

**Breast Cancer Research Council Meeting Minutes
November 16, 2021: Council Meeting
Zoom**

Members Present: Abigail Arons, Michele Atlan, Colleen Carvalho, Rati Fotedar, Bryan Goldner, Phyllis Howard, Chris Meda, Ana Navarro, Clara Omogbai, Sharon Pitteri, Svetlana Popova, Yamini Ranchod, Angelique Richardson, Tasha Stoiber,

Members Absent: Ujwala Rajgopal, Melanie Smitt

Staff: Mhel Kavanaugh-Lynch, Katherine McKenzie, Lisa Minniefield, Senaida Poole

I. Call to Order: Rati called the council to order at 11:05.

II. Approval of Minutes: The council reviewed the minutes from the October council meeting.

MOTION: Abigail moved (Ana seconded) to approve the October meeting minutes. The motion passed with one abstention.

III. LOI Report Out and Vote: Katie briefly overviewed the review process and then the members discussed the scoring scales and how they determined the LOI recommendations. There were two committees and each one recommended LOIs to be invited to submit a full application.

MOTION: The group accepted the LOI recommendations to invite to submit a full application. The motion passed unanimously.

IV. PBC RFPs: Senaida presented a thorough summary of the initiative. Katie presented a high-level overview for the *Testing Intervention Strategies for the Primary Prevention of Breast Cancer* RFP, including the purpose of the RFP and detailing the two main components of the proposal. She also presented information on the budget and dissemination plan. The group asked questions and discussed the proposal.

Senaida presented high level overview for the *Investing in Communities Local-level Needs as a Systemic Leverage Point to Reduce Racial Disparities in Breast Cancer* RFP. She presented information on the goals of the proposal, detailing the two phases of the project, and the budget. The group asked questions and discussed the proposal.

Both RFPs were unanimously approved.

VII. Director's Report: Mhel briefly informed the group that the program hopes to begin having in-person meetings in spring 2022 depending on the status of pandemic and strict safety guidelines enforced by UCOP. A new program officer should be hired in early 2022.

VIII. Announcements: none

Rati adjourned meeting at 12:54.

January Email Vote:

On January 12, 2022 Mhel sent the council an email requesting they approve or disapprove a policy bid for proposals from the PRAG. See the below email from Mhel, the Request for Bid, email responses from the council and final tally of votes:

From: [Breast Cancer Research Council List](#) on behalf of [Marion Kavanaugh-Lynch](#)
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, January 12, 2022 5:59:43 PM
Attachments: [image001.png](#)
[image004.png](#)
[Request for Bid - Policy Topic - Breastfeeding- NEAR FINAL - v2022-1-5.docx](#)

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

- 1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
- 2. State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed

at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



*300 Lakeside Drive
6th Floor*

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)



REQUEST FOR BID

Project Title: California Breast Cancer Research Program (CBCRP) Policy Initiative: Breastfeeding for Disadvantaged Communities

Date Issued: January 24, 2022

Program Officer: Mhel Kavanaugh-Lynch
Environmental Health & Health Policy
California Breast Cancer Research Program
University of California Office of the President
300 Lakeview Drive, 6th Floor
Oakland, CA 94612
Tel: 510-987-0358
Email: Marion.Kavanaugh-Lynch@ucop.edu

Period of Performance: Base Period of 6 months

Eligibility: UCSF Policy Team (Dr. Peggy Reynolds) or UCLA Policy Team (Dr. Ninez Ponce)

Number of Awards: One at \$100,000 maximum direct costs

Proposal Due Date and Time: February 18, 2022 at 12:00 pm

Information and Proposal Delivery

You are invited to submit a proposal for this Request for Bid. In doing so, you are to provide one (1) original complete Bid, which shall include the following: Research Proposal with a Dissemination and Public Engagement Plan, Budget(s), Budget Justification(s), Appendices and Delivery/Milestone Schedule. The proposal may be provided as an electronic PDF sent to:

Mhel Kavanaugh-Lynch
California Breast Cancer Research Program
Marion.Kavanaugh-Lynch@ucop.edu

Cc: Adara.Citron@berkeley.edu; glcorbett@berkeley.edu

CBCRP prefers that Bidders submit all elements of a proposal in a single e-mail. **The electronic file must be received by CBCRP as specified above under Proposal Due Date and Time.**

1. PURPOSE OF THIS CONTRACT

The purpose of this contract to conduct research is to answer the following policy-related questions:

- A. *What policy interventions could:*
 - 1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
 - 2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

- B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

This work is in support of the CBCRP Policy Initiative.

