

Breastfeeding Friendly Health Department - Intent to Apply

Local public health agencies and tribal health boards are eligible for recognition as a Breastfeeding Friendly Health Department at Bronze, Silver and Gold levels.

To apply, complete this short intent to apply. We will get back to you in the next few days with a login for you and one additional contact person at the Health Department. Once you receive an email from us you can login and access the full application in RedCap. The email you receive will come from health.redcap@state.mn.us.

Applications are accepted at any time, but must be submitted by July 15 for review that calendar year (applications are reviewed annually in August).

Questions?

Contact us at health.bfw@state.mn.us.

1) Health Department Name

2) Contact Person Name

3) Contact Person Title

4) Contact Person Email

5) Contact Person Phone

6) Second Contact Person (optional)

7) Second Contact Title

8) Second Contact Email

9) Second Contact Phone Number

Department Info

[doh]

Department Address

City

State

MN

Zip Code

Minnesota County

- Aitkin
- Anoka
- Becker
- Beltrami
- Benton
- Big Stone
- Blue Earth
- Brown
- Carlton
- Carver
- Cass
- Chippewa
- Chisago
- Clay
- Clearwater
- Cook
- Cottonwood
- Crow Wing
- Dakota
- Dodge
- Douglas
- Faribault
- Fillmore
- Freeborn
- Goodhue
- Grant
- Hennepin
- Houston
- Hubbard
- Isanti
- Itasca
- Jackson
- Kanabec
- Kandiyohi
- Kittson
- Koochiching
- Lac qui Parle
- Lake
- Lake of the Woods
- Le Sueur
- Lincoln
- Lyon
- Mahnomen
- Marshall
- Martin
- McLeod
- Meeker
- Mille Lacs
- Morrison
- Mower
- Murray
- Nicollet
- Nobles
- Norman
- Olmsted
- Otter Tail
- Pennington
- Pine
- Pipestone
- Polk
- Pope
- Ramsey
- Red Lake
- Redwood
- Renville
- Rice
- Rock
- Roseau
- Saint Louis

- Scott
- Sherburne
- Sibley
- Stearns
- Steele
- Stevens
- Swift
- Todd
- Traverse
- Wabasha
- Wadena
- Waseca
- Washington
- Watonwan
- Wilkin
- Winona
- Wright
- Yellow Medicine

Application Level

Application Level

Bronze Level - recognition for completion of Steps 1&2 plus any three additional steps.

Silver Level - recognition for completion of Steps 1 & 2 plus any five additional steps

Gold Level - recognition for completion of all ten steps.

Application Level

- Bronze
 Silver
 Gold

All applications require Step 1 and Step 2. For Bronze and Silver, please indicate the additional steps you will be completing.

	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
Indicate first additional step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate second additional step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate third additional step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate fourth additional step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate fifth additional step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gold Level requires completion of all ten levels.

Descriptions of each Step

Step 1: Establish a designated individual/group to manage the following tasks including policy review, development, staff orientation and education.

Step 2: Have a written breastfeeding policy that is routinely reviewed with department staff and meets the following criteria including addressing all BFHD 10 steps.

Step 3: Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the "norm" in the community.

Step 4: Collaborate with community partners to ensure access to breastfeeding classes for prenatal women.

Step 5: Educate the community on breastfeeding support.

Step 6: Encourage racially and ethnically diverse resources within a community.

Step 7: Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond.

Step 8: Through community partners, encourage local public places to provide a breastfeeding friendly environment for families.

Step 9: Select businesses each year to provide workplace lactation support training.

Step 10: Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother.

Step 1

Step 1: Establish a designated individual/group to manage tasks including policy review, development, staff orientation and education

When you are done documenting this step, please mark it complete below.

A. Establish a process for developing, reviewing and modifying policies, procedures and protocols related to breastfeeding practice and environments.

List the positions of individuals designated to manage breastfeeding-related policy development and review, staff orientation, and continuing education related to the breastfeeding policy.

Upload your health department's document renewal process OR

Provide a link to your health department's document renewal procedure.

B. Ensure staff receive orientation and continuing education on breastfeeding policy implementation and support.

Upload orientation checklist or other appropriate document OR

Provide a link to orientation checklist or other appropriate documents.

