



Engaging the Hard- to-Reach

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Breastfeeding Project Goals

Increase implementation of evidence-based and innovative peer and professional breastfeeding support programs, practices, and services

Increase awareness of the processes, successes, and challenges of implementing and expanding access to local peer and professional lactation support services



Increase local, state and national partnerships to support peer and professional breastfeeding supports

The Reducing Disparities in Breastfeeding through Peer and Professional Support project is funded by the Centers for Disease Control and Prevention, through cooperative agreement U38OT000172

Grantees: 72 projects



Grantee Project Outcomes

92,832 1-to-1 encounters

72,380 women served



African American/Black 38%

Asian/PI 22%

White 20%

Hispanic 14%

6% Other/Unknown

3,332 support groups

12,893 women served



African American/Black 43%

White 18%

Hispanic 15%

15% Asian/PI

9% Other/Unknown

Who are the Hard-to-Reach?



Source: <http://rossmorel.com/software-product-validation-part1/>

A View of the Hard-to-Reach

Stigma lack of childcare LGBT
immigrants remote locations single parents Hidden
not cultural norm Marginalized Gang members
schedule conflicts low wage earners
Lack of awareness lack of social support Migrants
Privacy **HARD TO REACH** limited phone minutes
lack of transportation rural low income
non-English speakers Illiterate 9-to-5 work schedule
Unstable housing sub-employment minors
illegal behaviors disabled couch-surfing inmate
Time-poor over-researched drug overuse
Refugees mentally ill Mistrust transient
homeless



Hard-to-Reach Defined

Difficult to engage in public health programs, due to:

1. Physical Barriers
and Geographical
Remote Locations

2. Low
Socioeconomic
Status

3. Minors

4. Non-English
Speakers

5. Lack of
Awareness/Interest
or Mistrust

6. Competing
Health Issues

7. Over-researched
/Over-recruited

8. Hidden/Illegal
Behaviors



Engagement Strategies for Hard-to-Reach Groups

RURAL * ADOLESCENTS * IMMIGRANTS * LOW-INCOME

Highlighting NACCHO Breastfeeding Project Grantees



Engaging Adolescent Mothers



Source: TOPS

Challenges:

- Lack of Autonomy and Transportation
- Social Stigma/ Embarrassment
- Dependent upon Familial Support
- Time Demands of School/Work

Reach Strategies:

- Positive Youth Development Approach
- Active learning method
- Combined Peer & Professional Support
- Tailored Messaging
- Partner with Key Organizations
- Social media & Text-based communication



1- Partner with high school

Meeting teen moms where they were

Addressed transportation,
Involvement of Student Advocate

2- Tailored to students:

Lunch Program , Non-judgement Room, Pump Room

3- Use of Technology

Portal : ifoodmybaby.com



Engaging Rural Populations

31% of Breastfeeding Grantees served rural populations



Challenges:

- Long Distances/Geographic Isolation
- Poor Transportation
- Lack of Providers

Reach Strategies:

- Telehealth
- Home Visits
- Integrated Services
- Mobile Health Services
- Provide Transportation
- Collaborate with other Rural Service Agencies

ARKANSAS BREASTFEEDING COALITION

1- Addressed Transportation
Home/Hospital Visits

2- Telehealth:

IBCCLC Videoconference

3- Integrated Services

Support during other services
to target community

Collaboration with
Community Health Workers



[Picture: S2AY Rural Health
Network](#)

Engaging Immigrants



Challenges:

- Language barrier
- Literacy levels
- Privacy
- Cultural differences

Reach Strategies:

- Person-to-Person interaction
- Community leader/health worker
- Use of interpreters/multi-lingual staff
- Culturally appropriate materials. Translating materials is not enough!
- Partnership with agencies that serve immigrants



Family Health Center
of Worcester, Inc.

