

Fall 2018

Evaluation of the Initiative to Support Breastfeeding Mothers and Babies

Final/Annual Report: Year 3

Prepared for

Kansas Health Foundation

Prepared by

Jenna Brophy, MPH

Jennifer Gard Read, MPH

Janice Tzeng, MPH

Pamela Williams, MS, PhD

RTI International

3040 E. Cornwallis Road

Research Triangle Park, NC 27709

RTI Project Number 0215004

The Initiative to Support Breastfeeding Mothers and Babies, Fall 2018 Evaluation Executive Summary

The Kansas Health Foundation's (KHF's) and the United Methodist Health Ministry Fund's (UMHMF's) Breastfeeding Initiative was a statewide initiative to reduce childhood obesity and improve the overall health of Kansas children by increasing initiation and duration rates of breastfeeding. KHF funded 10 organizations during the three-year grant period of July 1, 2015, through June 30, 2018 to implement strategies to support breastfeeding mothers and babies, provide technical assistance and educate about the importance of breastfeeding. Grantees implemented initiatives and policy efforts including, but not limited to, the strategies noted in the *CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*.

KHF contracted with RTI International (RTI) in September 2015 to conduct an evaluation of the Initiative. In Year 1, RTI tracked each grantee's capacity and experience; progress toward implementation; organizational and individual reach; breastfeeding initiation and duration rates; and barriers, facilitators and lessons learned. Standardized collection of this information ensured the same information was obtained from each grantee. This was especially important because grantees implemented different strategies. Each year, RTI conducted annual reviews of the grantees' progress reports and provided a cross-grantee summary of progress report findings from two reporting periods. Each summary showed the program and policy efforts grantees implemented in accordance with the Initiative.

Grantees were successful in implementing supportive breastfeeding strategies through the Initiative as evidenced through high initiation and duration rates of breastfeeding. According to grantee reports, average breastfeeding initiation rates were consistently high during all three years (Year 1=81%, Year 2=80.4%) and only fell slightly in Year 3 (76.7%) compared to the previous two years. The greatest reported breastfeeding duration rate (exclusive at 6 weeks) occurred in Year 3, though rates were steadily increasing and consistently high throughout all three years. As of July 2018, grantees had a wide range of breastfeeding duration rates from 14.2% (exclusive at 6 months) to 85.5% (exclusive at 6 weeks and seen by an OB nurse navigator). The most common time frame reported was 6 months ($N = 3$). At the end of Year 2, grantees had a range of 18% (exclusive at 6 months) to 77.9% (exclusive at 6 weeks), and at the end of Year 1, grantees had a range of 15.8% (at 12 months) to 78% (at 6 weeks).

According to a recently-released 2018 Breastfeeding Report Card from the CDC (<https://www.cdc.gov/breastfeeding/data/reportcard.htm>), Kansas is one of only four states to exceed national averages and Healthy People 2020 goals in four core breastfeeding measures. The Kansas Breastfeeding Initiative grantees were instrumental in contributing to this progress across three grant years.

Grantees reported a variety of increased information, policy, system and environmental changes implemented. Grantee reach was greatest in Year 1, as measured by the largest number of individuals reached by grantees (18,273). Grantees reported serving the largest number of organizations (352) and achieving the largest number of policy changes, designations and certifications (883) in Year 2. Starting in Year 2 (646) and continuing in Year 3 (132), the number of organizations reporting other breastfeeding certifications increased significantly, possibly reflecting momentum building in Kansas regarding the importance of breastfeeding and increased training among staff to become certified.

Throughout this Initiative, grantees reported that online and digital resources, such as webinars and Facebook groups, were instrumental to their educational efforts. Since grantees across all three years reported the resource they most commonly used was educational materials developed for organizations or patients, future efforts may want to learn the reach of those educational materials and how they impacted behavior among the target audience.

Across all 3 years, the most commonly-targeted priority populations were people accessing Women, Infants and Children (WIC) benefits, Medicaid recipients, people of low socioeconomic status (SES) and under/uninsured people, followed by African Americans. Focusing on prioritizing virtual resources could accommodate the varying needs of clinics and patients and extend the reach of breastfeeding efforts, including to those in lower-income and/or rural settings who may find it challenging to attend in-person events or workshops.

In addition to the successes grantees reported as part of the Initiative, they reported some challenges. First, across all three years, while grantees reported completing anywhere from 38% (Year 1) to 62% (Year 3) of their objectives, a considerable number of objectives were still in progress, incomplete and/or not applicable (N/A). As the Initiative progressed, the challenges reported among grantees increased. Implementation of new approaches takes time and new, unanticipated issues crop up as dissemination occurs.

In Year 1, grantees reported provider engagement as the top implementation facilitator, whereas in Years 2 and 3 grantees reported difficulty engaging medical practices/staff. This may reflect initial enthusiasm and support for the Initiative, but waning time, efforts and resources served to diminish provider engagement. Provider support is essential for helping women to effectively breastfeed. These data underscore the importance of assessing existing resources and cultural readiness for breastfeeding initiatives so that future efforts can be tailored to the organization / population and therefore more successful. Other statewide and national organizations would benefit from the knowledge and experiences of grantees funded by this Initiative. Through compilation and sharing of their best practices and lessons learned, these grantees could serve as champions to raise awareness with organizations in hard-to-reach, underserved communities (one significant challenge described by grantees) and for engaging practices in training and data collection.

Overall, it appears that organizations are more breastfeeding-friendly and mothers and babies in Kansas are healthier because of the Initiative, as evidenced through increased breastfeeding rates and information, policy, system and environmental changes that resulted. Grantees reported across all three years that funding and partnerships were the top two factors in sustaining their initiatives. By Year 3, grantees reported that medical clinics were their top most common key partner, which represents a shift from the previous two years during which medical clinics were the third most common key partner behind state or local health departments and community health coalitions or councils. In Year 3, education/training tied with funding as the top factor to sustaining grantee initiatives. Such statewide funded efforts would benefit from prioritizing implementation planning; standardized data collection processes; process and outcome evaluations; and dissemination and publishing of findings to promote enhanced program successes. Providing opportunities to conduct community needs assessments of key partners would help to identify existing breastfeeding strengths, assets, needs and challenges unique to each type of partner.