# 2019-21 Biennium Budget
# Decision Package

**Agency:** 303 - Department of Health
**Decision Package Code-Title:** 1J - Support Breastfeeding Mothers
**Budget Session:** 2019-21 Regular
**Budget Level:** Policy Level
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## Agency Recommendation Summary

Breastfeeding provides unmatched health benefits for babies and mothers and reduces the risk of disease while peer counseling is an evidenced-based approach to increase breastfeeding rates. This request would expand peer counseling at Women, Infants and Children (WIC) clinics by 50% and offer funding to meet the cultural and community needs of tribes and small rural agencies.

## Fiscal Summary

*Dollars in Thousands*

| Operating Expenditures | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---|---|---|---|---|
| Fund 001 - 1 | $911 | $911 | $911 | $911 |
| **Total Expenditures** | **$911** | **$911** | **$911** | **$911** |
| **Biennial Totals** | | **$1,822** | | **$1,822** |

| Object of Expenditure | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---|---|---|---|---|
| Obj. E | $11 | $11 | $11 | $11 |
| Obj. N | $900 | $900 | $900 | $900 |

## Package Description

What is the problem, opportunity or priority you are addressing with the request?

Although breastfeeding is natural, most moms and babies need practice learning how to do it. It's normal for mothers to need some help to get the best start with breastfeeding. WIC's Breastfeeding Peer Counseling Program offers mother-to-mother support to WIC clients. However, the Washington State WIC Program isn't meeting program recommendations which were based on the CDC recommendations to increase rates of babies still breastfeeding at six months of age and decreasing the number of breastfeeding newborns who

receive formula supplements within the first two days of life. Early supplementation of breastfeeding with infant formula by the second day of life among WIC breastfed infants increased significantly this past year. This is an important indicator since it shows that a woman had intentions of breastfeeding, but something had gone wrong. Peer counseling is an evidence-based approach to help women make informed infant feeding decisions. Peer support is a cost-effective, individually tailored approach and culturally competent way to promote and support breastfeeding for women from different socioeconomic backgrounds, especially in places where professional breastfeeding support is not widely available. Expanding peer counseling services to all WIC agencies and modifying the training curriculum to meet rural and tribal needs would reach more women with peer support, improve breastfeeding rates and duration throughout the state, and support the long term health and wellbeing of women and children.

Washington WIC Breastfeeding Rates

| Year | Percent of WIC infants breastfed at birth (initiation rate) | Percentage of WIC infants still breastfed at six months of age |
|---|---|---|
| 2000 | 77% | 36% |
| 2005 | 83% | 43.6% |
| 2010 | 85.2% | 43% |
| 2011 | 86.3% | 45% |
| 2015 | 87.7% | 46.4% |
| 2016 | 89.3% | 50.3% |
| 2017 | 89.2% | 50.7% |

According to the CDC, “Systematic reviews of peer support programs have found them to be effective in increasing the initiation, duration, and exclusivity of breastfeeding. Significant increases in initiation, duration, and exclusivity were observed among women who received support from a peer counselor or other lay person. Multifaceted interventions with peer support as one of the main components have also been found to be effective in increasing breastfeeding initiation and duration.”

Federal funding for the Peer Counseling (PC) program decreased from $1.9M in Federal Fiscal Year 2010 (FFY 10) to $1.3 M in FFY 18. As a result, the number of agencies with PC programs decreased from 39 to 31. Only

about 50% of WIC clinics currently have peer counselors.

The use of federal funding also requires implementation of the federal model, including the use of specific training curricula, and staffing and reporting requirements. These requirements create challenges for tribal and small rural health department WIC programs to implement the PC program. For tribal programs, the USDA "Loving Support" model is evidence-based, but has not been evaluated for use with Native American populations. The "Loving Support" model doesn't recognize tribes' traditions, values and cultures in caring for women and infants. For both tribal programs and small rural health departments, small WIC programs located in remote and rural areas in the state don't have the capacity to meet all staffing, reporting and training requirements. The programmatic shortcomings of the Loving Support model, combined with the reporting requirements of the program, outweigh any potential benefits for tribes who have chosen not to participate in the program. For example, the Confederated Tribes and Bands of the Yakama Nation chose not to participate due to the reporting requirements. State funding would allow flexibility in adapting programs to meet the needs of communities.

What is your proposed solution?

The Department of Health requests $1.8 million GFS in the 19-20 biennium and on an on-going basis to offer funding to local WIC agencies that currently don't have a peer counseling program and provide additional funding to existing programs to expand services by 50%. DOH would use WIC data to prioritize expansion in areas that have WIC breastfeeding rates lower than the state average, expand to areas in the state with low WIC breastfeeding rates, and adapt training curricula and program structure to meet the needs of small, rural, and tribal health programs.

This proposal would fund DOH staff to work with tribal communities, small rural health departments, and other communities serving priority populations to adapt the Loving Support model in a way that respects tribal knowledge.

Studies show that low-income women receiving peer support start breastfeeding and breastfeed longer than women who do not receive peer support. A recent study estimated that if 90% of mothers achieved exclusive breastfeeding at six months, the US would save $13 billion per year in societal costs and prevent more than 900 deaths.

What alternatives did you explore and why was this option chosen?

DOH considered using WIC federal Nutrition Services Administration (NSA) funding. These funds support administrative and direct client services work at the state and local levels. Local WIC programs are not fully

funded due to limited funding from USDA-FNS, and to redirect NSA funding to fund PC programs would negatively impact local agency funding and funding for other WIC services to meet federal WIC requirements. Reducing NSA would necessitate local agency WIC funding staff reductions, which would likely have a negative impact on the caseloads of clinic staff. This proposal was chosen in order to maximize the use of WIC NSA for other WIC services.

