Chocolate Milk®: The Documentary
Exploring how factors of race and sex influence birth and breastfeeding outcomes for black mothers in America.
ACKNOWLEDGEMENTS

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Campaign Partners
Soul Food For Your Baby
Reaching Our Sisters Everywhere
Black Mothers Breastfeeding Association
National Medical Association
BreastfeedLA
La Leche League
National WIC Association

greybayne film/media is the production company Elizabeth Bayne launched two years before starting Chocolate Milk. Fresh out of film school, Bayne was eager to bridge her two loves, public health and media, to improve health outcomes for underserved communities, women and girls. The company—focused at the intersection of social impact and film—strives to tell stories for a healthier world, collaborating with nonprofits organizations, government agencies and artists from around the world.
EXECUTIVE SUMMARY

Chocolate Milk is a graybayne film/media production, directed and produced by Elizabeth Gray Bayne. The project began in 2014 as a digital storytelling project in which the personal breastfeeding stories of African American women were collected and hosted on a YouTube channel called Chocolate Milk: The Documentary Series. Over the course of three seasons, the series became a tool for health centers and physicians’ offices across the United States.

After working closely with community stakeholders to better understand the racial breastfeeding disparities affecting black mothers in the U.S., the team set about producing Chocolate Milk: The Documentary, a feature-length film with a primary target audience of African American women ages 18 through 34 and a secondary audience of family members, health providers and the general public. An early cut of the film, which follows three African American women, a new mother, a homebirth midwife and WIC lactation expert, was previewed in 200 communities nationwide during National Breastfeeding Month and Black Breastfeeding Week in August 2019.

These community screenings demonstrated the effectiveness of Chocolate Milk. The Documentary in increasing community support for black breastfeeding mothers by galvanizing organizations, the public, and policymakers. In this report, the results of an audience survey and the overall findings from the national social impact campaign for the film will be presented, demonstrating the value of narrative in raising awareness and community support for breastfeeding.

WHO SAW CHOCOLATE MILK?

200 PARTICIPATING ORGANIZATIONS HOSTED 253 COMMUNITY SCREENINGS ACROSS 36 STATES

ACTIVITIES THIS PERIOD

1. Completed an entertaining feature-length film designed to engage a target audience of African American women ages 18 through 34 and a secondary audience of family, health providers and the general public.

2. Held over 200 community screenings of Chocolate Milk across the country during National Breastfeeding Month.

OUTCOMES THIS PERIOD

1. Changing Minds: raised awareness and deepened understanding about racial disparities in breastfeeding and elevated black breastfeeding as a symbol for reproductive justice.

2. Changing Behavior: increased active support of breastfeeding mothers, mobilized public engagement and inspired audiences to take individual action.

3. Changing Communities: created network of support around the film, supported grassroots organizations, and offered tool they could use to strengthen communities and grow the movement.

4. Changing Structures: made progress towards improving how black women are treated in healthcare settings, unlocking resources for black families and aspiring lactation workers, and inspiring policies to protect breastfeeding.

Film Synopsis

Breastfeeding is a beautiful act that forms an intimate bond between mother and child while providing crucial nourishment. Yet in America today, many African American mothers struggle with the decision to breastfeed and breastfeed at significantly lower rates (69%) compared to White (86%) and Hispanic (85%) mothers. This puts their infants at greater risk for long-term health conditions like asthma, obesity, diabetes, cancer and other chronic diseases. Chocolate Milk explores how the factors of race and sex influence poor birth and breastfeeding outcomes for black mothers in America by following the stories of three black women - a new mom, a midwife and a WIC employee in South Central Los Angeles.

TAMI is a first time mother who wants to breastfeed, but has no family history of breastfeeding and only a basic knowledge of what to expect with giving birth. RACHA is a third generation midwife who supports breastfeeding and natural birth for low-income families, but is forced to close her birth center after clients abuse the sliding pay scale. LYDIA is a lactation educator who provides basic breastfeeding support as a WIC (Women Infant and Children) employee, but dreams of becoming licensed to provide more advanced care for her clients.

By following these three women, Chocolate Milk hopes to shed light on the reproductive justice challenges faced by black mothers, breastfeeding’s decline in Black America, and the undue health burden this places on black infants. The film uses the issue of breastfeeding disparities in the black community and the struggle to bring it back as a cultural norm to explore the history of institutionalized racism and sexism in the United States and its role in the poor healthcare outcomes, access, and practices that limit black women’s reproductive choice.

“We loved hosting this documentary, and would happily do it again. It was great to have a positive and personal spin on the perspectives of the breastfeeding parents... We love the work you’re doing and hope to partner and support in any way we can. Thank you for the opportunity!”

Emily Little, Nurturely, Eugene,
The team built on lessons from the series and refined the approach to storytelling and community engagement to increase the reach and effectiveness of the film. Fundraising involved donations from individuals and partner organizations through early production until grant funding was awarded by the Center for Cultural Innovation to continue production and the W.K. Kellogg Foundation to complete the film. The documentary is uniquely designed to inspire dialogue about how to better support black women in birth and breastfeeding for target audiences, ranging from black women and their families to health professionals whose implicit bias may influence a mother’s decision to breastfeed.

A soft launch of the film campaign began with screenings of the work-in-progress at five national breastfeeding conferences in 2017. As the film entered post-production in early 2018, organizations were invited via social media, email and phone to sign up to host community screenings of an early cut. Because of the network and credibility built from the series, organizations were willing to sign up without seeing the film in advance. Audience surveys were conducted during many of the screenings to collect viewers’ baseline knowledge of breastfeeding and barriers to breastfeeding for black mothers and shifts in attitudes and behavior after seeing the film.

