

National Worksite Breastfeeding Support Initiative

Goal:

To increase breastfeeding rates at six months to 50% by the year 2010, and exclusive breastfeeding at six months to 25%¹.

Objectives by 2010:

- Increase the percentage of businesses that offer lactation support services and supplies to their employees.
 - Small: Target 20%, baseline 8%²
 - Medium: Target 40%, baseline 20%³
 - Large: Target 60%, baseline 28%⁴Small employers are defined as having fewer than 50 employees; mid-sized employers have 50 to 200 employees; large employers have over 200 employees.

- Increase the number of health insurance plans available that cover lactation support services and breast pump equipment and supplies for all participants, including not only medical needs of mother or baby but also for mothers returning to work.

Background:

It is well documented that one of the primary reasons for early breastfeeding cessation is the mother's return to work.^{5,6,7,8} Breastfeeding support programs at the workplace can facilitate a mother's ability to both work and continue breastfeeding. Research^{9,10} has found that for every \$1 spent on breastfeeding, companies save \$3. This is because in companies which support breastfeeding:

- Women return to work earlier.
- Fewer health-care dollars are spent.
- Fewer sick days are taken.
- Employees report greater job satisfaction.
- Companies report reduced staff turnover.

¹ U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

² Burke M.E. 2005 Benefits Survey Report. Alexandria, VA: Society for Human Resource Management; 2005.

³ Ibid

⁴ Ibid

⁵ Taveras, E.M., Capr, A.M., Braverman, P.A. Jensvold, N.G., Escobar, G.J. and Lieu, T.Z. 2003. Clinician support and psychosocial risk factors associated with breastfeeding discontinuation. *Pediatrics* 112(1): 108-115.

⁶ Ryan, A., Wenjun, Z. and Acosta, A. 2002. Breastfeeding continues to increase into the new millennium. *Pediatrics* 110(6): 1103-1109.

⁷ Fein, S.B. and Roe, B. 1998. The effect of work status on initiation and duration of breastfeeding. *Am J Pub Health* 88(7): 1042-1046.

⁸ Visness, C.M. and Kennedy, K. I. 1997. Maternal employment and breastfeeding: Findings from the 1988 National Maternal and Infant Health Survey. *Am J Pub Health* 87: 945-950.

⁹ Cohen, R. et al. Comparison of maternal absenteeism and infant illness rates among breast-feeding and formula-feeding women in two corporations. *Am J Health Promo* 1995; 10(2):148-53.

¹⁰ Cohen, R. and Mrtek, M. The impact of two corporate lactation programs on the incidence and duration of breast-feeding by employed mothers. *Am J Health Promo* 1994; 8(6):436-41.

Increasing the rate of exclusive breastfeeding brings the added benefit to both employers and the nation of substantially decreasing national expenditures for medical care for infants from diseases related to not breastfeeding during the first year of life by approximately \$1.8 billion¹¹.

Businesses have found creative ways to provide worksite breastfeeding support in a wide variety of settings (wholesale/retail, manufacturing, agriculture, service, health, government, etc.) and within a wide range of budgets. No matter what the setting, some level of worksite breastfeeding support is possible. A large business with more resources will have more options, which may include among others:

- Quality breast pumps for all breastfeeding employees and spouses.
- An onsite lactation room.
- Lactation consultant services.

A small business with limited resources may have fewer options, yet still find ways to support breastfeeding, such as:

- A privacy screen in a manager's office or other multi-purpose area to provide a private place for pumping or breastfeeding.
- Employee break time (paid or unpaid) for pumping or breastfeeding several times during the workday.

Despite the benefits of providing worksite breastfeeding support, only a small percentage of employers provide such an environment¹². In many cases, breastfeeding support is more available in larger companies as compared with medium and small companies¹³. Even when available, worksite breastfeeding support can vary widely even within the same company. As the popular press reports¹⁴, comprehensive worksite breastfeeding support may be available to upper-income employees at corporate headquarters while lower-income employees at local outlets receive no support at all. Such disparities further undermine plans to initiate or maintain breastfeeding for women, especially among low-wage workers.

Among companies surveyed about providing breastfeeding support services, those who did not provide any support mentioned a lack of knowledge about what support would entail or how it would enhance employee productivity and retention. Many companies were hesitant to 'take a lead' in such a program and wanted other entities to take charge of providing information and program organization for breastfeeding support among other worksite wellness issues.

Given this atmosphere of unacknowledged demand, there is an urgent need to educate employers on the value and feasibility of worksite breastfeeding support programs for business profitability. A federal initiative to promote and support the implementation of breastfeeding support programs at the workplace would provide recognized leadership for this important barrier to advancing national Healthy People objectives for breastfeeding. Such a national worksite breastfeeding support initiative can easily build upon the increased awareness of the importance of breastfeeding, utilizing a combination of outreach and education strategies to reach our proposed objectives.

¹¹ Weimer, J.T., U.S. Dept. of Agriculture Economic Research Service. *The Economic Benefits of Breastfeeding: A Review and Analysis*. U.S. Department of Agriculture. Food Assistance and Nutrition Research report no. 13, March 2001.

