

Communities Supporting Breastfeeding

An Innovation Station Emerging Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Kansas	Title V/MCH Block Grant Measures Addressed
Category:	Emerging	NPM #4: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
Date Submitted:	5/2016	

Practice Description

The Kansas Breastfeeding Coalition, Inc. (KBC) created the “Communities Supporting Breastfeeding” (CSB) designation to recognize communities in Kansas who have implemented a multifaceted community approach to breastfeeding support across multiple systems including: local breastfeeding leadership, peer support, maternity care practices, public spaces, worksite support, and childcare provider support. Since the designation’s launch in the fall of 2014, over 20 communities in Kansas have been recognized as “Communities Supporting Breastfeeding” for building a culture of breastfeeding support in their community.

Purpose

The Kansas Breastfeeding Coalition (KBC) asked the question - What would a breastfeeding “utopia” look like? What would mothers and babies experience there? What would they see and hear? Would breastfeeding rates be higher in communities where multiple breastfeeding programs were in place, all working synergistically to weave a net of breastfeeding support for all families?

The Kansas Department of Health and Environment (KDHE), Bureau of Family Health, responsible for Title V, WIC and child care provider licensing was interested in these questions as well and more importantly, the answers. The resulting conversations and meetings between KDHE and the KBC formed the basis for the Communities Supporting Breastfeeding (CSB) designation to recognize communities who provide a multifaceted approach to breastfeeding support.

The KBC already had multiple programs in place to support breastfeeding in a variety of sectors. It was easy from there to craft designation criteria that optimized existing programs, allowing local breastfeeding coalitions to utilize existing resources and materials. Coalitions were then able to focus their time and energy implementing the various programs and working towards a goal – the CSB designation.

The CSB program awards a designation to Kansas communities that support breastfeeding mothers and babies through a multifaceted approach across sectors using existing statewide programs that address barriers to breastfeeding. Alone, each program can provide a life-line of support in one area of a mother’s life; when woven together they create a net of support through which no mother and baby will fall.



A “Community Supporting Breastfeeding” Designation Criteria:

- A local breastfeeding coalition
 - Peer breastfeeding support group(s)
 - A least one community hospital recognized as a [High 5 for Mom & Baby](#) or Baby Friendly Hospital USA
 - 1 business for every 1000 community citizens* or 25 (whichever is lesser) participate in the [“Breastfeeding Welcome Here”](#) program
 - 1 business for every 5000 community citizens or 10 (whichever is lesser) receive a [“Breastfeeding Employee Support Award”](#)
- A minimum of 20 child care providers in the community complete the KBC’s *“How to Support the Breastfeeding Mother and Family”* course

In collaboration with KDHE Title V Maternal and Child Health Services Program, six communities were selected to pilot the CSB program. The pilot communities represented diverse geographies and populations and served as model communities to achieve the CSB designation as defined by the criteria above. The time period for the pilot project was September 1, 2014 through June 30, 2015. The CSB program is on-going.

The CSB program’s immediate objectives are to increase positive perceptions toward breastfeeding, increase the availability of breastfeeding resources, and reduce barriers experienced in the community by women of child-bearing age. The long-term goal of this project is to increase exclusive breastfeeding rates through a sustainable model of cross-sector support for breastfeeding.

The project also seeks to address the racial and socioeconomic disparities in breastfeeding rates. It is the goal of the KBC to work with marginalized and underserved communities to build a landscape of breastfeeding support. We believe the CSB designation can provide a roadmap and tools for communities to identify systems and environments needed to support breastfeeding families. The KBC ultimately seeks to work alongside communities who will find their own solutions that best address the needs of families in their communities.

The CSB program serves communities across Kansas. “Community” was originally defined as a city or county. Cultural communities and Tribes were later added to the definition of “community”.

Practice Foundation

Community-wide interventions in health care organizations have been shown to improve outcomes. This project expands the intervention to all aspects of a community to improve support for breastfeeding mothers wherever they may be, addressing actions highlighted in the Surgeon General’s Call to Action to Support Breastfeeding.