Campaign Objectives
The Doc Society’s framework for mapping impact strategies has four quadrants, depending on the story environment of a film, i.e., if an issue is known or unknown or if there is weak or strong opposition to the message. Chocolate Milk is about a known issue with strong opposition in the form of African American mothers who may believe they cannot breastfeed and health providers who presume they do not want to. Because of this, the film puts a spotlight on black mothers who find support to successfully breastfeed, to not only humanize the issue but also provide a model for mothers and the health providers on which they rely for support.

FRESH: REVEAL
An unknown issue (to your target audience) and little or weak opposition may favor films that dramatically REVEAL what’s going on.

HIDDEN: INVESTIGATE
An unknown issue (to your target audience) but with strong and organized opposition may require your film to prove the case & to INVESTIGATE

MIX: SPOTLIGHT
A known issue (still has little or weak opposition) often calls for films that can put the SPOTLIGHT on a tired issue.

ENTRENCHED: HUMANIZE
A known issue (with possible fatigue from target audience) with strong opposition may not need to offer new facts, but simply to HUMANIZE the affected communities.

Story Environment
Breastfeeding rates for African American women have been significantly lower compared to other racial and ethnic groups in the U.S. for the better of three decades, with black mothers initiating breastfeeding at rates 19% lower than Non-Hispanic white mothers. While there is no public opposition to black women breastfeeding, systemic challenges and misperceptions combined with low awareness contribute to the long-standing disparity. Unfortunately, health providers and public health workers have been slow to respond with policies and resources that would protect a mother’s decision to breastfeed at home, at work or in public. Furthermore, black women and their children bear the burden due to their increased social and economic vulnerability. It is critical to increase awareness and sensitivity to the needs of black mothers if their breastfeeding rates are to improve.

Chocolate Milk emerges in a social context in which maternal mortality rates for African American women are closer to national averages of developing countries, like Thailand, Argentina and Samoa, and over three times that of Non-Hispanic white women in the U.S. There is little to no funding for content on this subject and available funding tends to come from the infant formula industry, leading to concerns about bias towards an industry agenda. In addition, despite women making up half the U.S. population, motherhood is still considered a niche issue. Focusing on black mothers further limits the film’s reach and influence and made it less appealing to traditional funding institutions. To develop a fundraising and distribution strategy, the film’s team had to get creative.

CAMPAIGN OVERVIEW
The team built on lessons from the series and reframed the approach to storytelling and community engagement to increase the reach and effectiveness of the film. Fundraising involved donations from individuals and partner organizations through early production until grant funding was awarded by the Center for Cultural Innovation to continue production and the W.K. Kellogg Foundation to complete the film. The documentary is uniquely designed to inspire dialogue about how to better support black women in birth and breastfeeding for target audiences, ranging from black women and their families to health professionals whose implicit bias may influence a mother’s decision to breastfeed.

Several measures were identified to help track the campaign’s impact during and after the community screenings held in August 2019. Those measures fall under the three categories of audience reach, community engagement, and public influence.

REACH
- Tracked number of screenings using digital registration forms
- Collected quantitative audience surveys before and after screenings
- Tracked DVD and screening requests after campaign
- Collected anecdotes of audience reactions via email and social media
- Tracked audience turnout from estimates made during digital registration

ENGAGEMENT
- Moderated audience discussions after community screenings
- Observed audience engagement during screening events
- Developed theory of change inputs and expected outcomes
- Developed M&E framework and impact assessment tools
- Tracked click-thru rate for emails and downloads of the toolkit and webinar training
- Tracked email newsletter sign ups
- Tracked social media presence
- Collected statements from organizations and advocates

INFLUENCE
- Tracked press coverage and social media mentions using service
- Tracked legislators at community screening events
- Tracked organizations shifting to a storytelling approach for their public outreach strategy

OPPORTUNITIES
As an often underserved community and niche issue, maternal and infant health organizations are hungry to support content that serves their mission to increase breastfeeding rates in the U.S. Rather than focusing immediately on funding, the filmmaker started by building deep community and organizational relationships. Through the production of Chocolate Milk: The Documentary Series the filmmaker gained early access and insight to the subject and earned trust and credibility within the black breastfeeding community. Chocolate Milk is uniquely placed to counter the misperception that black mothers do not breastfeed and illustrates the racial stigma and employment barriers that black mothers must overcome to successfully breastfeed their children. By sharing the real stories and voices of black women, the film humanizes the issue with humor, heart and optimism, pushing the issue to the forefront of the reproductive justice movement with new voices that offer very real and tangible community-based solutions.

CHALLENGES
While initiation rates for black mothers have improved, the gap between black and white mothers who breastfeed exclusively at 6 and 12 months has actually widened since 2009, largely due to the perception that black mothers do not breastfeed. This misperception leads health providers to assume that a black family is either disinterested in breastfeeding or not worth the investment of lactation support. In addition, employment barriers for black mothers mean they are more likely to return to work earlier, have shorter maternity leaves, less flexible hours and insufficient break time to express or pump breastmilk. The consequences of not addressing these systemic inequities mean black mothers and infants are unable to benefit from the protective effects of breastfeeding which reduces the risk of breast and ovarian cancer, hypertension, and type-2 diabetes for mothers and antibodies against ear infections and gastrointestinal diseases for infants, as well as asthma, diabetes, obesity and cancer later in life.
In order to connect the social marketing and entertainment education roots on which Chocolate Milk was founded with contemporary practices in social impact filmmaking, we are applying Doc Society’s Four Impact Dynamics. This tool encompasses four broad categories for analyzing campaign strategies and the kinds of change that films can make. These four dynamics align closely with the four outcomes of our film campaign:

**CHANGING MINDS**
Raise awareness and deepen understanding about racial disparities in breastfeeding and elevate black breastfeeding as a symbol for reproductive justice.

**TARGET AUDIENCE**
Mothers, families, health providers and the general public.

**CHANGING COMMUNITIES**
Create network of support around the film, support grassroots organizations, and offer tool they can use to strengthen communities and grow the movement.

