

UMHMF KPHA BREASTFEEDING GRANT: INTERNSHIP REPORT

By

Ramandeep Kaur

MPH Graduate Student

KANSAS STATE UNIVERSITY

Supervisor: Elaine Schwartz

Executive Director

Kansas Public Health Association

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Approved by:

Dr. Katherine S. KuKanich

Preface

This report documents the 240 internship hours of work done at Kansas Public Health Association under the supervision of Elaine Schwartz, Executive Director. During my internship my role, responsibilities, and obligations were to assist KPHA staff in implementation of the UMHMF Breastfeeding Grant. The report will elaborate my experiences as well as future work opportunities at the Kansas Public Health Association.

Acknowledgements

I would like to express my sincere gratitude to Ms. Elaine Schwartz for her precious guidance and encouragement in carrying out this field experience. I also wish to express my gratitude to the officials and other staff members of KPHA who rendered their help during the period of my internship. I sincerely thank my mentors at Kansas State University, Drs. Cates, KuKanich, Powell, Freeman, and Montelone for providing me an opportunity to do a field experience at KPHA. In the end, I wish to express my love for my family and want to thank them for their support and affection.

Abstract

The report presents the tasks completed during internship at KPHA which are listed below:

- Preparing a report stating the implementation of UMHMF/KPHA grant in 23 counties of Kansas.
- Interacting with grantees from 23 County Health Departments and various officials from State Health Department and WIC program.
- Participating and organizing sessions at KPHA Annual Fall Conference 2012.

All of these tasks have been completed successfully. The workshop session was attended by representatives from 17 counties in Kansas. The activities related to the grant were coordinated by interacting with the 23 county health departments via e-mails. An half-yearly report of the grant analyzing progress of 23 grantee counties was prepared and submitted to the grantors at UMHMF.

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LIST OF ABBREVIATIONS

KPHA	Kansas Public Health Association
UMHMF	United Methodist Health Ministry Fund
US	United States of America
WIC	Women, Infants, and Children
CBE	Certified Breastfeeding Educator
IBCLC	International Board Certified Lactation Consultants
KDHE	Kansas Department of Health and Environment
KSU	Kansas State University
WHO	World Health Organization

INTRODUCTION

Kansas Public Health Association

The Kansas Public Health Association (KPHA) is the oldest and largest organization of public health professionals in the state (Kansas Public Health Association: About Us). It influences policies and sets priorities in public health for Kansas to promote health and prevent disease. It has members from various disciplines such as research, health services, administration, academics, and other professions related to healthcare, resulting in a unique, multidisciplinary environment of professional exchange, study, and action (Kansas Public Health Association: About Us). KPHA works on various issues affecting individual and public health.

KPHA is headed by a Board of Directors and Officers constituted by: President, President-Elect, Secretary, Treasurer, and Past President. There are 3 At Large Directors, one APHA Representative, and 11 Section Chairs – Administrative, Community Health, Elder Issues, Emergency Preparedness, Environmental, Infectious Disease, Oral Health, Policy, Research and Evaluation, Students, Tobacco/Substance Abuse & Mental Health. There is a Membership Committee and staff includes the Executive Director (Kansas Public Health Association: Board and Staff).

ACCOMPLISHED OBJECTIVES

The internship had three major objectives and diligent efforts were made to achieve them. They are as follows:

- Preparing a report stating the implementation of United Methodist Health Ministry Fund (UMHMF)/KPHA grant in 23 counties of Kansas.

- Interacting with grantees from 23 County Health Departments and various officials from State Health Department.
- Participating and organizing sessions at KPHA Annual Fall Conference 2012.

UMHMF KPHA BREASTFEEDING GRANT

Breastfeeding

Human milk is known as the gold standard of infant nutrition (Kelleher & Duggan, 1999). When an “infant receives breast milk, including milk expressed or from a wet nurse”, it is known as breastfeeding (WHO, 2008). Mothers need accurate information and support of family, healthcare, and society to breastfeed their infants optimally. American Academy of Pediatrics recommends initiation of breastfeeding within the first hour of child birth (American Academy of Pediatrics, 2005). It is also recommended that infants should be exclusively breastfed for the first six months of their lives; thereafter, complimentary foods should be added to their diet along with the breast milk (American Academy of Pediatrics, 2005).

Public Health Benefits of Breastfeeding

Public health benefits of breastfeeding can be divided into three categories: health benefits for infants and mothers, economic benefits, and environmental benefits. Breast milk protects the infants from illnesses such as asthma, lower respiratory tract infections, obesity, atopic dermatitis, stomach diseases, type I and II diabetes, and childhood leukemia (Ip, et al., 2007; Chien & Howie, 2001). It is a complete source of nutrition for the infants and is easily digestible (U.S. Department of Health and Human Services Office on Women's Health, 2012).