Margolis PA¹, Stevens R, Bordley WC, Stuart J, Harlan C, Keyes-Elstein L, Wisseh S. From concept to application; the impact of a community-wide intervention to improve the delivery of preventive services to children. *Pediatrics*. 2001. Sept. 108(3):E42

The Surgeon General’s Call to Action to Support Breastfeeding
<https://www.ncbi.nlm.nih.gov/books/NBK52682/>

Core Components

Core components are those essential practice elements which are observable and measurable.

- *Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

The goal of the CSB designation program is to create a culture of breastfeeding support in communities; ultimately increasing breastfeeding initiation and duration rates and the health and wellbeing of families. Core components of the program:

Education:

- 1) **Hosted “Community Conversation” launch meetings** in each community Oct.- Nov. 2014 to determine the local landscape of breastfeeding support, introduce the CSB criteria and create an action plan to meet the criteria by the June 30, 2015 deadline.
- 2) **Hosted “Continuity of Breastfeeding Care” meetings** in each community April-May 2015 facilitated by Program Coordinator and Hospital Educator for those providing prenatal, maternity and postpartum care in the community. The goals of these meetings

were to provide consistent communication of five maternity care practices to families to prepare families for their hospital experience and to facilitate the “warm hand-off” of mothers from the hospital to the community for breastfeeding support.

- 3) Hospital Educator provided eight hours of **hospital staff education and a hands-on skills session** in three communities to assist them being recognized as “High 5 for Mom & Baby” hospitals. She also met with community physicians in these communities to help them understand their role in supporting the hospital’s implementation of the “High 5” practices.

Support:

- 4) **Conference calls with Local Community Coordinators (LCCs)** to share strategies, successes, and challenges. Program Coordinator and Hospital Educator facilitated the calls.
- 5) **Mid-project reviews** were held with LCCs in early February 2015 to discuss project status and strategies for meeting the CSB designation by June 30th.
- 6) **Action Plan** – the LCCs were required to create an action plan to describe how they would address each criteria of the CSB. Action plans were reviewed mid-project with the Program Coordinator.

Promotion:

- 7) Hosted **CSB Celebration events** in each community at which the City/County Commission read a proclamation from the KBC and a reception/dinner followed. Celebration events were open to the public. Media coverage of the proclamation increased awareness of the CSB designation.

Assessment:

- 8) See table below and evaluation section

Practice Activities

Core Component	Activities	Operational Details
Education	Community meeting to evaluate the landscape of breastfeeding support. Training provided to community groups, employers, businesses and hospital staff.	Program Coordinator hosted community meeting. Local Community Coordinator (LCC) trained to educate local breastfeeding coalition members on approaching employers, businesses and others. LCC monitored activities. For hospital training utilized Hospital Educator and High 5 for Mom & Baby.
Support	Conference calls, emails	Program Coordinator support of LCC activities - mid-program review, action plan.
Promotion	Recognition of community achieving designation.	CSB designation award. News release. Celebration. Proclamation.
Assessment	Survey, Exclusive breastfeeding data.	University of Kansas School of Medicine-Wichita evaluation, Kansas WIC breastfeeding data.

Evidence of Effectiveness (e.g. Evaluation Data)

Surveys

A cross-sectional study was designed using self-reported surveys to evaluate mothers' perceptions of the availability of breastfeeding resources and breastfeeding barriers in the six pilot communities associated with the Communities Supporting Breastfeeding (CSB) program. To accomplish this study's objective, surveys were administered to women of child-bearing age in each of the six pilot communities. Through local meetings, the Local Community Coordinator (LCC) contacted potential study participants to discuss survey participation. Participants completed the survey within six months of implementation of the CSB program. Data were collected for pilot communities between January and March 2015. The study was approved by the Institutional Review Board, University of Kansas School of Medicine-Wichita.