**TARGET AUDIENCE**
Organizations, health providers, health advocates and the public.

**CHANGING BEHAVIOR**
Increase active support of breastfeeding mothers, mobilize public engagement and inspire audiences to take individual action.

**TARGET AUDIENCE**
Mothers, families, health providers and the general public.

**CHANGING STRUCTURES**
Improve how black women are treated in healthcare settings, unlock resources for black families and aspiring lactation workers, and inspire policies to protect breastfeeding.

**TARGET AUDIENCE**
Hospital administrators, medical institutions and policymakers.

**SOCIAL BEHAVIOR THEORY**

Despite the documented benefits and recommendations from the Surgeon General, World Health Organization, Centers for Disease Control (CDC), there are still many African American women who have not seen another woman breastfeed. While promotional materials and national programs exist encouraging mothers to breastfeed, very few specifically target black mothers. With cultural barriers, such as limited media depiction, aggressive marketing of infant formula, detrimental welfare policy, lack of baby-friendly neighborhoods or workplaces, and misinformed cultural norms and individual beliefs about breastfeeding, more content is needed to specifically address the needs of black women.

Given the complex barriers that keep many African American mothers from breastfeeding, any outreach directed towards this audience requires in-depth consideration to the method of communication. To develop the film’s approach, two programs in particular were investigated as case studies: The National Breastfeeding Awareness Campaign and It’s Only Natural.

The National Breastfeeding Awareness Campaign

In 2004, the Office of Women’s Health (OWH) launched a National Breastfeeding Awareness Campaign in partnership with The Ad Council to empower women to commit to breastfeeding by highlighting new research showing the benefits to babies. Local promotion included sixteen community-based demonstration projects (CDPs) throughout the country to educate women about the benefits of breastfeeding, to show that breastfeeding is normal, and to ensure access to culturally tailored lactation services. The campaign increased breastfeeding awareness and the belief that breastfeeding was the best way to feed a baby by 10%, but did not address practical barriers to breastfeeding or the especially low rates among African American women. The campaign may have also had the unintended consequence of increasing guilt mothers felt for not meeting their breastfeeding goals.

It’s Only Natural

In 2013, the Department of Health and Human Services (DHHS) launched It’s Only Natural, a campaign specifically targeting African American women to promote exclusive breastfeeding for the first six months of an infant’s life. The campaign featured videos in which African American mothers and experts discuss the common issues that make breastfeeding challenging for any new mother. These videos were supplemented by guidebooks, fact sheets and a series of radio PSAs. However, the materials did not acknowledge or reference the unique conditions that make breastfeeding challenging. Diffusion of Innovation theories and the Social Norms and Extended Elaboration Likelihood models. Individual Differences theory moves beyond simply using images of black women to actually acknowledging the cultural differences that make breastfeeding challenging. Diffusion of Innovation allows early adopters, such as the doulas, midwives and lactation consultants who champion breastfeeding, to use the film as an educational tool in their respective social systems and communities. The Social Norms model reframes breastfeeding as an accepted practice and lost tradition of black society that must be protected and supported by a mother’s family, partner and peers. And finally, the Extended Elaboration Likelihood model creates an engaging narrative about the relationship between black mothers and breastfeeding organizations for mothers to interview, 3) use social behavior theory, a learning theory based on the idea that people learn by observing others.

**ETHICAL CONSIDERATION**

Careful consideration was given to the individuals chosen to represent African American women in the film and how they would be depicted. Chocolate Milk incorporated checks and balances at every stage to ensure the subjects reflected a range of birth and breastfeeding experiences for black women and were depicted with truth, dignity and respect, including: 1) a stakeholder focus group at the start of the web series, 2) direct referrals from local breastfeeding organizations for mothers to interview, 3) ethnographic interviews with actual black mothers and 4) an extended three-year immersion period with the black breastfeeding community to ensure the subjects chosen for the film best reflected the issues that made breastfeeding both challenging and rewarding for black mothers in the U.S.
**TIMELINE**

### 2014

- **April 12, 2014**
  - Held focus group with stakeholders from the black breastfeeding community in Southern California

- **May 23, 2014**
  - Filmed first ethnographic interview with Jasmine, a mother of two from Compton, CA

- **June 5, 2014**
  - Released first episode of the web series which ran from 2014-2016 on YouTube.

### 2015

- **February 14, 2015**
  - Began production on the feature film entitled Chocolate Milk: The Documentary

- **June 23, 2015**
  - Premiered mini documentary entitled the African American Breastfeeding Project at the National Medical Association (NMA) 112th Annual Convention & Scientific Assembly in Northridge, CA

### 2016

- **January 29–30, 2016**
  - Presentations and screenings of the web series:
    - January 29–30, 2015
      - 9th Annual California Breastfeeding Summit in Anaheim, CA
    - April 14, 2015
      - BreastfedLA Community Meeting in Inglewood, CA
    - October 14, 2015
      - Oral presentation and screening of web series at California State University – Northridge. Lactation Education Course in Northridge, CA
    - November 4, 2015
      - American Public Health Association (APHA) National Association of County and City Health Officials (NACCHO) Grantee Closing Meeting in Baltimore, MD
    - June 30, 2016
      - BreastfedLA Seminar in Inglewood, CA

- **April 7, 2016**
  - Filmed first ethnographic interview with Jasmine, a breastfeeding community in Southern California

### 2017

- **February 13, 2017**
  - Media coverage of Chocolate Milk:
    - February 13, 2017
      - Yale School of Public Health Film Series in New Haven, CT

### 2018

- **February 11, 2018**
  - Filmed second ethnographic interview with Jasmine, a breastfeeding community in Southern California

### 2019

- **August 20, 2019**
  - Radio interview with film director and The African American Breastfeeding Network on WNOV 860 “The Voice” in Milwaukee, WI