1- Built on existing FQHC services
Centering Pregnancy
Multilingual Baby Café
Culturally appropriate materials

**2- Multilingual patient navigators
trained** on breastfeeding
Facilitated one-on one
interaction with moms

**3- Collaborated with agencies
serving immigrants**



Engaging Low Income Families



Challenges:

- Complex Service Needs
- Competing Priorities
- Time Constraints
- Unreliable/Non-traditional Work Schedules

Reach Strategies

- Integrated services
- Traditional & Non-Traditional Partnerships
- Solid Outreach & Referral Networks
- Services at multiple times and at convenient locations
- Telehealth/Virtual Support



Monroe County
Department of Public
Health

1- Integrated services/ WIC expansion

Hospital, OB and Pediatric offices, Centering groups

2- Local Partnerships/Referrals

3- Support services at multiple location and times

4- Social Marketing among partners

Lifesize cut-outs



<https://www.wwhf.org/breastfeeding-text-support/>

Engagement and Retention by Focusing on Maternal Needs

Curriculum of
Healthy Heart
Plus II
(in
partnership
with City of
Richmond)

Beyond
Breastfeeding
Management

Curriculum Content

PERSONAL DEVELOPMENT:

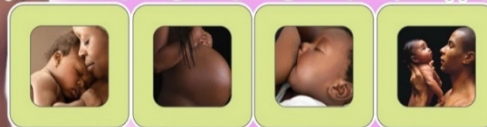
- Household Budgeting, Financial Planning
- Your rights to Medicaid service
- Successful single parenting
- Linking your future through education

“Self As Sacred” approach

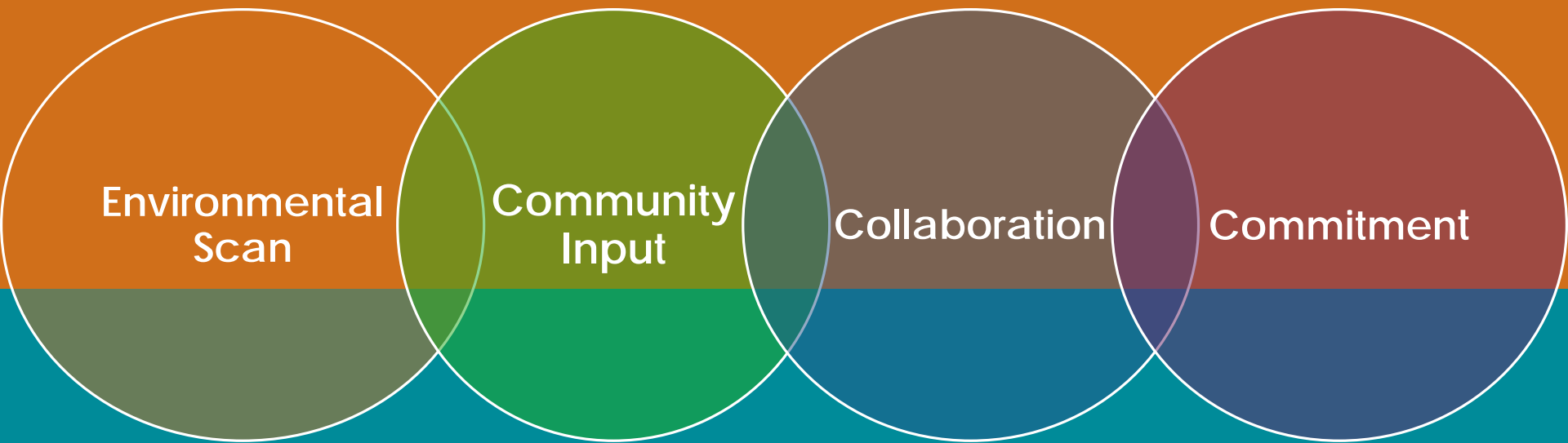


The ABC's of Breastfeeding

Mommies • Bellies • Babies • Daddies



Community Engagement as a solution



Relationships, Trust and Input

Planned Community Engagement

Alameda County
Health
Department

in partnership with

West Oakland
Health Council

- Community Assessment
- Community Input
- Communication Plan
- Network: 48+ orgs
- Culturally-appropriate curriculum



Summary

- Learn and address community needs
- Integrate services
- Engage community and partners

ASK

LISTEN

PARTNER

DO

Remove Barriers to Care



Thank You!