Breast milk is known to enhance the cognitive development of infants and also serves as an analgesic during painful procedures (American Academy of Pediatrics, 2005). Exclusively breastfeeding 90% of U.S. infants for 6 months can avoid 1000 infant deaths (U.S. Department of Health and Human Services Office on Women's Health, 2012).

Breastfeeding is advantageous for mothers' health as it reduces the risks of breast cancer, ovarian cancer, type II diabetes, and postpartum depression (Ip, et al., 2007; Collaborative Group on Hormonal Factors in Breast Cancer, 2002; U.S. Department of Health and Human Services Office on Women's Health, 2012). There is less post-partum bleeding and rapid uterine involution in mothers who start breastfeeding their infants, early (American Academy of Pediatrics, 2005). It is an effective method of child spacing and enhances the bonding of mother and baby (American Academy of Pediatrics, 2005).

Feeding the infants with breast milk has financial benefits for the society. Families can save up to US \$1500 by adopting optimal breastfeeding practices instead of infant formula in the first year of child birth (Ball & Wright, 1999). Breastfeeding also ensures that better infant health leads to fewer health insurance claims, less employee time off, and higher productivity at work (United States Breastfeeding Committee, 2002). If 90 percent of U.S. families follow exclusive breastfeeding guidelines for six months, health care costs of US \$13 billion can be saved per annum, and US \$10.5 billion can be saved annually if the practice is followed by 80 percent families (Bartick & Reinhold, 2010).

Human milk is a natural and renewable resource and a complete source of nutrition for infants for first 6 months of their lives (Gartner, et al., 2005). It is produced and delivered to the

consumer directly, without any hassles of manufacturing, packaging, shipping, disposal of containers, etc., as in formula (U.S. Department of Health and Human Services, 2011).

Breastfeeding: Interventions to improve rates

Benefits of breastfeeding are well known, yet, there are some barriers due to which the breastfeeding initiation and duration rates remain low. These barriers are: lack of knowledge about breastfeeding, incompetent healthcare practices and policies, maternal employment, poor social support, promotion of infant formula (American Academy of Pediatrics, 2005; Ortiz, McGilligan, & Kelly, 2004; Polston Mills, 2009). Protection, promotion, and support of breastfeeding are the goals that need to be accomplished in order to improve public health (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005). Following areas have been focused upon while carrying out promotional interventions in the past: maternity care practices, support for breastfeeding in the workplace, peer support, educating mothers, media and social marketing, and professional support (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005).

Various steps have been taken in the healthcare settings to provide best possible maternity care to the mothers so that the breastfeeding initiation rates are improved (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005). Pursuit of Baby Friendly Hospital Initiative is one such step, during which a comprehensive set of changes are made in the healthcare setting to make the conditions more conducive for practicing breastfeeding (Kramer, et al., 2001; Philipp, et al., 2001). Rooming-in of mothers and babies is another individual step (Perez-Escamilla, Segura-Millán, Pollitt, & Dewey, 1992). There is evidence of improvement in breastfeeding rates when the hospital staff was trained under a 3-day program and showed increased compliance with maternity care practices (Cattaneo & Buzzetti, 2001). Breastfeeding outcomes improve if continuous support is provided during labor by trained labor assistants (Hodnett, Gates,

Hofmeyr, & Sakala, 2003). Immediate skin-to-skin contact between mother and infant after birth is known to increase breastfeeding duration (Anderson, Moore, Hepworth, & Bergman, 2003). Some examples of such programs in current practice are – Baby Friendly USA, Texas Ten Step Hospital Program, Breastfeeding Coalition of the Inland Empire in California, Model Breastfeeding Policy, etc. (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005).

Supportive measures at workplace, to promote breastfeeding, are beneficial for employees (U.S. Department of Health and Human Services, 2000; United States Breastfeeding Committee, 2002). Mothers participating in the Mutual of Omaha’s lactation program breastfed their infants for an average period of 8.26 months. National rates were recorded as 29% of employed mothers who were breastfeeding for 6 months (National Healthy Mothers Healthy Babies Coalition, 2002). There is evidence of positive impact of such support programs on mother’s experience at workplace (Dodgson & Duckett, 1997). Implementation of breastfeeding support programs at workplace leads to improved productivity, staff loyalty, enhanced public image of the employer, lesser absenteeism from work, and decreased health insurance claims (Bar-Yam, 1997; Cohen, Mrtek, & Mrtek, 1995). Some of the promotional programs being run at workplaces are focused on employer recognition (Breastfeeding Mother Friendly Employer Project), employer incentives and resources (The Business Case for Breastfeeding), support and accommodation in the workplace (Mutual of Omaha), and legislation (Breastfeeding at Work Law, Lactation Accommodation law) (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005).