- **August 21, 2019**
  - Radio interview with film director and radio host Clovia Lawrence on Radio One in Tennessee, Texas, Virginia, Washington, Wisconsin and Washington, D.C., and 11 states
A mobile audience survey was conducted during community screenings of Chocolate Milk hosted by non-profit, community, professional, and student organizations across 36 states in during National Breastfeeding Awareness Month in August 2019. A one-hour training webinar was provided to organizations on how to administer the survey before and after the film screening. All 200 organizations that scheduled a community screening of Chocolate Milk received a survey kit consisting of a brief film description, screening and survey guidelines, detailed instructions on how to administer the survey, and the pre-screening and post-screening survey instruments. A discussion guide for audience engagement was also provided to organizations not participating in the survey. The pre-post study designed measures shifts in awareness, attitudes and intended behavior toward breastfeeding that resulted from watching Chocolate Milk, a 90-minute documentary which explores the racial divide in breastfeeding through the narratives of three African American women, a new mother, a midwife and WIC lactation educator.

**Methodology**

**Setting**

The mobile audience survey was conducted during community screening events held by non-profit, community, professional, and student organizations across 36 states in the United States during National Breastfeeding Awareness Month in August 2019. A pre-post study design assessed changes in awareness, attitudes and intended behavior toward breastfeeding.

**Participants**

All organizations willing to administer the survey were welcome to participate. Organizations held community screening events in various locations, from traditional movie theaters and auditoriums, to conference rooms and offices. Audience members with mobile devices were eligible to participate in the post-survey. Participation in the survey was voluntary and not required in order to view the film. Individuals who did not complete the pre-survey were asked not to participate in the post-survey.

**Measurement**

The pre-screening and post-screening survey instruments captured information on demographics (i.e., age, race, occupation, relationship status, education, childbearing and breastfeeding history, recent breastfeeding knowledge), attitudes towards breastfeeding, reasons why black women might not breastfeed; barriers to black women breastfeeding; recommendations on where women should seek breastfeeding support; identification of key items for optimal breastfeeding experience; knowledge about homebirth midwives; and how to support breastfeeding mothers.

**Data Collection**

Each organization was asked to have two individuals facilitate the administration of the survey: one facilitator to read the survey instructions to the audience and the second facilitator to assist the audience with any issues that arose while the survey was implemented. The web-links for two separate Google surveys - one for the pre-screening survey and one for the post-screening survey - were provided. The pre-screening survey was completed on audience members' mobile devices before the film started and the post-screening survey was completed immediately after the film ended.

Audience members created a unique 8-digit identification code consisting of 4 letters and 4 numbers: their state abbreviation, the first letter of their first name, the first letter of their last name and the last four digits of their phone numbers. This unique identification code was used to merge the pre- and post-survey completed by each individual audience member.

**Objectives**

1. Gauge baseline knowledge about breastfeeding and measure shifts in attitude after viewing the film.
2. Gauge baseline sense of efficacy to support breastfeeding mothers and measure shifts in intended behavior after viewing the film.
3. Identify shifts in audience awareness of alternative breastfeeding and birth services outside the hospital system.
4. Review elements of the film that most resonated with audiences.

**Survey Overview**

The mobile audience survey was implemented. The web-links for two separate survey instructions to the audience and the second facilitator for the administration of the survey: one facilitator to read the data collection.

**Surveys Overview**

**Research Design**

The mobile audience survey was conducted during community screening events held by non-profit, community, professional, and student organizations across 36 states in the United States during National Breastfeeding Awareness Month in August 2019. A one-hour training webinar was provided during National Breastfeeding Awareness Month in August 2019. A one-hour training webinar was provided to organizations on how to administer the survey before and after the film screening. All 200 organizations that scheduled a community screening of Chocolate Milk received a survey kit consisting of a brief film description, screening and survey guidelines, detailed instructions on how to administer the survey.

**Surveys Overview**

**Research Design**

The mobile audience survey was conducted during community screening events held by non-profit, community, professional, and student organizations across 36 states in the United States during National Breastfeeding Awareness Month in August 2019. A one-hour training webinar was provided during National Breastfeeding Awareness Month in August 2019. A one-hour training webinar was provided to organizations on how to administer the survey before and after the film screening. All 200 organizations that scheduled a community screening of Chocolate Milk received a survey kit consisting of a brief film description, screening and survey guidelines, detailed instructions on how to administer the survey.
Key Findings

Shifts in attitudes, awareness and intended behavior among audience members who participated in the pre- and post-screening surveys.

OBJECTIVE 1: BASELINE KNOWLEDGE & SHIFTS IN ATTITUDE

1. Less than a fourth of respondents believed at baseline that breastfeeding comes naturally for all women, including Black female non-health professionals (22.3%). Black Lactation professionals (22.7%), Other health professionals (21.3%), and White Lactation professionals (11.6%). Neither group saw much shift after seeing the film. (SEE TABLE 1.1)

2. With a 10.1% increase, the number of Black female non-health professionals who believed that the birth experience has a lot or some influence on a mother’s ability to initiate breastfeeding saw the biggest shift of any group. (SEE TABLE 1.2)

3. The majority of respondents at baseline would have recommended that “During the prenatal stage” is the best time for a family to seek breastfeeding information and there was little change in post. (SEE TABLE 1.3)

4. There were significant increases in knowledge among all respondents for the reasons why black mothers might not breastfeed.
   - Black female non-health professionals saw significant increase in all indicators, with the greatest increase in “post-partum depression” (27.6%), “four baby is not getting enough milk” (26.9%) and “pumping is too hard” (23.2%).
   - Lactation and Other health professionals, saw the greatest percentage point increase in “post-partum depression” (29-34%). White Lactation and Other health professionals saw the second greatest increase in “too expensive” (21.6%) and “Tired” (20.4%). (SEE TABLE 1.4)