2. BACKGROUND

CALIFORNIA BREAST CANCER RESEARCH PROGRAM (CBCRP)

CBCRP was established pursuant to passage by the California Legislature of the 1993 Breast Cancer Act (i.e., AB 2055 (B. Friedman) [Chapter 661, Statutes of 1993] and AB 478 (B. Friedman) [AB 478, Statutes of 1993]). The program is responsible for administering funding for breast cancer research in the State of California.

The mission of CBCRP is to eliminate breast cancer by leading innovation in research, communication, and collaboration in the California scientific and lay communities.

- CBCRP is the largest state-funded breast cancer research effort in the nation and is administered by the University of California, Office of the President
- CBCRP is funded through the tobacco tax, voluntary tax check-off on personal income tax forms, and individual contributions
- The tax check-off, included on the personal income tax form since 1993, has drawn over \$8.5 million for breast cancer research.
- Ninety-five percent of our revenue goes directly to funding research and education efforts
- CBCRP supports innovative breast cancer research and new approaches that other agencies may be reluctant to support

Since 1994, CBCRP has awarded over \$280 million in 1,028 grants to 139 institutions across the state.

CBCRP POLICY INITIATIVE

CBCRP wants to foster relationships between researchers, local leaders and decision makers, community groups and others to create solutions that work to prevent breast cancer and create strong, empowered, healthy communities. The Policy Initiative will demonstrate how people across sectors can collaborate to prevent breast cancer and develop evidence that can be used to advocate and implement change efforts throughout California.

The purpose of the Policy Initiative is to fund directed policy research on issues related to prevention, detection, and treatment of breast cancer, as well as research into the formulation of policy alternatives that will reduce the incidence of and/or morbidity and mortality from breast cancer in California. The goal is to allow breast cancer-related policy changes to be grounded in science that is timely, relevant, and credible.

In this context, policy is defined as:

“a law, regulation, procedure, administrative action, incentive, or voluntary practice adopted or proposed by a local, regional, tribal, state or federal government, business, organization, or institution that will reduce the incidence of and/or the morbidity and mortality from breast cancer in California.”

These projects will provide answers that are useful in public and/or private policy. In some cases, answers could be useful for changing policy at the local level (schools, prisons, public departments such as parks and recreation, planning and building, public health), state level departments or legislature, or at the national level. In other cases, answers may be best used toward private policies such as those found at workplaces, private schools, hospitals or other healthcare institutions, within corporations, etc.

Your Bid will be reviewed by the Policy Research Advisory Group or PRAG (<http://www.cbcrp.org/priorities/sri/policy/steering-committee.html>) and negotiated by CBCRP staff. Contract deliverables will include bimonthly, final and fiscal reports, preliminary collateral materials and dissemination strategies internally reviewed by CBCRP staff and the PRAG.

If the Bid is accepted, CBCRP staff will process the acceptance and distribute funds quickly. It is expected that investigators will begin the research immediately and will complete the research quickly, with the timeline determined for the project.

Findings from the research should be disseminated quickly enough to be relevant to the decision-making cycle for the issue the research is trying to address (for example, in time for the upcoming legislative session). Research should be presented in lay documents or other forms that are useable for a general audience and can help make the case for the changes being considered. Priority is on generating high-quality data that can be put to use rapidly. Less emphasis is placed on publishing in peer-reviewed journals, and, in fact, some findings may not be expected to be published in such journals.

3. STATEMENT OF WORK

A. Overview

The successful bidder shall not be an agent of the CBCRP, but instead shall independently furnish all the necessary services, qualified personnel, material, equipment, and facilities to perform the specific requirements of the contract.

B. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

- 1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
- 2. State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding

supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

C. Bid Requirements

The Bid must:

1. Present a streamlined research plan with necessary tasks to answer the policy question that addresses the specific areas of interest and the identification of case examples and/or model policies.
2. Provide a detailed budget and budget justification.
3. Present a complementary carefully developed Dissemination and Public Engagement Plan within the context of the topic area including tangible and likely interested stakeholders, roles and activities including but not limited to presentations, press releases or hearings to key stakeholders, web-based strategies and content, and other project- and topic-specific materials. The Bidder should tailor the Dissemination and Public Engagement Plan to the appropriate strategies for the various stakeholder groups to ensure the most effective, productive, and positive engagement. A separate non-binding, non-guaranteed budget and budget justification should be provided for the proposed Dissemination and Public Engagement Plan.
4. Develop a delivery schedule with milestones that integrates each project task designed to address the goals and objectives of this contract.