Tribal Health Clinic funding is not a viable alternative. The Indian Health Services provides only 32% of needed funding. Tribal Health Clinics don't have the capacity to fund their own breastfeeding peer counseling programs.

The consequences of not funding this proposal include:

Without funding, fewer WIC clients will receive support to choose to exclusively breastfeed for the first six months of an infant's life, as is recommended by the American Academy of Pediatrics. There are disparate breastfeeding rates and durations among WIC clients in rural and tribal populations. Without funding, DOH will be unable to expand the program to tribal WIC programs. This prevents the agency from living up to its commitment to tribal leaders to enhance and improve tribal WIC services using a tribally-driven process. This commitment is outlined in the agency's Centennial Accord Plan and the American Indian Health Care Delivery Network's plan. DOH's commitment to work with tribes to address American Indian/Alaska Native (AI/AN) maternal and infant health disparities would also be negatively impacted.

Additional Notes:

CDC recognizes peer support for breastfeeding as an evidence-based practice.

The Minnesota WIC program evaluated the peer counseling program and found that women who had access to a peer counselor had increased breastfeeding rates. The positive association of peer counseling with improved breastfeeding rates was similar across women of differing races, ethnicities and countries of origin.

## Assumptions and Calculations

**Expansion or alteration of a current program or service:**
History of federal funding for the program::

FFY 10 funding: 1.91 million, received July, 2011

FFY 11 funding: 1.61 million, received June, 2011

FFY 12 funding: $1.4 million, received March, 2011

FFY 13 funding: $1.15 million, received June, 2013

FFY 14 funding: $1.4 million, received May, 2014

FFY 15 funding: $1.38 million, received April, 2015

FFY 16 funding: $1.36 million, received March, 2016

FFY 17 funding: $1.37 million, received April 2017

FFY 18 funding: $1.32 million received April 2018

Funding for this program has remained flat for the past five years. If this proposal is funded, DOH expects an increase in the number of peer counseling programs of up to 25%, in addition to existing agencies that would be enabled to expand the number of peer counselors and hours.

**Detailed assumptions and calculations:**
One time funding in the amount of $911,000 for FY 20 will enable DOH to continue supporting 32 local WIC agencies to provide peer to peer breastfeeding support in to high-risk, low-income women. The funds would be used to fill the 7 month gap of time between federal grant awards. The WIC breastfeeding peer counselor program uses a standardized evidence-based curriculum to train current or former WIC clients to provide peer support. Studies show that low-income women receiving peer support start breastfeeding and breastfeed longer than women not receiving peer support. A recent study estimated that if 90% of mothers achieved exclusive breastfeeding at six months, the US would save $13 billion per year in societal costs and prevent 911 deaths.

This work will include:

- Salaries and benefits for 61 peer counselors ($500,000);
- Salaries and benefits for peer counselor supervision($166,000);
- Training ($26,000)
- Travel, supplies and communications ($45,000);
- Local Agency Indirect Cost($163,000)
- State Agency Indirect Cost($11,000)

**Workforce Assumptions:**
See attached Financial Calculator.

## Strategic and Performance Outcomes

**Strategic framework:**
The benefits of breastfeeding for mothers and their infants are directly tied to the Governor's priority for Healthy and Safe Communities: Healthy Babies and Healthy Youth and Adults. Improving WIC

breastfeeding rates aligns with the Healthiest Next Generation Initiative. It also supports the Department of Health Strategic Plan's Goal 2: Ensure all children in Washington achieve their highest health potential.

CDC has identified peer counseling as an evidence-based intervention to increase breastfeeding rates.

Infants in the U.S. who aren't breastfed are at increased risk for diabetes, childhood leukemia, Sudden Infant Death Syndrome (SIDS), obesity, respiratory and ear infections, and necrotizing enterocolitis. Mothers in the U.S. who don't breastfeed are at increased risk for breast and ovarian cancer and type 2 diabetes.

Peer counseling is an evidenced-based approach to increase breastfeeding rates and reduce these serious, and potentially fatal, negative health outcomes for mothers and infants.

**Performance outcomes:**
This proposal will increase the number of peer counselors providing services to women to continue breastfeeding exclusively for the first six months. It will increase the number of tribal WIC agencies offering the service which will improve rates of breastfeeding initiation and duration, particularly among clients.

## Other Collateral Connections

**Intergovernmental:**
Constituents of tribal, regional, county, and city governments would receive improved services. Breastfeeding peer counseling is one of the tools that health and community based organizations can use to improve the health outcomes and decrease health disparities experienced by low-income women and their infants, especially for priority populations.

No impact to other state agencies.

**Stakeholder response:**
Low-income families and communities with limited access to culturally appropriate lactation support would back this proposal.

Local health departments and tribal WIC programs would like to provide this service. They may have concerns about hiring additional FTEs.

Non-governmental organizations such as the AIHC and Nutrition First would support this effort.

Health care providers will see this as an additional way to support their efforts to promote their patients' health.

Hospital staff in areas with the PC program support it as an adjunct to their services.

**Legal or administrative mandates:**
None

**Changes from current law:**
None

**State workforce impacts:**
None, funding will be passed-through to the local WIC agencies.

**State facilities impacts:**
None

**Puget Sound recovery:**
N/A

## Agency Questions

**Did you include cost models and backup assumptions?**
See attachments

## Reference Documents

- Support Breastfeeding Mothers-FNCal.xlsm

## IT Addendum

**Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?**
No