5. There were significant increases in knowledge among all respondents about the keys to an optimal breastfeeding experience, but there was considerable variation across subgroups on all but two items — “Good nutrition” and “Lactation support” — which were already high at baseline.
   - Black female non-health professionals saw the greatest increase in “Job security” (17.4%), “Reliable housing” (10.9%), and “Help around the house” (9.4%).
   - Baseline measures were highest for “Encouragement” (95.5-96.9%) and “Lactation support” (96.5-98.9%) and saw the least change. (SEE TABLE 1.5)

6. Knowledge about the listed barriers to breastfeeding increased significantly across all respondents with the exception of “Lack of family support” which was already high at baseline for Lactation professionals and saw little to no increase.
   - Black female non-health professionals had the greatest increase in identifying “Confidence in their body’s capability to produce enough milk” (21.8%), “Access to professional support” (14.5%), and “Partner support” (13.8%) as barriers black mothers face with regards to breastfeeding.
   - Lactation and Other health professionals saw increases in “Confidence in the body’s capability to produce enough milk” (9.4-14.6%), “Community support” (7.1-10.2%), and “Access to professional support” (7-8%).
   - Other health professionals were the only audience members to have significant increases in identifying “Health providers’ assumption about black mothers’ disinterest in breastfeeding” (11.9%) and “Short or no maternity leave” (8.7%).
   - Baseline measures “Formula marketing to low income and/or black communities” (1.2-2.8%) was relatively high for all health professionals and saw the least increase. (SEE TABLE 1.6)

OBJECTIVE 2: BASELINE EFFICACY & SHIFTS IN INTENDED BEHAVIOR

7. Over 95% of respondents stated learning something new about supporting breastfeeding from watching Chocolate Milk, with the exception of Black Lactation professionals who at 91% were likely the most well-versed in this subject at baseline.

8. The majority of respondents across subgroups would have recommended that a mother seeking breastfeeding support should “Ask for help” at baseline, but there was a significant increase in respondents recommending “Don’t give up” in post. This shift was greatest among Black female non-health professionals (17.4%) and Black Lactation professionals (11.3%). (SEE TABLE 1.7)

9. The majority of respondents would have recommended that a mother seek breastfeeding support from a “Breastfeeding circle or support group” or “Lactation professional” at baseline.
   - Black female non-health professionals, Black and White Lactation, and Other health professionals saw the greatest increase in “Midwife” (19.6%), “WIC center staff” (17.4%), and “Her partner” (10.9%).
   - While there were significant increases in all listed options, the likelihood of recommending “Hospital staff” was the only option that saw a significant decrease across subgroups, with the greatest decline for Black female non-health professionals at -11.6%. (SEE TABLE 1.8)

10. All respondents saw an increase in the actions they intended to take in the next six months to support a breastfeeding mother. Each listed action saw a significant increase with the exception of “Offer words of encouragement” among Lactation and Other health professionals, which was already high at baseline (91.7-96.6%) and saw the least change, “Deliver prepared meals” saw a decline among White Lactation professionals (-6%).
   - Black female non-health professionals and Other health professionals saw the greatest increase in “Deliver prepared meals” (26.2 and 18.8%), “Household chores” (19.5 and 14.6%), and “Offer a pillow” (18.1 and 14.1%).
   - White Lactation professionals saw the greatest increase in “Babysit the children” (32.6%), “Babysit the other children in the household” (13.2%), and “Household chores” (10.5%).
   - Black Lactation professionals saw the greatest increase in “Deliver prepared meals” (17.1%), “Offer a pillow” (11.4%), and “Babysit the baby” (7.9%).

OBJECTIVE 3: AWARENESS OF ALTERNATIVE SERVICES

11. There was an increase in knowledge that homebirth midwives are “qualified professional healthcare providers” among all respondents.
   - Black female non-health professionals and Other health professionals, saw the greatest gains in knowledge, including that homebirth midwives are “qualified professional healthcare providers” (4.6 and 8.1%), “provide intimate and individualized care” (3.8 and 2.2%) and “do a home visit 24 to 48 hours after birth and again at 2 weeks” [3.2 and 2.4%]. (SEE TABLE 1.10-12)

OBJECTIVE 4: NARRATIVE ELEMENTS THAT RESONATED

12. 95.7% of Black female non-health professionals and 97.7% of Black Lactation professionals agreed that the film accurately depicts the lives and experiences of black mothers.

13. The majority of respondents in all subgroups stated personally experiencing the issues depicted in the film or knowing someone else who has, including 80.4% of Black female non-health professionals, 95.5% of Black Lactation professionals, 80.7% of White Lactation professionals, and 71.6% of Other health professionals.

14. Black female non-health professionals found Tami’s character and story the most relatable at 63% out of the three main characters. While Black Lactation (65%), White Lactation (65.7%) and Other health professionals (41.5%) found Lydia, the WIC center employee, to be the most relatable character. (SEE TABLE 1.13)

15. Black female non-health professionals and Other health professionals, saw the greatest gains in knowledge, including that homebirth midwives are “qualified professional healthcare providers” (4.6 and 8.1%), “provide intimate and individualized care” (3.8 and 2.2%) and “do a home visit 24 to 48 hours after birth and again at 2 weeks” [3.2 and 2.4%]. (SEE TABLE 1.10-12)
### Table 1.3: Who do you think breastfeeding comes naturally for all women? Are there any differences among the different groups?

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<table>
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<td>-0.0 (0)</td>
<td>96.6 (133)</td>
<td>0.0 (0)</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.0 (0)</td>
<td>97.0 (133)</td>
<td>0.0 (0)</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-0.0 (0)</td>
<td>97.0 (133)</td>
<td>0.0 (0)</td>
<td>0.0</td>
</tr>
</tbody>
</table>

### Table 1.4: Why do you think some black mothers might not breastfeed?

<table>
<thead>
<tr>
<th>group</th>
<th>PRE-SCREEN</th>
<th>POST-SCREEN</th>
<th>% point</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE LACTATION</td>
<td>56.1</td>
<td>66.7</td>
<td>10.6</td>
<td>0.000</td>
</tr>
<tr>
<td>OTHER HEALTH</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
<tr>
<td>NON-HEALTH</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 1.5: When is the longest time for a family to seek information about breastfeeding?