The CBCRP Program Officer and other relevant CBCRP staff shall meet with the policy team to review and clarify the scope of work and delivery/milestone schedule for this contact; to delineate further roles and responsibilities; and to establish communication protocols.

The Bidder is expected to provide oversight, comprehensive planning and coordination to ensure quality control over all aspects of the contract.

D. Reporting Requirements

1. **Bimonthly Reports**

If successful, the Bidder shall submit bimonthly progress reports. The report shall include:

- An updated project timeline;
- A summary of activities completed to date;
- Interim data and preliminary conclusions;
- Identifications of any problems;
- Proposed solutions;
- Deviations from the work plan; and
- A summary of activities planned for the following two months.

2. **Final Report**

The Bidder shall submit a final report that summarizes the accomplishments and work done during the contract period including what deliverables and/or collateral materials were developed. The format is similar to the bimonthly reports with a final lay abstract accompanying the final report.

3. **Final Fiscal Report**

The Bidder shall submit a final fiscal report that summarizes the costs associated with the work done during the contract period. The format is provided by the Research Grants Program Office Contracts and Grants unit.

4. BID INSTRUCTIONS

Bids are due no later than the date and time specified on the cover page of this Request for Bid. Bids received after this date and time shall not be considered for award.

The Bid described should be limited to **10 pages** (not including cover page, table of contents, abstract, other documents, references, biographic sketches, or appendices), double-spaced, with no less than an 11-point font, and with numbered pages.

The Bid shall contain sufficient information to illustrate Bidder's understanding of the scope of work. The Bid should be written with clear and specific detail so that reviewers are able to evaluate the reasonableness of the approach and mix of persons who will be involved (including consultants and subcontractors). The Bid shall demonstrate the Bidder's understanding of the general issues and challenges involved in completing the project. The Bid shall address in detail how the Bidder proposes to handle the work through the tasks they propose and how these tasks accomplish the goals of the contract.

A. Recommended Bid Format

The Bid shall include a detailed description of the techniques and procedures to be used in achieving

the proposed end results that are in compliance with the requirements of the Statement of Work detailed above.

Cover Page. The name of the proposing organization, author(s) of the Bid and the title of the Request for Bids should appear on the cover. The cover page shall also include a point of contact and contact information.

Table of Contents. Provide sufficient detail so that all important elements of the Bid can be located readily.

Lay Abstract. The Lay Abstract is limited to one page and must include the following sections:

- A non-technical introduction to the research topics
- The question(s) or central hypotheses of the research in lay terms
- The general methodology in lay terms
- Innovative elements of the project in lay terms

The abstract should be written using a style and language comprehensible to the general public. Avoid the use of acronyms and technical terms. The scientific level should be comparable to either a local newspaper or magazine article. Avoid the use of technical terms and jargon not a part of general usage. Place much less emphasis on the technical aspects of the background, approach, and methodology. The abstract should not repeat the language of this “Request for Bid”. Ask your advocate partner to read this abstract and provide feedback.

Bid Body

Introduction (1 page). This should be a brief summary outlining the proposed work, the Bidder’s interest in submitting a Bid, and the importance of this effort in relation to the Bidder’s organization’s overall operation. The Bidder shall demonstrate an understanding of the requirements, including any issues and problems which underscore the concept of and need for this Request for Bid. The Bidder should also demonstrate any expertise the Bidder possesses that contributes to their unique understanding of the project.

Approach (approximately 4-5 pages). The Bidder shall submit a narrative that clearly illustrates how the Bidder’s research approach satisfies the requirements of the Request for Bid. The research plan should detail tasks and activities the Bidder will implement to achieve the goals and objectives of the contract. The research plan should describe how it will answer the policy-related question.

The plan must also address accountability of work quality and responsiveness; and outline how the Bidder shall ensure that it meets the complex needs of this fast moving project. The plan should also include how changes will be determined or made if the staffing, deliverable, and quality needs are not being met.

Dissemination and Public Engagement Plan (approximately 4-5 pages). This should describe a plan for Dissemination and Public Engagement that includes relevant stakeholders and roles and activities to disseminate the results of the research. For the dissemination strategies, the appropriate stakeholder group(s) must be identified and should consist of local and state policy makers and/or organizations as well as national organizations with an investment in California that may have an interest in the specific topic. Activities can range from newsletter text and web content, presentations, press releases for news media and other project- and topic-specific collateral materials for and to key stakeholders.