Peer support programs have been found to be effective in improving initiation and duration of breastfeeding as an increase in their rates was observed among women requesting support from peer counselors (Fairbank, O'Meara, Renfrew, Woolridge, Sowden, & Lister-Sharp, 2000). Increase in breastfeeding initiation and duration rates was also observed when peer

support was used as one of the components of multifaceted interventions (Sikorski, Renfrew, Pindoria, & Wade, 2003). Individual peer counseling was more effective than routine breastfeeding support in encouraging low-income Latina women to breastfeed for longer durations; it also led to an increase in breastfeeding initiation rates among the women enrolled in the program (Chapman, Damio, & Pérez-Escamilla, 2004). Examples of some known groups running successful peer support programs are – La Leche League International, Women, Infants, and Children (WIC), and The Breastfeeding: Heritage and Pride (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005).

Educating mothers about breastfeeding has a great impact on breastfeeding initiation and duration rates (Guise, et al., 2003; Sikorski, Renfrew, Pindoria, & Wade, 2003). Continuous professional support by the means of in-person visits or telephonic conversations increased the percentage of women breastfeeding for up to 6 months. The increase was 11% and 8% among mothers breastfeeding for 2-4 months and 4-6 months, respectively (Guise, et al., 2003). The program examples in the field of professional support are: Find a Lactation Consultant directory provided by International Lactation Consultant Association, availability of Reimbursement Toolkit for Lactation Consultants, Breastfeeding and Follow-Up Clinic of Stormont-Vail Healthcare in Kansas, Harris County Breastfeeding Coalition in Texas, and Kaiser Health Plan of Georgia (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005). Use of media campaigns, for example, television commercials improve breastfeeding rates (Fairbank, O'Meara, Renfrew, Woolridge, Sowden, & Lister-Sharp, 2000). Some of these campaigns are: U.S. National Breastfeeding Awareness Campaign with the tag line “Babies Were Born to be Breastfed”, U.S. Department of Agriculture’s WIC National Breastfeeding Promotion Program – “Loving Support

Makes Breastfeeding Work”, and “National Breastfeeding MediaWatch Campaign” of Texas Department of Health (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005).

United Methodist Health Ministry Fund

The United Methodist Health Ministry Fund was created by the Kansas West Conference of the United Methodist Church in 1986 with the help of proceeds of the sale of Wesley Hospital in Wichita. The Health Fund aims at fulfilling its mission – “*Healthy Kansans through strategic and cooperative philanthropy guided by Christian principles.*” (United Methodist Health Ministry Fund)

Purpose, Background, and Scope of grant

The purpose of this grant is to support improvements in breastfeeding duration and initiation rates in communities or targeted parts of communities during the calendar year 2012. KPHA administered this program to select, on the basis of competitive applications, public health departments in Kansas to receive grants to be used to increase breastfeeding initiation and/or duration rates in their communities. Up to \$140,000 in sub-grants has been awarded, with a maximum of \$10,000 each. Applicants were encouraged to consult the CDC Guide to Breastfeeding Interventions for best practices (Shealy, Li, Benton-Davis, & Grummer-Strawn, 2005). This funding was provided by the United Methodist Health Ministry Fund of Hutchinson, Kansas.

Eligible Applicants

Public health departments served as lead agencies, but project work included partners (academic institutions, hospitals, medical practices, individuals, local organizations, etc.). Collaboration was encouraged for a successful application. Only one application per health

department was allowed. Counties approved for the previous year could apply for a second year of funding if they described significant progress that was made in the first year with new objectives and goals established for a second year of funding.

Reporting Requirements

A quarterly update by email was made to KPHA as to the outcomes and performance of the grant work. A compiled final report describing the results of the grantee projects will be due February 15, 2013. A half-yearly report stating the progress of the counties has been submitted to the UMHMF (Appendix B). The compiled report included a report on the use of funds, the progress made by the grantee towards achieving the grants' purposes, any problems or obstacles encountered in the effort to achieve the sub-grants' purposes, and evaluation measures implemented to determine improvement in the area.

Grantee Counties and their baseline breastfeeding rates

Baseline breastfeeding initiation rates for the grantee counties during the period 2008-2010, that is before the grant period, were as follows: counties with less than 70% mothers initiating breastfeeding – Cowley, Coffey, Neosho, Labette, Wilson; counties with 70 – 81.8% mothers initiating breastfeeding – Dickinson, Mitchell, Smith, Harper, Pawnee, Reno, Sedgwick, Lyon, Morris, Barton, Finney, Geary, Marshall, Rooks; counties with more than 81.9% mothers initiating breastfeeding, thus meeting the Healthy People 2020 goal – Cheyenne, Johnson, Lawrence–Douglas, Pottawatomie (Kansas Department of Health and Environment, 2012).