<table>
<thead>
<tr>
<th>group</th>
<th>PRE-SCREEN</th>
<th>POST-SCREEN</th>
<th>% point</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONALS (N=88)</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
<tr>
<td>NON-HEALTH</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 1.6: What would you recommend a mother who is struggling with breastfeeding after giving birth?

<table>
<thead>
<tr>
<th>group</th>
<th>PRE-SCREEN</th>
<th>POST-SCREEN</th>
<th>% point</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONALS (N=88)</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
<tr>
<td>NON-HEALTH</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 1.7: What would you recommend a mother who is struggling with breastfeeding after giving birth?

<table>
<thead>
<tr>
<th>group</th>
<th>PRE-SCREEN</th>
<th>POST-SCREEN</th>
<th>% point</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONALS (N=88)</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
<tr>
<td>NON-HEALTH</td>
<td>48.9</td>
<td>58.0</td>
<td>9.1</td>
<td>0.000</td>
</tr>
</tbody>
</table>
### Table 1.9 Which of the following are you most likely to do to support breastfeeding mothers in the next six weeks?

<table>
<thead>
<tr>
<th>Option</th>
<th>NON-HEALTH PROFESSIONALS</th>
<th>LACTATION PROFESSIONALS</th>
<th>OTHER HEALTH PROFESSIONALS</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer a pillow</td>
<td>94.8 (220)</td>
<td>96.3 (234)</td>
<td>90.5 (220)</td>
<td>93.9 (77)</td>
<td>93.9 (77)</td>
<td>94.1 (165)</td>
</tr>
<tr>
<td>Assist mom to breastfeed</td>
<td>92.9 (118)</td>
<td>96.1 (122)</td>
<td>92.9 (118)</td>
<td>92.9 (118)</td>
<td>92.9 (118)</td>
<td>93.9 (236)</td>
</tr>
<tr>
<td>Babysit the children in the center</td>
<td>89.5 (233)</td>
<td>98.8 (245)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (330)</td>
</tr>
<tr>
<td>Babysit the children in the partner</td>
<td>88.4 (213)</td>
<td>97.9 (237)</td>
<td>92.3 (194)</td>
<td>92.9 (118)</td>
<td>92.9 (118)</td>
<td>92.9 (236)</td>
</tr>
<tr>
<td>Hold feeding group</td>
<td>88.4 (213)</td>
<td>98.8 (245)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (330)</td>
</tr>
<tr>
<td>Babysit the health clinic</td>
<td>88.4 (213)</td>
<td>98.8 (245)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (330)</td>
</tr>
<tr>
<td>Other</td>
<td>88.4 (213)</td>
<td>98.8 (245)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (330)</td>
</tr>
</tbody>
</table>

### Table 1.10 Agree that homebirth midwives: Are qualified professional healthcare providers.

<table>
<thead>
<tr>
<th>Agree that homebirth midwives: Are qualified professional healthcare providers</th>
<th>NON-HEALTH PROFESSIONALS</th>
<th>LACTATION PROFESSIONALS</th>
<th>OTHER HEALTH PROFESSIONALS</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.7 (238)</td>
<td>96.3 (234)</td>
<td>93.9 (77)</td>
<td>93.9 (77)</td>
<td>93.9 (236)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93.7 (238)</td>
<td>96.3 (234)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (230)</td>
<td></td>
<td></td>
</tr>
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<td>96.3 (234)</td>
<td>94.8 (165)</td>
<td>94.8 (165)</td>
<td>94.8 (230)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 1.11 Which character in the film did you relate to the most?

<table>
<thead>
<tr>
<th>Character</th>
<th>NON-HEALTH PROFESSIONALS</th>
<th>LACTATION PROFESSIONALS</th>
<th>OTHER HEALTH PROFESSIONALS</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racha - The midwife</td>
<td>57.2 (161)</td>
<td>65.5 (174)</td>
<td>64.8 (162)</td>
<td>64.8 (162)</td>
<td>64.8 (162)</td>
<td>64.8 (324)</td>
</tr>
<tr>
<td>Tami - The breastfeed group</td>
<td>27.5 (82)</td>
<td>46.7 (119)</td>
<td>39.9 (110)</td>
<td>39.9 (110)</td>
<td>39.9 (110)</td>
<td>39.9 (230)</td>
</tr>
<tr>
<td>Lois - The homebirth midwife</td>
<td>15.5 (48)</td>
<td>31.8 (78)</td>
<td>9.9 (28)</td>
<td>9.9 (28)</td>
<td>9.9 (28)</td>
<td>9.9 (106)</td>
</tr>
</tbody>
</table>

### Table 1.12 Agree that breastfeeding: Is a basic right 24 to 48 hours after birth and ages 0-2 weeks.

<table>
<thead>
<tr>
<th>Agree that breastfeeding: Is a basic right 24 to 48 hours after birth and ages 0-2 weeks</th>
<th>NON-HEALTH PROFESSIONALS</th>
<th>LACTATION PROFESSIONALS</th>
<th>OTHER HEALTH PROFESSIONALS</th>
<th>FEMALE</th>
<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.9 (118)</td>
<td>96.1 (122)</td>
<td>92.9 (118)</td>
<td>92.9 (118)</td>
<td>92.9 (236)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>96.1 (122)</td>
<td>92.9 (118)</td>
<td>92.9 (118)</td>
<td>92.9 (236)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>96.1 (122)</td>
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<td>92.9 (236)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 1.13 Which of the following are you most likely to do to support breastfeeding mothers in the next six weeks?