References Please provide references if used in the body of the Bid. The page limits for the Bid body do not include the reference list.

Additional documents

Key Personnel. List key individuals proposed for the contract team including subcontractors and

consultants (signed letters of commitment are required for all subcontractors and consultants and can be included as Appendix material). Meaningful advocate collaboration should be reflected in the proposed work. Provide NIH-formatted biosketches for each key personnel that demonstrate that the proposed personnel have the qualifications and experience to perform their assigned roles (e.g. content expertise and/or qualitative methods experience).

Budget(s) and Budget Justification(s). Total costs are to be specified for full performance of this contract and carefully justified by the Bidder for the period specified. The Bid shall include a detailed budget justification for all direct costs. Each proposed team member shall be clearly identified with his/her proposed project responsibilities and percentage effort within the budget justification. The direct costs must not exceed \$100,000. A separate budget and budget justification must be provided for the Dissemination and Public Engagement Plan. *Please note: The budget for the Dissemination and Public Engagement Plan is separate from the budget for the project. Award of the Bid does not guarantee that the proposed dissemination activities within this separate budget and budget justification will be awarded. This proposed budget should not exceed \$25,000 direct costs.*

Delivery/Milestone Schedule. The delivery/milestone schedule should follow the research plan and cover the entire six months of the contract period. The proposed delivery/milestone schedule should be detailed enough to illustrate the research plan's and dissemination and public engagement plan's tasks and activities. The schedule must be presented in a table format that details the tasks (and subsequent activities), any deliverables or milestones and the date they should be completed. Bidders should propose actual dates within the delivery/milestone schedule.

Appendices. Use the appendix to supplement information in the Bid, not as a way to circumvent the page limit. Any letters of commitment must be placed in the appendix.

B. Meeting Deliverables/Milestones

The Bidder will work with the Program Officer to address all aspects of the contract to ensure the big and small requirements will be met and communicated to the appropriate people at the appropriate time. The Bidder shall provide a detailed description of how they shall ensure all requirements are going to be met throughout the contract. Examples of tools and descriptions of activities to support this need can be included.

1. Dissemination and Public Engagement Plan

The PRAG will review the Dissemination and Public Engagement Plan during the Bid evaluation and again at the conclusion of the project. Any changes to the Plan as recommended by the PRAG will be incorporated and the decision to proceed with the Plan will occur at the conclusion of the project period. The Plan may be subject to modification, at which point, the Bidder will revise and update their Dissemination and Public Engagement Plan budget and budget justification accordingly.

2. Bi-monthly and Final Reports

Bidder shall submit bimonthly reports and one final report in a consistent and timely manner. The due dates for each report should be represented in the delivery/milestone schedule.

3. Delivery/Milestone Schedule

The contract period is six (6) months, starting approximately April 1, 2022.

Bidders shall submit a proposed delivery/milestone schedule in table format along with the Bid.

The delivery schedule/milestone will be finalized during the first week of the contract period and will serve as Task 1. Bidders should propose the necessary tasks and subsequent related activities that reflect the research and dissemination and public engagement plans and achieve the goals and objectives of this contract. Bidders are highly encouraged to offer a fairly detailed delivery/milestone

schedule.

Bidders shall propose actual dates within the delivery/milestone schedule. All deliverables shall be provided to the Program Officer in electronic format, according to the approved delivery schedule. If needed, the Bidder should identify deadlines for any feedback or review needed by CBCRP throughout the project period.

The key deliverables are subject to the review and approval of the Program Officer before final acceptance. The Bidder shall make revisions as deemed necessary by the Program Officer. If no revisions are required on a draft deliverable, it shall be treated as the final deliverable.

The deliverable/milestone schedule, once approved, may not be changed without an authorized modification completed by the CBCRP Program Officer.

5. BID REVIEW CRITERIA AND EVALUATION

Evaluation of responses to the Request for Bid shall consider the following evaluation criteria:

A. RESPONSIVENESS

The Bid shall be evaluated on the Bidders' demonstration of the complete understanding of the requirements and intent of the Request for Bid. This understanding indicates a clear awareness of the tasks needed and of the problems to be encountered in its accomplishment.