Accomplishments of the grant

After two quarters of implementation of the grant, breastfeeding rates were discussed in four county reports. Two counties reported an increase in breastfeeding initiation rates, while the

other two reported improvement in breastfeeding duration rates as well. Funds were invested in providing education, training and appointment to a total of 109 skilled breastfeeding support professionals in 12 counties. These workers included Certified Breastfeeding Educators (CBEs), International Board Certified Lactation Consultants (IBCLCs), WIC peer counselors, LA Leche League volunteers, physicians, nurses, and other healthcare workers. Online education program was also started in one county, while another county educated healthcare professionals from various specialties under the program “Better Understanding Breastfeeding in Every Setting (BUBIES). Education programs for expectant or new mothers were conducted in 20 counties. This is the most common intervention type among the grantee programs. Maternal education programs varied from series of classes to stocking libraries with breastfeeding guides. A variety of workplace lactation support interventions took place in 5 counties. Programs included setting up of fully equipped lactation rooms and Business Case for Breastfeeding training. Local breastfeeding coalitions were created in 6 counties to educate mothers and healthcare staff, and to increase networking. Direct lactation assistance was provided by 12 grantees by the means of breastfeeding clinics, support groups such as “Breast is Best Social (BIBS), telephonic consultations, email consultations, and home visits by CBEs. Another very popular program goal was to increase access to breastfeeding supplies. This was achieved by 7 counties. Breastfeeding bags, infant weighing scales, model baby and breasts, and other necessary breastfeeding equipment were made available to be used by mothers. Breast pump rental programs were also started by two counties. Seven county health departments supported hospitals in making positive internal changes. Breastfeeding bags were distributed to hospitals by two health departments. Hospitals in two counties removed infant formula to support breastfeeding. Educational programs and award ceremony for promotion of breastfeeding were some other steps carried out

by three county health departments in collaboration with healthcare facilities. Various media resources such as radio and newspaper advertisements, articles about the campaigns in local newspapers and journals, flyers, brochures, newsletters, and social networking through internet were used to promote breastfeeding. One county also started Online Breastfeeding Friendly Child Care course and made it available to public, free of cost. All these interventions affected 2,424 mothers in 23 counties.

Evaluation of the grant

A research study was conducted to evaluate the goals and objectives of the breastfeeding initiatives sponsored by UMHMF and KPHA sub-grants for the year 2011 (Jacobson & Wetta, 2011). There were two phases of the study: process evaluation, which was completed in the year 2011; and, outcome evaluation, which is currently in progress (Jacobson & Wetta, 2011). For the first phase of the study telephone interviews were used to examine the following: accomplishment of program goals and objectives, progress of grantee counties towards the goal of grant, problems encountered in implementation of grant, and evaluation measures to estimate the program's success (Jacobson & Wetta, 2011). It was concluded that most health departments reported success in achieving their objectives of increasing breastfeeding awareness and breastfeeding rates in their respective communities. Collaborations between health departments and health organizations were reported by many counties (Jacobson & Wetta, 2011). Appropriate use of funds for purchasing breastfeeding supplies, educational classes and materials, and staff training, adequacy of resources, and identification of goals, were cited as the strengths of the program (Jacobson & Wetta, 2011). It was recommended that surveys used to evaluate the program's success in 2011 should be used for the future grant periods, as well (Jacobson & Wetta, 2011). Community support in the form of peer counseling, follow-up by healthcare

professionals, breastfeeding education, and breastfeeding friendly workplaces was suggested as a beneficial step for mothers after discharge from hospital (Jacobson & Wetta, 2011). County health departments advocated collaboration with KPHA to market breastfeeding clinics, provide breastfeeding education to high school students, and to integrate breastfeeding with overall health and wellness (Jacobson & Wetta, 2011). The second phase of the study, which is being carried out at present, aims at measuring the effectiveness of breastfeeding programs. It will examine the following: mothers' attitudes, knowledge, and beliefs toward breastfeeding; perceived barriers towards breastfeeding; and current breastfeeding practices (Jacobson & Wetta, 2011).

During the year 2012 of grant period, a follow-up is being conducted. County health departments are receiving Quality Improvement Training. Focus of this program is to teach county health departments to evaluate effectiveness of their own program. Training sessions are being conducted on-line by Ruth Wetta and Lisette Jacobson from Department of Preventive Medicine and Public Health, University of Kansas School of Medicine, Wichita (Jacobson, Wetta, & Kurlekar, 2012).