Respondents were not as familiar with the following programs: *Business Case for Breastfeeding* (60.7%) and child care provider support (58.5%)

In their response to open-ended questions related to each of the CSB's criteria, mothers reported a lack of:

- Designated public breastfeeding space
- Knowledge that breastfeeding is natural
- Designated space and sufficient time to express breast milk in the workplace.

Due to its formative nature, small sample size, and higher socio-economic status of the study population, this study is somewhat limited. Additional research that includes a larger sample with a more racially and ethnically diverse study population across all levels of the socio-economic spectrum is needed. Based on results from our evaluation along with improved exclusive breastfeeding rates in the majority of the communities (Table 1) that could be associated with the CSB criteria, we believe the CSB program is impactful.

Table 1. Exclusive Breastfeeding at 6 months*

	June 2014	May 2016	Change
Barton County (Great Bend)	13.9%	16.3%	2.4%
Cowley County (Winfield)	10.2%	19.6%	9.4%
Ellis County (Hays)	5.3%	13.3%	7.0%
Labette County (Parsons)	17.4%	22.6%	5.2%
Saline County (Salina)	22.5%	15.7%	-6.8%
Seward County (Liberal)	14.3%	17.6%	3.3%

* KS WIC data *WIC infants only*. Data is for the entire county not just the community in the pilot project.

A total of 115 mothers completed the survey. Summary of key findings:

- Majority of respondents believed local breastfeeding leadership (90.1%), peer support (92.6%), and hospital support (97.4%) provided adequate breastfeeding support in the community
- Majority of respondents indicated that they know of or would prefer to breastfeed at a business that participates in the *Breastfeeding Welcome Here* program (88.4%)

The mothers' survey and data continue to be collected in additional communities.

Key Informant Interviews

In 2018 key informant interviews were conducted and reported by the KBC and the Wichita State University's Community Engagement Institute.

Key contacts from the 18 communities that have received the Community Supporting Breastfeeding (CSB) designation were contacted to complete interviews. Individuals from 16 of the 18 communities responded.

Achieving the CSB Designation

The first question on the interview guide asked participants what they enjoyed about working toward the CSB designation. The majority mentioned the relationships as being most enjoyable part of working toward the designation. They enjoyed meeting others in the community, and they enjoyed the collaboration and the teamwork involved in working toward the common goal of achieving the designation. For a number of coalitions, the CSB designation gave their group a tangible project or purpose to work on together.

Participants were also asked what was difficult about achieving the CSB designation. Businesses were a common challenge – specifically getting businesses on board for the Breastfeeding Welcome Here program and for the Breastfeeding Employee Support Awards. Some said larger businesses were more difficult because of the additional “red tape” involved in implementing policy change.

Another difficulty was having enough people with enough time to do the work, since the majority of coalition members typically have full-time jobs doing other work. This is a continual challenge for local breastfeeding coalitions.

Benefits of the CSB Designation

Participants were asked to talk about how becoming a CSB community improved breastfeeding support in their community compared to before the CSB designation. While they talked about the difficulty of getting businesses enrolled in the Breastfeeding Welcome Here (BWH) program, they also felt the BWH program was a benefit of the CSB designation. They noticed an increased awareness in the community and said the CSB designation opened the discussion and increased the conversation in their community around the topic of breastfeeding. There are more spaces for moms to breastfeed in the community and at community events. One participant said the CSB designation ‘has elevated the presence of breastfeeding families and given them a voice as employees and community members.’

They were also asked what other benefits there were to achieving the CSB designation. One frequent added benefit was the revitalization of their local breastfeeding coalitions. Having a specific task or purpose to work toward helped coalesce the group and bring everyone together united around a common goal. Participation and attendance at coalition meetings and activities

was higher while working toward the CSB designation. They talked about the coalition gaining more recognition and credibility in the community as a result of the CSB designation. They mentioned increased awareness by city and county officials. One participant told a story about how, during the proclamation meeting where they were being presented with their CSB designation, one of the city council members had recently had a baby, and she breastfed her baby during the proclamation meeting.