B. APPROACH AND SCHEDULE

The Bid shall be evaluated on:

- Consistency with the stated project goals and objectives.
- An approach that demonstrates the ability to achieve timely and relevant milestones.
- A Dissemination and Public Engagement Plan that offers appropriate and reasonable mechanisms to share results of this research with key stakeholders.
- Demonstration that the Bidder is willing to commit its resources to fulfilling the requirements.
- Realistic timeframes and a chronological sequence by which key activities shall occur in order to accomplish each task that the Bidder shall be responsible for performing.

C. RESOURCES

The Bid shall be evaluated on the personnel assigned or committed to this project. The percentage of time each staff member, including subcontractor staff, shall contribute to the project is adequately identified and is appropriate to perform assigned tasks.

The Bidder shall be flexible and responsive with timing and provide high-quality work. The Bidder shall show added-value thinking through concrete ideas and active strategic participation in activities. The staff shall be knowledgeable and experienced in the tasks and activities required. It is expected that all contract staff shall have the skills at the start of the contract period.

The Bid will also be evaluated on the suggested data sources including their capacities and extent of availability. The Bid should describe resources supplied by subcontractors and those that are external to the institution. Make sure all of the resources needed in the research plan (i.e. transcription services) are addressed.

D. EVALUATION OF BUDGET

Budgets will be evaluated to determine whether the estimated proposed cost elements are realistic for

the work to be performed; reflect a clear understanding of the requirements; and are consistent with the unique methods of performance and materials described in the Bidder's research proposal. Proposed costs will be evaluated to determine the degree to which costs included in the Bid are fair and reasonable.

6. ADDITIONAL INFORMATION

Program Officer

The Program Officer is responsible for: monitoring the project's progress, including the oversight of Bidder performance; interpreting the statement of work and any other requirements; performing evaluation of project milestones/deliverables as required; and assisting in the resolution of problems encountered during the project period.

Key Personnel

The Program Officer must review and approve any change in Key Personnel reasonably in advance of diverting any of these individuals from this project. Receipt of written request at least 2 weeks prior to a proposed change is considered reasonable.

INDIRECT COST RATES

Non-UC institutions are entitled to full F&A of the Modified Total Direct Cost base (MTDC); UC institutional F&A is capped at 25% MTDC. Allowable expenditures in the MTDC base calculation include salaries, fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000 shall be excluded from the modified total direct cost base calculation. See below for additional discussion on indirect on subcontracts.

For indirect costs for award subcontracts

- Subcontracts to UC Campuses are capped at 25% Modified Total Direct Costs (MTDC).
- Subcontracts to Non-UC institutions may utilize their institution's federally approved (DHHS) F&A rate on a MTDC cost basis. In the absence of a federally negotiated rate agreement, a de minimis rate of 10% should be utilized, unless an equivalently documented F&A rate for the institution is provided and approved by the UCOP Research Grants Program Office.
- For subcontracts awards to UC-managed National Labs (LBNL, LANL, LLNL), please contact the CBCRP Program Officer.

ALL TERMS AND CONDITIONS OF THE CONTRACT UNDER WHICH THIS REQUEST FOR BID IS PLACED ARE IN FULL FORCE/EFFECT.

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:24:36 PM
Attachments: [image004.png](#)

From: Navarro, Ana <anavarro@health.ucsd.edu>
Sent: Friday, January 21, 2022 9:15 AM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: FW: RESPONSE REQUESTED: Policy Bid for review

Hi Mehl,

Happy New Year!

I didn't received the initial message you sent because of a problem with my ucsc account. Email is working again but it looks like messages from outside organizations the first 2 weeks in January didn't make it to my inbox.

I approve the concept in the summary you sent.

Best,

an

anavarro@ucsd.edu

CONFIDENTIALITY NOTICE: INFORMATION IN THIS MESSAGE, INCLUDING ALL ATTACHMENTS, IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE INTENDED RECIPIENT(S). If you are not an intended recipient, any review, dissemination, distribution, or copying of this message is strictly prohibited. If you received this message in error, please notify us and delete the message and any hard copy print-outs. THANK YOU.

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> on behalf of phyllis howard <phyllisanne94805@GMAIL.COM>
Date: Wednesday, January 19, 2022 at 1:10 PM
To: BCRC-L@LISTSERV.UCOP.EDU <BCRC-L@LISTSERV.UCOP.EDU>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Phyllis Howard

On Wed, Jan 12, 2022, 5:59 PM Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also

contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.
(She/her/hers)

Director

CBCRP Logo horizontal



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

sig-boldly



From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:27:45 PM
Attachments: [image001.png](#)
[image002.png](#)

From: Richardson, Angelique <a2richardson@health.ucsd.edu>
Sent: Thursday, January 13, 2022 5:25 AM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

Hello,
I have read the bid for proposals. And I approve. I don't have any suggestions for edits or revisions.