This project had several limitations. The progress of the program could not be fully evaluated as most of the county health departments did not keep a track of breastfeeding initiation and duration rates. The counties did not provide baseline data prior to the beginning of the program; therefore, it was difficult to compile trends in the progress. The 2011 Surgeon General' Call to Action to Support Breastfeeding cites 15 action steps that are within the control of county health departments (U.S. Department of Health and Human Services, 2011). Grantee program activities reflect work in 13 of these steps. There were no programs to educate fathers and grandmothers about breastfeeding. Although, hospitals in two counties removed infant

formula from their settings to support breastfeeding, there was no check on its marketing which could have a negative impact on promotion of exclusive breastfeeding. The grant funds will not be available in the year 2013; therefore, the county health departments have sustainability issues as they will not have money for breastfeeding programs, training professionals, and covering travel expenses. This might lead to withdrawal of support by business communities and healthcare professionals associated with breastfeeding education and promotion.

There are certain steps that should be taken to improve the outcomes of this program in the future. Peer support, face-to-face professional support, and latest education materials should be made available to provide maximum breastfeeding support to mothers and babies. Education sessions should be held for family members (fathers and grandmothers). Financial support should be made available to train healthcare professionals. KPHA needs to be more involved in reaching out businesses for support of breastfeeding. Educational materials should not only be provided to healthcare professionals and mothers, but also to the community leaders to increase their availability. Workplaces should adopt breastfeeding friendly policies and set up designated breastfeeding rooms to support employee mothers. Community support in the form of a lactation specialist, support groups, and employer support should be continued to encourage mothers to breastfeed after discharge from hospitals. Self-sustaining breastfeeding programs should be created to avoid the problems of funding. Health departments should continue to collaborate with healthcare settings for the cause of breastfeeding. Every pediatrician's office should have a breastfeeding expert. Healthcare facilities should promote breastfeeding and not advertise infant formula. Coalitions should be formed by healthcare professionals, businesses, and healthcare departments for breastfeeding promotion. Breastfeeding should be integrated with the overall health and wellness. Breastfeeding clinics should be well marketed to ensure their outreach to

maximum number of mothers. Incentives should be given to the mothers who breastfeed. High school students should be educated about child birth, parenting and breastfeeding. Quality Improvement Training program will help in ensuring correct measurement of changes in breastfeeding initiation and duration rates by the county health departments. Breastfeeding advertisements on national radio, in leading dailies, and on billboards, will help in spreading a uniform message throughout the country. KPHA is working with its agency organizations such as Kansas Department of Health and Environment (KDHE) to continue the awareness campaign and development of successful projects for breastfeeding. It is working with KDHE staff to continue the clinics, breastfeeding education, and website resources available to all county health departments. Since there are 99 health departments in Kansas and funding from this grant was provided to only 30 counties over a period of two years; there are 69 more counties where such programs should be carried out. A goal is to obtain additional funding from UMHMF to provide to these counties in 2013.

KPHA received funding to enable an initiative that encouraged county health departments to apply to KPHA for a sub-grant. With KPHA staff and board overseeing the project, UMHMF did not have to seek proposals from each county and review their applications and reporting forms. By allowing KPHA to do this, a much larger objective was reached in stakeholders becoming more involved with the awareness and activities of the grant, statewide.

Interaction with grantees and state health department officials

This was an online internship; therefore, internet was used as a means of communication in the form of Skype (<http://www.skype.com/intl/en/home>) and email. Weekly audio/video Skype meetings were held with the supervisor, Ms. Elaine Schwartz in order to discuss progress

made towards accomplishment of goals of the internship. A personal write-up of my internship experience was published in the KPHA Quarterly Newsletter (Appendix A).

Email blasts (Wikipedia) were used to communicate with the county health departments to maintain the uniformity of shared information, as well as to reach a large number of health officials at the same time. (Appendix I).

Participation and organization of sessions at KPHA Annual Fall Conference 2012

An interactive workshop session was organized at the Pre-Conference Session at the KPHA Annual Fall Conference held in October 2012 for the UMHMF Grantee County Health Departments. My responsibilities included preparing an agenda for the workshop, sending out invitations in the form of email blasts to the grantees as well as guest speakers representing the Kansas State Health Departments and WIC Program, preparing a pre-and post-test for all of the attendees, and preparing an evaluation worksheet in order to receive feedback from the attendees (Appendices C, D, & F). Apart from being an organizer at the workshop, I presented half-yearly report of the grant at the session, sharing with the other grantees the progress made by each county. A pop-up quiz contest and a poster competition were held during the workshop to make it more interactive for the participants. This workshop session was termed as “a great opportunity to share and network” by the participants. A breakout session “UMHMF KPHA Grant: Breastfeeding Promotion and Support” was also organized during the conference. Preparing the agenda for this session was my responsibility (Appendix G).