Additional Resources and Suggestions

Participants were asked what additional resources their community needs to further improve support for breastfeeding. They are interested in suggestions for continued growth after achieving the CSB designation. The designation provided a clear goal for the coalition to work toward. After achieving the goal, some coalitions admitted to struggling to find the next thing for their coalition to do or focus on. Related to that, they would like to be able to secure funding to support the work (including finding a fiscal agent) and to help fund projects/events. They would like to see more opportunities for breastfeeding education in their community, specifically for medical professionals. They want to find ways to “keep breastfeeding around” as a topic of conversation and action in their communities.

Several individuals mentioned that there were paid local community coordinators to help achieve the CSB designation, and they were key to the success of achieving the designation. They noted that coalitions could benefit from a dedicated part-time paid person in their community to do this work on an ongoing basis. This would provide continuity and a level of commitment to the work that is simply hard to achieve with a group of volunteers, no matter how passionate they are.

Some participants noted there are still areas their community can improve upon. Whether it is connecting with hospitals, businesses, employers, daycare/child care providers, mother-to-mother groups, or physicians, they know there are additional opportunities to continually improve breastfeeding support in their community, even after achieving the CSB designation.

Finally, they were asked what suggestions they had for strengthening and improving the CSB designation. Most feel like the criteria were well-designed, understandable, and attainable. They would like to see some follow up done with the communities, perhaps annually. Many appreciated the opportunity to complete an interview and check back in on what they did and think about where they are now. They indicated that taking the time to review and revisit the criteria regularly going forward would be beneficial, checking back in with employers, businesses, and child care providers to see how they are doing. One participant phrased it as ‘maintaining accountability to the designation.’ Another said, ‘It is one thing to meet the criteria, and another to sustain meeting the criteria.’ They want to find a way to keep the conversation alive in their communities.

Replication

KBC secured funding from a variety of sources to provide technical assistance to additional communities to achieve the CSB designation. Since the end of the pilot project, sixteen additional communities have achieved the CSB designation. Community has become more loosely defined as coalitions have requested assistance with their “community” becoming a CSB. Please see the examples below. The program has been successfully replicated through local breastfeeding coalitions using volunteers and KBC programs to achieve the designation.

The KBC has worked with the Potawatomi Tribe to help them achieve the CSB designation. The Potawatomi Tribal Council passed a resolution in June 2016 in support of the Tribe achieving the CSB designation, which was adapted to define the “community” as the tribal reservation. The Tribal Council resolution opened the door for working with the Tribal government, child care center, and health center on the reservation. Materials were translated into Potawatomi and a tribal breastfeeding coalition was formed.

The KBC also worked with the African-American neighborhoods in Wyandotte County in Kansas City to achieve the CSB designation. The six CSB criteria were adapted to define “community” as the African-American neighborhoods in this county. The child care provider education criterium was expanded to include friends and families who are caretakers of infants. The [window decal](#) for the “*Breastfeeding Welcome Here*” program was redesigned to include the image of an African-American women, as suggested by the newly formed African-American Breastfeeding Coalition of Wyandotte County. The KBC funded two women of color from Wyandotte County to be trained as “Chocolate Milk Café” leaders by Uzazi Village in Kansas City and they facilitate a bi-weekly Chocolate Milk Café at a local hospital in Wyandotte County. The KBC contracted a local African-American community advocate to oversee this successful project.

Section II: Practice Implementation

Internal Capacity

The following personnel allow for a community to achieve CSB designation quickly. KBC supports the separate programs (find [here](#)) needed for designation so that communities can work towards becoming a CSB with volunteers and minimal funding.