Angelique Richardson, MD, PhD
Breast Medical Oncology
UCSD Health
A2richardson@health.ucsd.edu

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> on behalf of Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@UCOP.EDU>
Sent: Wednesday, January 12, 2022 5:56:39 PM
To: BCRC-L@LISTSERV.UCOP.EDU <BCRC-L@LISTSERV.UCOP.EDU>
Subject: RESPONSE REQUESTED: Policy Bid for review

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. What policy interventions could:

- 1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
- 2. State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured

women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

UNIVERSITY
OF
CALIFORNIA

BOLDLY
CALIFORNIAN

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:24:45 PM
Attachments: [image001.png](#)
[image003.png](#)

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** Bryan Goldner
Sent: Thursday, January 20, 2022 9:54 AM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Approve

Sent from my iPhone

On Jan 20, 2022, at 8:59 AM, Clara Omogbai - EWC
<COmogbai@healthcollaborative.org> wrote:

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Everyone –
Policy Bid reviewed and approved. Thank you.
Clara.

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** Marion Kavanaugh-Lynch
Sent: Wednesday, January 12, 2022 5:57 PM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: RESPONSE REQUESTED: Policy Bid for review

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and

provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

- A. *What policy interventions could:*
1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
 2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*
- B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding,

and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

UNIVERSITY
OF
CALIFORNIA

BOLDLY
CALIFORNIAN

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:25:24 PM

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** Chris Meda
Sent: Thursday, January 20, 2022 8:40 AM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello all,

My apologies for the delay. I had a change to review the policy bid last night. I, too, approve.

Chris

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** phyllis howard
Sent: Wednesday, January 19, 2022 12:57 PM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I have reviewed the policy bid and approve.
Phyllis Howard

On Wed, Jan 12, 2022, 5:59 PM Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White

mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhél) H. E. Kavanaugh-Lynch, M.D., M.P.H.
(She/her/hers)

Director

CBCRP Logo horizontal



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

sig-boldly



From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:24:55 PM
Attachments: [image001.png](#)
[image003.png](#)

From: Clara Omogbai - EWC <COMogbai@healthcollaborative.org>
Sent: Thursday, January 20, 2022 8:56 AM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>; BCRC-L@LISTSERV.UCOP.EDU
Subject: RE: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Everyone –
Policy Bid reviewed and approved. Thank you.
Clara.

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** Marion Kavanaugh-Lynch
Sent: Wednesday, January 12, 2022 5:57 PM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: RESPONSE REQUESTED: Policy Bid for review

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

- 1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?***
- 2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?***

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities

- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)



From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:26:13 PM
Attachments: [image001.png](#)
[image001.png](#)

From: Colleen Carvalho <colleen@bayareacancer.org>
Sent: Wednesday, January 19, 2022 4:58 PM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mhel,

This sounds very exciting! I encountered a few of these barriers to breastfeeding recently and strongly support and approve this bid.

Best wishes,
Colleen

On Wed, Jan 12, 2022 at 5:59 PM Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. What policy interventions could:

1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?

2. State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or

implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote

breastfeeding or support lactation services (with a focus on disadvantaged communities)

- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhél) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)



--

Colleen Carvalho, LMFT

Associate Director

Bay Area Cancer Connections



[650-326-6299](tel:650-326-6299) x13

colleen@bayareacancer.org

www.bayareacancer.org

2335 El Camino Real, Palo Alto, CA 94306



Disclaimer: Our information is compiled from numerous sources and should not be considered complete. It is also important to recognize that our information cannot substitute for medical care, and should not be used for the purposes of diagnosis or treatment. Each medical condition is unique. We strongly advise you to consult your physician with questions about your own situation, or about any of the information we have provided as it may relate to your specific case.

The information contained in this email is confidential and may contain personal and private patient information. The information contained herein is intended only for the use of the individual or entity named above. If the reader

is not the intended recipient or designated agent of the recipient for receipt of such information, you are hereby notified that any review, dissemination, distribution or copying of any portion of this communication, or use of the information contrary to the purposes specifically stated herein, is strictly prohibited and may subject you to penalties under federal and/or state law. If you received this email in error, please completely destroy this message and contact the sender, noted above, by return email.