CONCLUSION

Through this field experience, I had an opportunity to work with not only the oldest but also the largest organization of public health professionals in the state of Kansas. This opportunity was extraordinary, as it was an offsite/ remote/online internship. The Breastfeeding Program aims at allowing communities to create new initiatives or expand current programs to promote and support breastfeeding in their community. I worked on this project from outside the country, that is, from India and contributed via Skype conference calls and electronic mails. I learned all aspects of grant development and implementation. The program helped me in using analytical skills to assist in writing a half-yearly report for the UMHMF Breastfeeding Grant. During the course of internship, I interacted with top public health officials in Kansas and county health department staff related to this Breastfeeding Grant. It also helped me discover my organizational skills. The purpose of a field experience is to bridge the gap between professional education and practice. Working with KPHA under the supervision of Elaine Schwartz helped me implement the knowledge, attitude, and skills that I have learned in the public health courses at Kansas State University (KSU). This internship program helped me earn a “hands on” public health experience. Being an international student from a developing country, studying at KSU has given me an educational experience of international level and this internship program at KPHA will enable me to achieve my goal of gaining an international work experience. If given a chance to prove my mettle, I will continue to strive for excellence in the field of public health by taking full advantage of such opportunities in the future.

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APPENDICES

Appendix A. Internship with Kansas Public Health Association

Nowadays, when technology is at its best, the greatest benefit you can derive from this boon of science is – working from home! Yes! This summer I have been offered an internship with the Kansas Public Health Association (KPHA). Graduate students strive for opportunities in highly esteemed organizations, as this adds to their work experience. I received an opportunity to work with not only the oldest but also the largest organization of public health professionals in the state of Kansas. What makes this opportunity extraordinary is the fact that it is an offsite/ remote/online internship. Elaine Schwartz, Executive Director of KPHA will be my mentor throughout my association with the organization.

I am an international student pursuing a Master of Public Health (MPH) degree at Kansas State University (KSU). The program requires the students to complete 6 credit hours of field experience. In order to fulfill this requirement, I applied for an internship at KPHA, and I was thrilled when Elaine Schwartz informed me that I had been chosen as a suitable candidate for the position. The big surprise came when she suggested that the organization would like to have a remote intern – one who could work offsite with the mode of communication being electronic mails and video-voice calls on Skype. There is a list of programs being run by the organization, from which I chose the Breastfeeding Program funded by the United Methodist Health Ministry Fund of Hutchinson.

The Breastfeeding Program aims at allowing communities to create new initiatives or expand current programs to promote and support breastfeeding in their community. This program will lead to improvements in initiation rates and duration of breastfeeding in the targeted communities. I will be working on this project from outside the country, that is, from India and will be contributing via Skype conference calls and electronic mails. My job will be to assist KPHA staff in coordinating the distribution and implementation of the UMHMF Breastfeeding Grant. This will include utilizing my previous research work on hand hygiene by drafting educative material, such as bookmarks, that will be published on the KPHA website. I will also be assisting in writing the report for the grant, and in tracking and analyzing county health department data pertaining to the grant. My objectives will be to learn how to write a grant report and to interpret grant funding. I will be participating in all aspects of grant development and implementation. The program will help me in using analytical skills to assist in a report for Breastfeeding and Infant Mortality rates in Kansas. During the course of internship, I will be meeting top health officials in Kansas and will interact with county health department staff related to this Breastfeeding Grant. My list of goals will also include interaction with State Health Department staff, including the WIC program workers, development of webinar training and a conference presentation. By the end of my association with KPHA, I will be able to

produce educational materials such as bookmarks, flyers, power point or prezi presentation, and website or webinar materials.

Before starting on this project I had to seek approval from my mentors at Kansas State University – Dr. Michael B. Cates (Director of MPH Program), Dr. Katherine S. KuKanich (Major Professor), Dr. Lisa C. Freeman (Committee Member), Dr. Beth A. Montelone (Committee Member), Dr. Douglas A. Powell (Committee Member). A Field Experience Form had to be filled in which my objectives, role and anticipated accomplishments from the project were stated. It was signed by my mentors from KPHA and KSU. I have been in continuous touch with Elaine Schwartz through electronic mails and Skype conversations since she offered me this position. I am assigned tasks on a weekly basis which are discussed by us and feedback is given by her. Apart from exchanging information through e-mails, we talk on Skype (face to face) every week on Wednesdays at 6:00 p.m (IST), my time, and 7:30 a.m (CST), her time. Her guidance has helped me understand this program thoroughly and she continuously motivates me to be persistent and work hard. Her appreciation and acknowledgement of my efforts keeps me inspired. In the future, I will be coming in contact with various other officials associated with this project; therefore, to make this online internship experience worthwhile, and nothing less than a meeting where I could be physically present, we are using the group call option in Skype for which \$10.00 are paid on a monthly basis and 6-7 people can talk simultaneously face to face. Thus, it is as good as sitting in a conference room and discussing important issues, the only difference being different location of every member present.