¹² Burke, M.E. 2005 Benefits Survey Report. Alexandria, VA. Society for Human Resources Management, 2005.

¹³ Ibid.

¹⁴ Kantor, J. On the job, nursing mothers find a 2-class system. NY Times, September 1, 2006.

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) is developing a comprehensive worksite lactation marketing toolkit entitled "The Business Case for Breastfeeding," through a contract with BestStart Social Marketing. The next steps in developing a federal initiative to promote and support worksite lactation programs depend greatly on the availability of the MCHB toolkit. A plan to include dissemination and technical assistance is required to move this national effort forward.

If it is determined that the MCHB materials are sufficient as is and ready to use in a national marketing program, plans can proceed for a federal initiative. There are many possible scenarios that can facilitate support for breastfeeding women at the workplace; what follows only describes a few alternatives. Key questions will be deciding the appropriate scope for this initiative, how it can be funded, and where it is best housed.

If the MCHB "Business Case for Breastfeeding" is not available, then a nationally-recognized kit needs to be developed by a project steering committee using available resources such as:

- CDC's Healthy Worksite Initiative
- US DHHS's *Blueprint for Action on Breastfeeding*
- US DHHS's *Healthy People 2010*
- American Academy of Pediatrics Policy Statement "Breastfeeding and the Use of Human Milk"
- United States Breastfeeding Committee's "Workplace Breastfeeding Support" and "Checklist for Accommodations in the Workplace"
- Extant toolkits from various states.

Basic design:

- Utilize national breastfeeding and worksite action kits. The MCHB toolkit is a comprehensive tool that would be the first choice to systematize the program. Otherwise, the project steering committee will develop a toolkit. Such a kit should be broadly available in an electronic format to all interested parties. This suggested project would fund printing and distribution of kit elements to contractors.
- A steering committee would be established to oversee this initiative, including development of an "ask your doctor" component, managing increased interest in worksite lactation programs, overseeing contractors, and evaluation of best practices.
- A National Worksite Wellness company would be contracted to assist in implementation of worksite breastfeeding support programs in ten large employers and three major insurers.
- Ten Community Demonstration Projects would be established in localities in ten states, which would then assist in implementation of worksite breastfeeding support programs in small to mid-sized employers.
- The Assistant Secretary of Health would set up a nationwide award recognition program.

Steering Committee:

A steering committee would be established which would include:

American Academy of Pediatrics, La Leche League in the USA, National Business Group on Health, National Business Coalition on Health, United States Breastfeeding Committee, United States Lactation Consultants Association, Academy of Breastfeeding Medicine, business associations and federal partners such as OWH, CDC, and MCHB.

The steering committee would oversee the progress of the contractors and promote their work to the broader community and the media, including enabling physicians to speak knowledgeably to these issues. The AAP and other physician-led organizations will work to develop materials to educate physicians on ways to promote and support breastfeeding beyond the period of return to work. Materials may include information brochures on the basics of a workplace lactation program, dissemination of “The Business Case for Breastfeeding,” clinical and scientific reports on issues related to continued exclusive breastfeeding and employment, web-based information on the issues that arise with breastfeeding after return to work, and methods of referral to lactation consultants, breastfeeding medicine specialists, and breastfeeding supporters for clinical and social supports. Mothers will be encouraged to ask their doctors for ways to continue exclusive breastfeeding for the first 6 months of life and to continue breastfeeding with adding nutritious complementary foods for at least the first year of life.

As mentioned above, the steering committee will also create guidelines for the contractors if the comprehensive MCHB Business Case for Breastfeeding is not disseminated promptly.

It can be anticipated that demand for information and assistance will increase over time, beyond the employers initially targeted. Therefore the steering committee will further oversee development of an information resource for employers interested in implementing a lactation program, such as that which can be placed on the internet or in physical packages, and be made available to all those who request it.

National Worksite Wellness company:

A national worksite wellness company will be contracted to:

- Comply with the USBC’s “adequate” level of Workplace Breastfeeding Support.
- Reach out to a wide range of HR departments of large employers who currently do not have workplace lactation support, with the goal of assisting to implement new programs in ten corporations. Our rationale is that this can impact a large number of families by working with a relatively small number of employers. Worksites should represent a variety of business sectors, such as food service, retail, agriculture, manufacturing, service, health care. Program services should be implemented at all levels of the corporation (staff hierarchy as well as facility distribution) so that all staff may be served. The Diffusion of Innovation theory suggests that office-based environments be targeted first because of the relative ease with which lactation programs could be initiated.
- Gather baseline data on evaluations measures such as: how many women of childbearing age, how many are breastfeeding, etc. use for purposes of evaluation after the intervention.
- The contractor under this section will also reach out to large insurance companies, with two goals. First, to implement worksite lactation programs for the employees at three companies. Second, to assist at least one of these three to develop a worksite lactation services benefit package to offer clients. This is a critical way to impact small to mid sized employers, who tend to purchase health benefits “off the shelf”. The aim should be that lactation services are covered as a health benefit like any other, and are thus available to beneficiaries of the coverage, as well as the employee
- It is anticipated that large employers will hire their own technical consultants to assist in providing direct services. It is the job of the contractor to inspire them to do so.
- Work with the media to promote this work.
- Work closely with the steering committee, evaluating and reporting best practices for this outreach.