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:27:54 PM

From: Michele Atlan <michele@marcatlan.com>
Sent: Wednesday, January 12, 2022 6:34 PM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mhel,

Happy New Year!

I approve of this bid for proposals and think the language is very clear and comprehensive. Upon a quick read through, I saw no edits to be made, aside from a typo in your first name at the top of page 1. There were also a few grammatical errors that showed up through Word's Spelling and Grammar Editor, but I'm sure your office can look into those if desired.

I was happy to see the implementation of the Council's suggestion to fine tune the Lay Abstract instructions by including the phrase "The abstract should not repeat the language of this Request for Bid".

Thank you for all you do!
All my best,
Michele

On Jan 12, 2022, at 5:56 PM, Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@UCOP.EDU> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. What policy interventions could:

1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a

focus on disadvantaged communities

- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director

<image001.png>

300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

<image004.png>

<Request for Bid - Policy Topic - Breastfeeding- NEAR FINAL - v2022-1-5.docx>

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:26:52 PM
Attachments: [image001.png](#)
[image004.png](#)
[image004.png](#)

From: phyllis howard <phyllisanne94805@gmail.com>
Sent: Wednesday, January 19, 2022 12:57 PM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Cc: BCRC-L@LISTSERV.UCOP.EDU
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I have reviewed the policy bid and approve.
Phyllis Howard

On Wed, Jan 12, 2022, 5:59 PM Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. What policy interventions could:

1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?

2. State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and

uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)

- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director

CBCRP Logo horizontal



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

sig-boldly



From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:26:21 PM
Attachments: [image001.png](#)
[image004.png](#)

From: Rati Fotedar <ratifotedar@gmail.com>
Sent: Wednesday, January 19, 2022 1:24 PM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mhel,

I have reviewed the Policy Bid and approve it.
I was glad to see "The abstract should not repeat the language of this "Request for Bid"
Best,
Rati

Rati Fotedar, Ph.D
Professor, Cancer Biology
Adjunct Faculty, San Diego Community College District

On Wed, Jan 12, 2022 at 5:59 PM Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu> wrote:

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. What policy interventions could:

1. Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?

2. State or local governments adopt to increase support for

breastfeeding where women live, work, learn, worship and play?

B. Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged

communities

- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhél) H. E. Kavanaugh-Lynch, M.D., M.P.H.
(She/her/hers)
Director

300 Lakeside Drive
6th Floor
Oakland, CA 94612
(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:25:37 PM
Attachments: [image001.png](#)
[image002.png](#)

From: Sharon Pitteri <spitteri@stanford.edu>
Sent: Wednesday, January 19, 2022 8:53 PM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: RE: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mhel,

I approve. No formal comments.

As an aside, after having two babies, I really think that breastfeeding is so important but also hard in so many ways and we should do anything that we can to support women to do this. Although society in the US tends to put a lot of pressure on breastfeeding already and when things don't go well, it can be very hard on the mother. 😊

Thanks,
Sharon

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> **On Behalf Of** Marion Kavanaugh-Lynch
Sent: Wednesday, January 12, 2022 5:57 PM
To: BCRC-L@LISTSERV.UCOP.EDU
Subject: RESPONSE REQUESTED: Policy Bid for review

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*
2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held. Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while

understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
- Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
- Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
- Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)



From: [Marion Kavanaugh-Lynch](#)
To: [Lisa Minniefield](#)
Subject: FW: RESPONSE REQUESTED: Policy Bid for review
Date: Wednesday, February 9, 2022 4:27:02 PM
Attachments: [image001.png](#)
[image002.png](#)

From: Tasha Stoiber <tstoiber@ewg.org>
Sent: Tuesday, January 18, 2022 11:35 AM
To: Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@ucop.edu>
Subject: Re: RESPONSE REQUESTED: Policy Bid for review

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This is an interesting proposal. I would support/approve the bid for the project to explore policies to increase breastfeeding and identifying barriers with the outcome and benefit of reducing breast cancer risk. And this may be much farther down when policies are in place, but just mentioning now for the study that awareness messaging should be carefully examined. Policies to increase breastfeeding for health are good, but if reducing breast cancer is included in awareness messaging for breastfeeding - it feels like this is a lot of added pressure for a new parent. Again, probably farther down the road for policy implementation, but I think the psychology behind messaging needs to be considered and carefully examined.

The Bid language "...all while understanding some women cannot or choose to not breastfeed." is good to see and maybe can include another line about awareness messaging and sensitivity.