Starting on this virtual internship will be beneficial for not only my hiring organization but for me as well. I was attracted to this opportunity as I knew that this would allow me to gain experience without commuting, committing 40 hours a week, or considering physical proximity of my place of residence and work. Also, KPHA is going to save as far as space and equipment is concerned. There won't be any question of unproductive, paid hours of work. The burden of assigning an employee the task of supervising me will be reduced. The supervisor, on the other hand, can answer my queries at his/her convenience. Thus it will be an all win situation for me and KPHA. As I belong to a different country, I can carry on my research on breastfeeding in my native country and share it with KPHA and vice versa. It is similar to what is known as an exchange student program.

The purpose of a field experience is to bridge the gap between professional education and practice. Working with KPHA under the supervision of Elaine Schwartz will help me implement the knowledge, attitude, and skills that I have learnt in the public health courses at KSU. This internship program will help me earn a “hands on” public health experience. Being an international student from a developing country, studying at KSU has given me an educational experience of international level, and this internship program at KPHA will enable me to achieve my goal of gaining an international work experience in spite of my presence on the work scenario being “virtual.”



Ramandeep Kaur

Graduate Student, MPH

Kansas State University

Intern- Breastfeeding Program

Kansas Public Health Association

Appendix B. Half-yearly Report of UMHMF KPHA Breastfeeding Grant

Page 1 - Basic Information

Request #	20100701
Project title	KPHA Breastfeeding sub-grant project
Report period	01-01-2012 to 06-30-2012
Program Officer	Virginia Elliott
Organization name	Kansas Public Health Association, Inc.
Project Director	Elaine L. Schwartz
Mailing address	4120 SW Lincolnshire Rd
Street address	
City, State, mailing Zip	Topeka, KS 66610
Phone, Fax	Phone: 7852730688 Fax: 7852333439
E-mail	director@kpha.us
Website	www.kpha.us
Changed since last report	
Report last updated:	Mon. Aug. 20th, 2012 2:23 PM

Page 2 - Grant Checklist

N	The organization has been charged with discrimination in the delivery of program services (see paragraph 12 of the Conditions of Grant). If YES, describe at bottom of form
N	The organization has received a notice of change or proposed change in its 501(c)(3) or Section 509 status under the Internal Revenue Code. If YES, describe at bottom of form.
N	The audit (review or compilation if previously authorized by UMHMF) covering the organization's most recent fiscal period will be mailed upon transmission of this report. If NO, mark the reason below.
	----Previously furnished to UMHMF
	----Not completed by auditors at date of this filing
Y	----Not required
	----Other:
Y	Materials about the project (newspaper clippings, brochures, etc.) have been developed since the last report. If YES, please mail copies upon report transmission.
N	There has been a change in the affiliations of the project during the period (loss of United

	Way status, acceptance by United Way, new project sponsor, merger of agency, etc.). If YES, describe at bottom of form.
N	The organization has complied with Special Conditions (generally indicated in paragraph 15 of the Conditions of Grant), if any. If NO, please describe at bottom of form.

Grant Project Final Summary Information

Please complete the following for the entire period of the grant (all years).

Income Available for Project

All categories except UMHMF	\$
UMHMF Grant received	\$25,000.00
TOTAL INCOME FOR PROJECT	\$25,000.00
TOTAL EXPENSES OF THE PROJECT	\$
NET OVER OR UNDER EXPENDITURE	\$

(Put over-expenditure in parenthesis)

If the amount above shows an under-expenditure, return that amount by check payable to United Methodist Health Ministry Fund (not more than the UMHMF grant) or write, explain reasons for under-expenditure, and request 1) a grant extension or 2) other application of the funds.

Y	By checking this box, I certify that the above report is true and correct and is based upon the records of the project. The balance remaining unpaid from UMHMF is \$12,500.00* * This amount is generally "0".
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Details from above items (where requested):

Page 3 - Narrative Report

1. Briefly highlight accomplishments of this project during this grant period

In the quarter before the beginning of 2012, KPHA developed materials and policies on a second year sub grant with local health departments. O on the basis of competitive applications, the review committee of: Eldonna Chesnut Johnson County Health Department 11875 S Sunset Olathe, KS 66061 Ph: 9134778366 Dr. Ruth Wetta-Hall and Lissette Jacobson, KUSM-W Preventive Medicine-Public Health 1010 N Kansas Wichita, KS 67214 Ph: 3162932627 Martha Hagen, MS,RD,LD,IBCLC, Breastfeeding Coordinator KDHE Nutrition and WIC Services Topeka, KS 785-291-3161 Nicole Heim, NHPH Consulting, nicholeheim@yahoo.com Brenda Bandy, Kansas Breastfeeding Coalition, 785-539-3993 785-477-4666 cell Shara Carter Howell

La Leche League of Kansas sharakch@gmail.com and the Project Director, Elaine Schwartz, KPHA selected 23 public health departments in Kansas to receive sub-grants—awards of not more than \$10,000 each.