C. Complete assessment of community needs for individual breastfeeding promotion and support.

Upload assessment of community needs for individual breastfeeding promotion and support (completed in the last five years.)

D. Initiate or participate in a breastfeeding coalition/taskforce with community and health department membership.

Upload agenda or minutes from most recent meeting.

Step 2

Step 2: Have a written breastfeeding policy that addresses the Breastfeeding Friendly Health Department Steps for which you are applying.

For example, a bronze level application policy should include Steps 1 and 2 plus three additional Steps. Gold level applications should address all 10 Steps.

When you are done documenting this step, please mark it complete below.

A. The public health department has a written policy that addresses all the steps applied for in the designation process in addition to:

- Indicates all mothers will be referred to appropriate individual support within the community
- Identifies first point of referral in health care provider / community for mothers experiencing common breastfeeding challenges
- Includes language about support for breastfeeding employees in accordance with state statute

Upload health department breastfeeding policy OR

Provide link to policy.

Step 3

Step 3: Coordinate breastfeeding support and promotion with other programs in the health department, private and public health care systems, and community organizations to establish breastfeeding as the "norm" in the community.

When you are done documenting this step (if applicable) please mark complete below

A. Ensure breastfeeding mothers are given contact information of community-based breastfeeding support groups and individual breastfeeding services.

Upload resource list used, including both prenatal and postpartum resources.

B. Coordinate information and promotion of breastfeeding with other programs, systems and/or organizations

Give an example of how your health department is coordinating information with one or more of the following groups: WIC Program, schools, hospitals, medical clinics, health care providers (e.g. pharmacists, home visiting staff)

Collaborate with partners or coalitions to advocate for support and accommodation of breastfeeding women

Give an example of how you have worked with partners or coalitions to advocate for support and accommodation of breastfeeding women.

Step 4

Step 4: Collaborate with community partners to ensure access to breastfeeding classes for prenatal women

When you are done documenting this step (if applicable) please mark complete below

A. Identify available prenatal breastfeeding classes within the community

List available prenatal breastfeeding classes.

Identify barriers to accessing classes for any/all populations within the community such as language, cost and location.

Describe barriers OR

Upload an attachment describing the barriers OR

Provide a web page link that documents the barriers.

Work collaboratively with community partners/OB providers to fill the gaps and eliminate the barriers.

Describe your plan to work with community partners to address existing barriers and eliminate gaps in service OR

Upload an attachment describing your plan to work with community partners to address existing barriers and eliminate gaps in service OR

Provide a web page link that documents your plan to work with community partners to address existing barriers and eliminate gaps in service.

Step 5

Step 5: Educate the community on breastfeeding

When you are done documenting this step (if applicable) please mark complete below

A. Increase community awareness by sharing the health department breastfeeding policy

List communication method(s)

B. Provide basic information on breastfeeding support and management

Provide an example of how your health department has worked or is currently working with community partners to share basic information on breastfeeding support and management. OR

Upload an example of how your health department has worked or is currently working with community partners to share basic information on breastfeeding support and management OR

Provide a website that shows how your health department has worked or is currently working with community partners to share basic information on breastfeeding support and management.

C. Increase community awareness of breastfeeding friendly resources

List communication method(s) you are using to increase community awareness of breastfeeding friendly messages.

Step 6

Encourage racially and ethnically diverse resources within the community

When you are done documenting this step (if applicable) please mark complete below

A. Identify racial, socio-economic and minority needs in the community

Use available data to document identified needs within your community OR

Upload assessment to document identified needs within your community.

B. Offer diverse breastfeeding support collaboratively with community partners

Summarize the culturally appropriate breastfeeding support opportunities available within your county and how you are working to meet the needs identified above OR

Upload a document to show the culturally appropriate breastfeeding support opportunities available within your county and how you are working to meet the needs identified above OR

Provide a link to a website that shows the culturally appropriate breastfeeding support opportunities available within your county and how you are working to meet the needs identified above.

Step 7

Step 7: Support mothers in initiating and maintaining breastfeeding up to twelve months and beyond.

When you are done documenting this step (if applicable) please mark complete below

A. Educate parents and community partners about the importance of exclusive breastfeeding and the difficulties of reversing the decision not to breastfeed

Describe how you ensure that relevant health department staff are able to provide this education OR

Upload a document to show how you ensure that relevant health department staff are able to provide this education OR

Provide a link to a website that shows how you ensure that relevant health department staff are able to provide this education.