<table>
<thead>
<tr>
<th>Option</th>
<th>NON-HEALTH PROFESSIONALS</th>
<th>LACTATION PROFESSIONALS</th>
<th>OTHER HEALTH PROFESSIONALS</th>
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<th>MALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Chocolate Milk: The Documentary was instrumental in changing beliefs about breastfeeding because audiences found the content both realistic, relatable and informative. The majority of our target audience of Black women felt the film accurately depicted the lives and experiences of black mothers and all the survey respondents reported having personally experienced the issues depicted in the film or knowing someone else who had. As a result, the film’s narrative was effective in transporting audiences and shifting their attitudes about breastfeeding in several areas: its connection to the birth experience, barriers for black women, and key factors to an optimal experience.

**CONNECTION BETWEEN BIRTH AND BREASTFEEDING**

Less than 25% of all survey respondents believed that breastfeeding comes naturally for all women. While this belief went relatively unchanged, there was a 10% increase among Black female non-health professionals who believed the birth experience has a lot or some influence on a mother’s ability to initiate breastfeeding.

One goal of the film was to encourage black mothers to stop suffering in isolation after they were discharged from hospitals and to solicit help from community-based resources, as well as their partners and families. After seeing the film, black women’s views on where a mother should seek breastfeeding support expanded, with fewer women citing ‘Hospital staff,” which actually declined by 11.6%, and more women citing “Midwives” (19.6%), “WIC staff” (17.4%), “Her partner” (10.9%) and “Her friends” (10.1%).

Additionally, the film raised awareness among black women about alternative birth and breastfeeding services. Increases were modest due to high baseline knowledge, but the number of black women who agreed that homebirth midwives are “Qualified professional healthcare providers” did increase by 4.6%, “Provide intimate and individual care” by 3.9%, and “Do a home visit 24 to 48 hours after birth” by 3.2%.

**BARRIERS TO BREASTFEEDING FOR BLACK WOMEN**

There was a considerable increase in awareness among Lactation and Other health professionals for all the reasons listed for why some black mothers may discontinue breastfeeding, with the exception of “No encouragement from partner” and “Thinks baby will get too attached” which remained relatively constant. The greatest shift in awareness was for “Post-partum depression,” which climbed by 34.2% for White Lactation professionals, 29.5% for Black Lactation professionals, and 29.3% for Other health professionals. Other reasons that saw considerable increases were “Pumping is too hard” and “Not enough time,” demonstrating that the film was successful in dispelling the myth that black women simply didn’t want to breastfeed. Additionally, while most Lactation and Other health professionals had considerable baseline knowledge of the breastfeeding barriers listed for black women, ‘Lack of confidence that their body is capable of producing enough milk” and “Lack of community support” saw the greatest increase in awareness growing by as many as 14.6 and 10.2 percentage points, respectively. Black women had less relative baseline knowledge of the breastfeeding barriers for black mothers and saw the greatest shifts in awareness for “Lack of confidence that their body is capable of producing enough milk” by 21.8% and “Lack of access to professional support” by 14.5%.

**KEYS TO AN OPTIMAL BREASTFEEDING EXPERIENCE**

Another goal of the film was to equip audiences with knowledge of some key factors that may contribute to a mother’s breastfeeding success. Black women saw significant increases in identifying “Job security” (17.4%), “Reliable housing” (10.9%), “Help around the house” (9.4%), and “Self-care” (5%), while other factors remained relatively constant since they were already high at baseline, such as “Encouragement,” “Good nutrition” and “Lactation support.”

All health professionals had significant increases in identifying “Job security” and “Reliable housing” as key, including Black Lactation professionals (22.7% and 11.4%), White Lactation professionals (18.2% and 13.2%) and Other health professionals (22.3% and 13.4%), respectively. Most health professional groups had high baseline measures for “Encouragement,” “Lactation support,” and “Self Care,” and saw less change, outside of White Lactation professionals who increased agreement with “Self care” by 9.9%.

**SOCIAL IMPACT**
The film sought to change behavior towards breastfeeding by reframing it as an accepted practice and lost tradition that black communities must protect and support. By depicting real women who sought or received breastfeeding support from their families, friends and community-based birth or breastfeeding workers, the film models actionable steps for how to find or offer assistance. As a result, over 94% of respondents reported learning something new about supporting breastfeeding from watching the film, with the exception of Black Lactation professionals who agreed at 90.9%, likely due to having more baseline knowledge than the average audience member.

WHEN TO SEEK BREASTFEEDING EDUCATION
Because families often wait until “The baby is born” to seek information about breastfeeding, one objective of the film is to shift behavior towards early education, i.e., seeking breastfeeding information “During the prenatal stage.” However, baseline agreement among target audiences of Black women and health professionals that “During the prenatal stage” is the best time for a family to seek information about breastfeeding was already over 97%, so there was little shift after seeing the film.

RECOMMENDATIONS FOR BREASTFEEDING MOTHERS
Generally, when a mother struggles with initiating breastfeeding, the typical advice is for her to “Ask for help” or “Use formula.” The latter can lead to a drop in milk supply, while the former may lead to frustration when help is either unavailable or ineffective. However neither suggestion addresses the misconception that breastfeeding should be easy simply because it is natural. To counter this, the film sought to portray breastfeeding as a skill that must be learned. As a result, there was a significant decline in respondents who would recommend “Ask for help,” “Try pumping,” and “Use formula,” while “Don’t give up” was the only recommendation to increase after respondents saw the film, especially among Black women who saw the biggest drop in “Ask for help” (-14.5%) and increase in “Don’t give up” (17.4%).

Before seeing the film, the most common recommendations for where a mother should seek breastfeeding support was “Breastfeeding circle or support group” and “Lactation professional” across target audiences of Black women and health providers. Interestingly, after seeing the film, “Hospital staff” was the only recommendation to see a decline for all respondents; this change was most significant for Black women at 11.6 percentage points. “Midwife” was the recommendation which saw the greatest increase across target audiences, increasing the most with Black women by 19.6 percentage points, followed by “WIC center staff” and “Her partner.”

