the unique opportunity to explore and discuss the role of a father in the family and the barriers of being a Black male. The discussion and session can lead to further explorations around Black males and social support in breastfeeding families.

Overall, states stressed the importance of identifying the support and structures currently available within their communities. Strategies such as bias training, honesty, transparency about capacity, and making partners feel valued are all connected to equity and advocacy and benefit the development of sustainable partnerships. Critical resources, such as financial support, are integral to advancing the work of breastfeeding promotion and supporting the five themes presented. States can benefit from navigating sustainability questions early on with partners to continue past program periods and hopefully explore expansion opportunities.

ASTHO will continue to support states to advance breastfeeding equity at the federal, state, and local levels and engage traditional, non-traditional, and community partnerships. Additionally, ASTHO will further investigate the five themes identified and innovatively identify resources that states can use to achieve equitable breastfeeding outcomes. Lastly, ASTHO will pilot a virtual policy academy where select 2020 innovation grant recipients will focus on policy development and sustainability. This program will offer states the opportunity to learn from experts in the field about policy options to improve health equity and enhance their completed innovation projects to make them sustainable for future years.

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