B. Ensure that mothers know how to access timely support and resources, express their milk, and obtain a breast pump when appropriate, to manage separation from their babies.

Describe how this education is provided OR

Upload a document to show how this education is provided OR

Provide a link to a website that shows how this education is provided.

C. Work with local providers to ensure they are aware of resources that inform them about medication compatibility with breastfeeding.

List one or more providers you are working with AND

Upload resources used OR

Provide link to a website that shows resources used.

D. Develop a formal referral system for communicating mother's breastfeeding progress to staff as she moved from hospital to community/public health programs

Upload referral process document OR

Provide link to website showing referral process document.

E. Inform mothers of state and federal breastfeeding laws

Upload document you provide to mothers about the law
OR

Provide link to website with information you provide
to mothers about the law.

Step 8

Step 8: Through community partners, encourage local public places to provide a breastfeeding friendly environment for families

When you are done documenting this step (if applicable) please mark complete below

A. Work with local public places such as libraries and community centers to provide a private space to breastfeed and/or express milk

List at least two places you have worked with or are currently working with.

B. Encourage the facility to educate staff on acceptable vs. unacceptable behaviors and responses toward breastfeeding women.

Describe how you encourage the facilities you work with to educate staff on acceptable behaviors towards breastfeeding women OR

Upload an example of how you encourage the facilities you work with to educate staff on acceptable behaviors towards breastfeeding women (e.g. education sheet)

C. Encourage the facility to display signage identifying it as breastfeeding friendly

Describe the signage used OR

Upload an image of the signage.

Step 9

Step 9: Select businesses each year to provide workplace lactation support training
When you are done documenting this step (if applicable) please mark complete below

A. Discuss the benefits of breastfeeding for the workplace

Identify at least two business organizations you have worked with or are currently working with.

B. Provide a sample workplace breastfeeding policy

Provide a sample workplace breastfeeding policy

C. Provide minimum requirements of a lactation room

Provide minimum requirements of a lactation room

D. Provide sample materials to be included in an employee breastfeeding packet

Upload resources used to provide education to area businesses about workplace lactation support OR

Provide a link to resources used to provide education to area businesses about workplace lactation support

E. Honor local breastfeeding friendly workplaces through community task force/coalition

Provide an example of how you have honored at least one local breastfeeding friendly workplace or plan to in the future OR

Upload photo of how you have honored at least one breastfeeding friendly workplace.

Upload another photo of how you have honored at least one breastfeeding friendly workplace.

Step 10

Step 10: Facilitate access to information and training for local child care centers or family child care providers on how to support a breastfeeding mother**When you are done documenting this step (if applicable) please mark complete below**

A. Identify organizational capacity to host training

Describe organizational capacity to host trainings OR

Upload file to show organizational capacity to host trainings OR

Provide a link to show organizational capacity to host.

B. Identify available training for child care providers in person or online

Note: If the child care provider wishes to receive MDH recognition as a Breastfeeding Friendly Child Care Provider, the two approved trainings are Supporting Breastfeeding in Child Care Programs and Let's Move Child Care: Nutrition, Beverages and Infant Feeding. These trainings are offered through the Minnesota early childhood professional development system, in-person or online, usually through Child Care Aware. Child care providers can contact their local Child Care Aware agency for a schedule of upcoming trainings.

List trainings

C. Work collaboratively with child care associations for training dissemination of resources

Upload resources you provide to child care associations

D. Honor local breastfeeding friendly child care center/providers/schools through community task force/coalition

Provide an example of how you have honored at least one breastfeeding friendly child care program or plan to in the future.

Upload a photo of how you have honored at least one local breastfeeding friendly child care program.

Supplemental Materials

Supplemental Files. You can upload up to 3 additional files. Please indicate the relevant Step for each one.

Upload file 1

Description/additional information about the first additional file (please include the relevant step).

Upload file 2

Description/additional information about the second additional file (please include the relevant step).

Upload file 3

Description/additional information about the third additional file (please include the relevant step).

Ready to Submit

To submit this application, please answer Yes to the question, mark the form Complete and then hit Save (any save). You should receive an email from MDH in a few days to acknowledge receipt of your application.

Our application is complete. Please review it now!

- Yes
- No