



TO: Michigan Department of Health and Human Services
RE: Comment on Title V Block Grant application
FR: Shannon McKenney Shubert, MPH, CLC, Michigan Breastfeeding Network
DA: June 26, 2020

As an on-going statewide partner with the Michigan Department of Health and Human Services, we are pleased to see that breastfeeding is integral to the plans and strategies built into Michigan's Title V block grant application. Thank you for taking public comment.

Michigan Breastfeeding Network's mission is to lead the statewide collaborative actions for advocacy, education and coalition building. We envision that all families will live and work in a breastfeeding-supportive culture. In order to bring this vision to reality, we collaborate with organizations and individuals to bring about actionable, system-level changes that are centered on the diverse experiences of Michigan families with young children.

In reviewing the proposed application, we want to first take a moment to share gratitude for acknowledging Michigan Breastfeeding Network as one of your strategic partners. We are honored by the opportunity to continue collaborating with MDHHS and we are so grateful for your continued support of the Great Lakes Breastfeeding Webinars.

In addition, we believe that, especially in light of COVID-19 and the uprising in support of Black lives, this is not the time for "business as usual". Much of this proposal reads as an extension of continued efforts by MDHHS and we believe that the Title V support should be leveraged to dismantle systemic barriers to breastfeeding success – including racism, gender discrimination, and economic oppression. Here are seven recommendations that we believe would strengthen your proposal and efforts to improve breastfeeding outcomes:

1. **Publish your framework for advancing racial equity and dismantling white supremacy within and across departments at MDHHS:** Race and racism are mentioned throughout the proposal. While you mention specific desires to end racism it does not appear as though these are defined or measurable as currently laid out.
2. **Establish a birth and breastfeeding emergency preparedness framework in partnership with, and centering the needs of, Black, Indigenous, and People of Color:** COVID-19 and the uprising in support of Black lives have made it abundantly clear that birth and breastfeeding within the current hospital and public health systems are not safe for families of color, especially during times of crisis. In the absence of a statewide plan and recommendations for birth and breastfeeding, local health departments and hospitals are left to determine their own plans. We have seen, time and again, their plans neglect to address the historic and ongoing pervasive culture of white supremacy that results in Black and Brown babies being unnecessarily separated from their mothers, and contribute to high Black and Indigenous maternal and infant death rates. Community organizations across the

state have risen to the challenge and are meeting it head-on even during these extraordinary times. We believe that state-level agencies like MDHHS should financially support these ongoing efforts, and continue learning from the innovative approaches these groups are taking to support the communities where they live and serve. Examples of these organizations in Michigan include but are not limited to: Black Breastfeeding Sisterhood in Lansing, Indigenous Breastfeeding Counselors throughout the Upper Peninsula, SHINE in Berrien County, Southeast Michigan IBCLCs of Color (SEMI) in the Detroit area, Milk Like Mine in the Battle Creek area, and YOLO in the Flint area.

3. **Collect and report Native/Indigenous breastfeeding data:** There are close to 200,000 American Indians in federally recognized tribal nations throughout Michigan and significantly more who are mixed Indigenous and/or from different tribal nations across the country. With your stated intention to end racism, and as a step to undo Native/Indigenous invisibility and colonized systems of care, Native/Indigenous families and communities should be directly and positively impacted by these efforts and improvements. The Native/Indigenous breastfeeding outcomes should be measured and reported.
4. **Increase collaboration across State of Michigan agencies and departments to dismantle barriers to breastfeeding success and build support for breastfeeding families:** Breastfeeding benefits all of society. And yet, it falls almost exclusively on parents to navigate the barriers and map out a path of breastfeeding success. As you demonstrate in your proposal, Michigan breastfeeding rates fall dramatically after initiation. We do not believe that breastfeeding success at the levels needed for improvements to public health will be achievable without systems like the jails and prisons, early childhood care and education, courts, environmental health services, and emergency preparedness being clear on their influence on breastfeeding outcomes, and working strategically to dismantle barriers to breastfeeding within the systems where they operate.
5. **With each of the barriers to breastfeeding success that you plan to address with this proposal, acknowledge the systemic racism and cultural context that created these risks in the first place, and commit to equitably compensating Black and Indigenous People of Color to develop and share solutions that center the communities where they live and serve:** We appreciate your intention to bring light to issues like PFAS contamination of our water supply, smoking cessation, safe sleeping conditions, and marijuana use. However, there are specific historical contexts, based in racism and white supremacy, that caused each of these risks to develop and continue today. As an entity with power to impact more upstream concerns, we encourage you to approach these issues in ways that acknowledge the historical and present day contexts of capitalism, patriarchy, and white supremacy. And, as you work to mitigate the risks you named as priorities, we encourage you to center the historic and current lived experiences of Black and Indigenous People of Color, by equitably compensating Black and Indigenous People of Color to develop and share equity-focused, community-driven solutions in the communities where they live and serve.
6. **Establish breastfeeding-specific funding to be managed by the State Breastfeeding Coordinator:** We applaud your work over the last grant term to solidify and expand the role of the State Breastfeeding Coordinator. We see as a next step the necessity to provide direct breastfeeding funding to the afore-mentioned organizations. And, by listing breastfeeding as one of your main strategies, we believe this is an optimal time to allocate specific financial investment in breastfeeding programs.

- 7. Invest financially in breastfeeding coalitions, support groups, skilled lactation services, and education led by and specifically serving Black, Indigenous, and People of Color:** As a natural extension and expansion of our collaborative efforts to diversify the field of breastfeeding support through the Great Lakes Breastfeeding Webinars, it is necessary to invest financially in community-driven, equity-centered, grassroots efforts by people and organizations led by and directly serving Black, Indigenous, and People of Color. This includes establishing pathways for pay equity among RN and non-RN lactation professionals as well as directly supporting community-driven models for breastfeeding education and support like the Indigenous Breastfeeding Counselors, YOLO Village Model, Sistah 2 Sistah Breastfeeding Support Group, SHINE - a breastfeeding support group for Black families, and Southeast Michigan IBCLCs of Color virtual breastfeeding classes and support groups.

Borrowing from the motto of the Black Mamas Matter Alliance, we strongly encourage you to use this next Title V Block Grant as an opportunity to *listen, trust, and invest* in Black and Indigenous People of Color. If you would like to discuss these recommendations further, please feel free to reach out to me at shannon@mibreastfeeding.org or 734-365-6559.

Respectfully,



Shannon McKenney Shubert, MPH, CLC
Executive Director, Michigan Breastfeeding Network