Community Demonstration Projects:

Ten Community Demonstration Projects (CDPs) will be selected throughout the US, representing geographic, economic and population diversity.

Acceptable CDP applicants must comply with the USBC's "adequate" level of Workplace Breastfeeding Support and can include: State or County Health Departments, HR wellness consultants, non-profit health care organizations, faith based organizations, business associations, grassroots breastfeeding organizations, State Bureau of Labor and Industry, etc.

The CDPs will be contracted to:

- Implement worksite breastfeeding support programs with a variety of small and mid-sized businesses. Worksites shall represent a variety of business sectors, such as food service, retail, agriculture, manufacturing, service, health care. Program services should be implemented at all levels of the corporation (staff hierarchy as well as facility distribution) so that all staff may be served. Small employers are defined as having fewer than 50 employees and mid-sized employers have 50 to 200 employees.
- Utilize the national worksite breastfeeding support toolkit as their basic project marketing tool, tailoring messages as needed for particular employers or business sectors.
- Implement worksite breastfeeding support programs at a minimum of "adequate" level per USBC.
- Provide skilled lactation support to implement the program.
- Work with the local media to promote the progress at these companies.
- Work closely with the steering committee, evaluating and reporting best practices broadly reproducible strategies for this outreach.

Award Recognition Program:

One way to attract attention to and build acceptance of worksite breastfeeding support programs would be to develop a national awards program for stellar performers. The DHHS Assistant Secretary of Health or similar high-level official could lend credibility to the initiative.

Institutional Home:

The initiative needs to be managed out of some federal agency. There are various options to consider, each with its own pros and cons.

1. HRSA/MCHB. Pros: The "Business Case for Breastfeeding" toolkit was originated by the bureau and is currently in clearance at the bureau. Dissemination activities were originally to be carried out by the bureau, so this project would represent a natural expansion. Cons: There is concern that MCHB currently does not have the staff or resources to carry out a large initiative effectively.
2. DHHS/Office on Women's Health. Pros: Initial impetus for this initiative originated with OWH. Employers might more readily recognize the value of a lactation program if described under the auspices of women's health. Funding may already be available. A national awards program particularly seems appropriate for this office. Cons: Dr. Agwunobi has indicated that initiatives should not reside in the DHHS Offices in the long run, but rather belong with agencies. Starting the initiative within OWH and later transferring it could be inefficient.
- 3a. CDC/Maternal and Child Nutrition Branch. Pros: The branch has an existing staff of approximately 4 FTEs working on breastfeeding programs. The branch wrote CDC's lactation policy. One staff member has previous experience in working with business and labor unions in the "Business Responds to AIDS" program. Cons: The branch is

beginning to develop an initiative on maternity care practices related to breastfeeding and doing both simultaneously could prove difficult.

- 3b. CDC/Healthier Worksite Initiative. Pros: This group has developed an online toolkit for developing worksite lactation programs. They are incorporating lactation support into the context of broader worksite wellness programs. Cons: The activities of this group are limited to targeting federal agencies. While online materials are available outside the federal government, they are not marketed to the private sector.
- 3c. CDC/Healthy Workplaces USA. Pros: This new CDC project plans to market worksite wellness programs on chronic disease prevention nationwide. Lactation programs could probably be incorporated into the project. Cons: The project is just getting started and could not absorb a large initiative at this time. Lactation support would likely be included as part of a menu of options rather than having its own marketing component.

At least for CDC, it is clear that additional staff and resources would be needed. While existing staff might be able to provide general oversight, day-to-day operations of the initiative would probably require full-time attention.

Our recommendation is to enable OWH to launch the initiative and oversee it for three years, providing technical support to the national worksite company and CDPs, bringing further media attention to the work done by all, and bringing more states into the CDP project as funds allow. Meanwhile, allow CDC's current breastfeeding projects to launch while capacity to house the National Worksite Lactation Support Initiative is developed. Both parties will work to ensure the transition is as efficient as possible.

Budget:

Given the uncertainties of this initiative, any budget must be considered highly tentative. The numbers below are offered only to stimulate discussion about the components of the initiative and to further dialog about how it should be operated.

The most critical factors in determining the ultimate size of the budget will be how many employers are to be contacted, how many will ultimately require technical assistance, and how detailed that technical assistance needs to be. A sample annual budget for a three-year project might include:

Wellness firm Contract	\$200,000
Steering Committee (4 mtgs/year)	\$40,000
Community Demonstration Projects (10)	\$500,000
Production and distribution of toolkit for CDPs (print and electronic, first year only)	\$100,000
Project training for contractors	\$75,000
Website and administrative support for CDPs	\$100,000
National awards event	\$45,000

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