IMPACT TRACKING
- Confirmed most audience members recommend “During prenatal stage” as the best time to seek breastfeeding information
- Shifted what audience members were most likely to recommend to a mother struggling with breastfeeding from “Ask for help” to “Don’t give up”
- Influenced where audience members were likely to recommend a mother find support
- Increased likelihood audience members will take actions to support breastfeeding mothers

“This just want Black families to be educated on breastfeeding and to feel comfortable doing it.”
Claretta Duckett-Freeman, Black Breastfeeding Sisterhood-Willow Tree Family Center, Lansing, MI
Around the country. With this exposure, episodes from the series were screened at a dozen health conferences. From 2014 to 2016, episodes of Chocolate Milk were screened every year at national breastfeeding conferences. These sneak previews raised awareness and anticipation for the film, making it easier to recruit organizations to host community screenings. In 2017, the filmmaker began inviting organizations to host community screenings of an early preview of Chocolate Milk. The early preview of the film was essentially an unfinished 90-minute rough cut without music or graphics. By using an unfinished version, the filmmaker was able to preserve Chocolate Milk’s film-festival eligibility and leave room to incorporate audience feedback. The filmmaker made several stipulations in exchange for providing the film to organizations for free, among them thataudiences could not be charged for admission, no photography or recording was permitted, and the screening had to take place in August.

By timing the screenings in August for National Breastfeeding Month and Black Breastfeeding Week, the filmmaker hoped to attract organizations by 1) providing an activity they could add to their event calendar that engaged and excited the public about the issue; 2) limiting access to one month out of the year to increase the film’s perceived value; and 3) adding the prestige of “premiering” the early cut of the film for their city or region. By making the film available for free via on-demand streaming, the filmmaker hoped to ensure as many organizations as possible could participate. In February 2019, email invitations to host a free community screening were sent to Chocolate Milk’s existing network. Two months later, a dedicated Screening & Outreach Coordinator joined the team and began identifying and reaching out to maternal and infant health organizations in every state, as well as community health centers and schools. Organizations were recruited through a combination of emails, phone calls, social media and word-of-mouth. They were provided with guidelines for how to sign up to host a screening and their community demographics were collected to ensure the film would reach its target audience.

By June 2019, the goal of recruiting 200 organizations was reached, with 253 community screenings scheduled in 36 states. Over half of participating organizations anticipated average audience sizes ranging from “25 to 50” and “50 or more” attendees. Tip sheets, a training webinar and a screening kit were provided to help organizers prepare. A promotional packet with digital flyers, film stills, and branding assets were provided to help organizations publicize their events. The flyers had blank spaces where organizations could insert their logos, names and details about their individual screenings. Some neighboring organizations pooled resources to host joint events, while others found sponsors to cover expenses. This decentralized approach allowed the film campaign to reach an estimated 10,000 people across the U.S. with minimal expenses outside of hiring a screening & outreach coordinator and third-party vendor to generate encrypted-links to stream the film.

For some organizations, this was their first community screening event and they came away with new skills and experience. Chocolate Milk also provided a valuable platform for organizations to draw press coverage, raise funds and increase visibility in their communities. Greater Harrisburg Healthy Start represented the typical community screening event, with free admission to the public, refreshments, trivia, a Q&A with local lactation consultants about the state of breastfeeding education and support for black mothers, and an appearance from a state representative. Many organizations reported that attendees were not aware of the community services they provided until attending the screening and expressed a willingness to share the information with others.
There is an ongoing debate as to what constitutes breastfeeding success, with exclusive breastfeeding and formula on opposite ends of the spectrum and duration as the only benchmark. But this all-or-nothing perspective leaves mothers feeling guilty for not achieving breastfeeding perfection. To avoid blaming and shaming mothers, the language and tone in Chocolate Milk reframed the debate to be about isolation versus support. Mothers in the film discuss their breastfeeding goals, but the focus is less on the duration of exclusive breastfeeding and more on the support they seek to reach these goals.

Another debate in breastfeeding circles is what constitutes exclusive breastfeeding, with many citing nursing directly at the breast as the only acceptable definition. The film’s narrative is more inclusive, accepting broader definitions that include bottle feeding breastmilk and even combination feeding with breastmilk and infant formula. Rather than criticize moms for formula use, our goal was to 1) celebrate any breastmilk a baby receives as a success, 2) encourage feeding with breastmilk and infant formula. Rather than that include bottle feeding breastmilk and even combination breastfeeding success, with exclusive breastfeeding and formula on opposite ends of the spectrum and duration as the only benchmark. But this all-or-nothing perspective leaves mothers feeling guilty for not achieving breastfeeding perfection. To avoid blaming and shaming mothers, the language and tone in Chocolate Milk reframed the debate to be about isolation versus support. Mothers in the film discuss their breastfeeding goals, but the focus is less on the duration of exclusive breastfeeding and more on the support they seek to reach these goals.

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Future Plans

The specific goals to be accomplished in 2020 are 1) to license community screener versions of the film to organizations by request and 2) to complete the finished version of the film. The finished version will include a revised edit, original music, color correction, and motion graphics. In order to increase the likelihood that the film will be self-funding by the end of the grant period, the filmmaker will 1) pursue public television broadcast for the finished version of Chocolate Milk, 2) pursue film festival distribution and 3) ultimately make the film available for download or streaming service online. Due to it’s focus on collecting individual stories and utilizing social media and local organizations for distribution, the project has a distinctly community-based approach that lends itself to adoption for other health and social issues.

Dissemination

The evaluation findings from the film’s social impact campaign have been summarized in the pages of this report and will be made publicly available and shared with the participating organizations that hosted community screenings in August 2019.

Participating Organizations