- 1) Project Coordinator to oversee the project
- 2) Local Community Coordinator (LCC) in each of the pilot communities to provide “boots on the ground” assistance with meeting the CSB criteria
- 3) Hospital Educator to provided training to three communities’ hospitals to help them implement the “High 5 for Mom & Baby” practices

Collaboration/Partners

The following state and local partnerships were developed or strengthened as a result of the CSB project:

- KDHE Bureau of Family Health Programs:
 - Child Care Licensure
 - Nutrition and WIC Services
 - MCH Home Visitors
- Head Start/Early Head Start
- Child care provider organizations (Child Care Aware of KS and KS Child Care Training Opportunities)
- Parents as Teachers

- High 5 for Mom & Baby (state-level hospital QI program)
- Kansas Chapter of the American Academy of Pediatricians
- Local Breastfeeding Coalitions
- University of Kansas School of Medicine – Wichita
- United Methodist Health Ministries
- Kansas Health Foundation
- Uzazi Village
- League of Kansas Municipalities
- Kansas Association of Counties
- Kansas Society for Human Resource Management
- Kansas Association of School Boards
- Wichita State University Community Engagement Institute

Practice Cost

Budget for One Community to Achieve CSB			
Activity/Item	Brief Description	Quantity	Total
KBC Support	Executive Director facilitation of meetings as Program Coordinator		\$3,500
Independent Contractors	Local Community Coordinator		\$2,400
Supplies	Education materials, employer awards, postage, misc.		\$1,205
Travel Expenses	Project Coordinator for meetings and celebration		\$460
		Total	\$7,565

Practice Timeline

Phase	Description of Activity	Date/Timeframe	Person(s) Responsible
Planning/ Pre-implementation	Obtain commitment from communities to achieve the CSB designation	2 months from start date	Project Coordinator
	Fill LCC position.	2 months from start date	Project Coordinator
	Obtain education materials (KBC using Coffective materials provided to community.)	3 months from start date	Project Coordinator

	Set conversation launch meeting	3 months from start date	Project Coordinator
	Action Plan Completed	Due 4 ½ months from start date	LCC
Implementation	Conversation Launch Meetings	3-4 months from start date	Program Coordinator
	Educational meetings	6-7 months from start date	Program Coordinator
	Contacts with employers and businesses	6 months from start date and on	LCC
	LCC progress reports	Due 8 months from start date	Hospital Educator
	Recognition Ceremony	12 months from start date	Program Coordinator, LCC
Sustainability	Annual Check In post designation	Yearly	KBC
	Building Local Breastfeeding Coalitions Conference Call	Quarterly	KBC Executive Director

Resources Provided

Communities Supporting Breastfeeding webpage on KBC website – <http://ksbreastfeeding.org/cause/communities-supporting-breastfeeding/>

Project Materials (available from key contact upon request):

- Application for CSB designation
- CSB Criteria Guidelines
- Action Plan
- Promotional flyer
- Position descriptions: Local Community Coordinator & Hospital Educator
- Continuity of Breastfeeding Care meeting
 - Meeting agenda
 - Invitation
- Post Designation:
 - Press release
 - City/County Proclamation
 - Designation Certificate
 - Invitation to designation celebration
 - Celebration action ideas

Lessons Learned

The CSB program builds relationships across multiple sectors. Therefore, the CSB criteria are more easily met in communities where diverse sectors are represented on the local breastfeeding coalition, beyond the local health department and hospital.

All too often businesses, child care providers, and families are missing from local breastfeeding coalitions. These groups need to be actively recruited, welcomed and engaged within their local breastfeeding coalitions for a vibrant and healthy coalition. A diverse and active local breastfeeding coalition is imperative for achieving the CSB designation. Projects like the Community Supporting Breastfeeding designation that come with a small amount of funding and a specific purpose or set of goals can help energize and revitalize coalition membership.

Next Steps

Communities with active breastfeeding coalitions have achieved the CSB designation through volunteer efforts. As more communities achieve CSB designation interest from other communities grows. The KBC continues to support the separate programs that make up the CSB. Yearly check ins with CSB communities will enable sustainability as CSB breastfeeding coalition members feel “the conversation needs to stay alive.”

Practice Contact Information

For more information about this practice, please contact:

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