Tasha L. Stoiber, Ph.D.
Senior Scientist
Environmental Working Group
500 Washington Street Suite 400
San Francisco, California 94111

From: Breast Cancer Research Council List <BCRC-L@LISTSERV.UCOP.EDU> on behalf of Marion Kavanaugh-Lynch <Marion.Kavanaugh-Lynch@UCOP.EDU>

Sent: Wednesday, January 12, 2022 5:56 PM

To: BCRC-L@LISTSERV.UCOP.EDU

Subject: RESPONSE REQUESTED: Policy Bid for review

Dear Council Members:

We have some business to conduct before we meet again.

The Policy Research Advisory Committee is asking you to approved the following bid for proposals to

be sent to both of our pre-qualified policy research teams.

By 1/20/22, please read and indicate that you approve or do not approve, and provide any edits you recommend.

You may read the whole document, but it is mostly template material. Below is what you really need to review:

A. Goal of this Request for Bid

The Goal of this Request for Bid is to answer the following policy-related question:

A. *What policy interventions could:*

1. *Increase awareness of breastfeeding as a way to reduce breast cancer risk among the public and medical community?*

2. *State or local governments adopt to increase support for breastfeeding where women live, work, learn, worship and play?*

B. *Are there roles for community health clinics and other non-governmental organizations to support new policy interventions or implement existing or potential policies?*

The answers to these questions should focus on systemically disadvantaged populations (e.g. low-income women, women working multiple jobs, and uninsured women).

The 2020 [Paths to Prevention Plan](#), which included a comprehensive evidence review, found breastfeeding is a protective factor for breast cancer, with lower risk associated with longer duration of breastfeeding in most studies. Many factors can influence breastfeeding outcomes.

A variety of social, economic, policy, institutional, and cultural factors affect access to breastfeeding supports and breastfeeding rates. Many very personal decisions and factors also contribute to whether or not women breastfeed. Currently, U.S. born Black babies have 20% lower rates of ever being breastfed at six months and are half as likely to be breastfed exclusively at 6 months (14.6% of Black babies are exclusively breastfed at 6 months compared to 26.8% of White babies). U.S. born Hispanic babies also have lower rates of ever being breastfed at 6 months (52.8% vs 60% for White babies), while Asian babies have rates higher than White babies (75.6%). Rates of breastfeeding at 6 months are also lowest for women with incomes below 100% of the federal poverty level compared to women with higher incomes (rates are highest for women with incomes above 400% of the federal poverty level). Barriers to breastfeeding are common for many mothers. For example, 19.5% of Black mothers reported returning to work as a reason to stop breastfeeding, compared to 8.8% of White mothers.

As part of the Paths to Prevention report, community listening sessions were held.

Participants strongly supported eliminating barriers to breastfeeding, and recommendations were related to a wide range of interventions ranging from systemic to individual-level changes. One Intervention Goal identified in the Plan is to create breastfeeding-supportive workplaces for all workers, regardless of employment classification or status. Responders should examine the other goals for potential inclusion in the Bid.

The Bid should consider multilevel policy interventions that address the role of multiple stakeholders, including patients, clinicians, lactation professionals, public health professionals, insurers, policymakers, researchers, breast cancer advocates, and others. The Bid should aim to promote more equitable access to breastfeeding, all while understanding some women cannot or choose to not breastfeed.

Examples of policy interventions include, but are not limited to:

- Efforts that increase the body of high quality evidence (of effective policy or barriers

- to broader acceptance)
- Research that could help reduce barriers in jurisdictions in California
 - Research that could help coordinate and align existing services provided by public entities or via public financing in California with a focus on disadvantaged communities
 - Research that highlights potential unintended consequences of existing policy(ies) that may be discouraging the use of provision of services that promote breastfeeding or support lactation services (with a focus on disadvantaged communities)
 - Research that highlights best practices or initiatives by governmental entities that may have removed barriers, increased acceptance, or further encouraged breastfeeding rates (broadly and with a focus on disadvantaged communities)

Marion (Mhel) H. E. Kavanaugh-Lynch, M.D., M.P.H.

(She/her/hers)

Director



300 Lakeside Drive

6th Floor

Oakland, CA 94612

(510) 987-9878

www.cabreastcancer.org

Follow CBCRP on [Twitter](#)

Become a Fan of CBCRP on [Facebook](#)

Support CBCRP on [AmazonSmile](#)