The sub-grants will be spent over a one-year period of the calendar year 2012. Public health departments were funded directly by UMHMF.

In addition to the 23 counties being notified and their agreements signed and returned they began their year of projects, and reported for the first two quarters of the year. KPHA collected all 23 counties reports the first quarter but, the second quarter has only collected 20 reports. Three counties have been begged, prodded, and repeatedly asked, but to date have not submitted their second quarter report. This is the reason this report is late.

All reports are sent to the KPHA Review/Selection Committee for their input to add to these reports, required by UMHMF but no input has been received. The Project Director believes this is because the work has been and will continue to be successful in promoting breastfeeding in Kansas.

The summary listing of each county is provided in #4. Two interns approached KPHA to work with the project and they began their work in May. One is Ramandeep Kaur, an MPH K-State Student and the other is Susan Henning, a Washburn Health Promotion BSN student. Both have been meeting weekly with Elaine to discuss the project and determine how the project can be improved with interaction among the grantees and at the Fall Conference.

It was decided that planning to bring all 23 counties to Topeka for a 4 hour workshop would be the most beneficial. The project director and two interns are working on developing all the materials and agenda.

2. Briefly describe problems encountered during this grant period

A few of the Counties have needed to be reminded and even begged to get them to submit their quarterly reports. Finding enough time to peruse the reports, answer all the questions from the Counties, and work with the Review Committee has been overwhelming. But, when the two interns started their internship this greatly changed and now the project will be even more successful than last year. Another problem has been getting KPHA members of the Review/Selection Committee involved to participate in the review and evaluation of the counties and their efforts.

3. Describe your efforts to develop funding for the project if it is to continue after this grant.

KPHA is working with its agency organizations to continue the awareness campaign and development of successful projects for Breastfeeding. We are working with KDHE staff to continue the clinics, breastfeeding education, and website resources available to all county health departments. Since there are 99 health departments and we have only worked with 30 Counties (both years), there are 69 counties yet to work with. We hope to get additional funding from UMHMF to work these counties in 2013.

4. Provide any other information that would be helpful in evaluating the current status of

this project.

Half-yearly Report for Grantees of UMHMF Breastfeeding Grant to KPHA

Barton Idea of breastfeeding was promoted by using print and electronic media. This was maintained during the second quarter along with an increase in breastfeeding initiation rates for WIC mothers from 71.4% to 78% during the period of Jan – May 2012. \$5145 amounting to 57% of the total grant money has been spent so far. However, there is no estimate of the impact of this campaign in the region, apart from the statistics from WIC.

Cheyenne County invested in training the staff by sending them to CBE classes, and holding teaching sessions by IBCLC. The facilities were made breastfeeding friendly by setting up nursing rooms fully equipped with breastfeeding supplies. Public was outreached through advertisements on radio and leading dailies. A special booth educating about breastfeeding was made open to public for 5 days. The county health department held classes for 27 healthcare workers from different specialty areas on 30th April 2012. County provided guidance and breastfeeding supplies to surrounding communities. An estimate of funds spent has not been given. A total of 18 mothers have benefitted from this initiative so far.

Coffey Quality improvement sessions and High5 for Mom and Baby discussed with the county hospital. Portable infant scale, model baby and breasts were purchased for education. La Leche League training was attended. These efforts impacted 17 mothers. No report was given for the second quarter. City

Cowley Breastfeeding initiation and duration rates were tracked and efforts made to increase them from previous year. Breastfeeding supports made more accessible to families. IBCLC will be trained for breastfeeding support in Fall2012. Community hospitals committed in written to remove promotional infant formula. Clinical staff was apprised of breastfeeding program objectives and was given education material. Breastfeeding education discharge bags are being distributed by the hospitals. \$5546.97 has been spent from the grant so far and 200 mothers have been offered breastfeeding support.

Dickinson Two quarterly prenatal classes were offered to the community and attended by five mothers. County health department partnered with local hospital for breastfeeding support packages to be delivered by BFPC. 20 Healthy Baby Discharge bags have been delivered and an article published in the newspaper covering the Hi-5 program at the hospital in collaboration with the health department. Prenatal connections and postnatal home visits are being made by BFPC. A networking event was organized by MCH nurse for partners in the community to share information. Total expenditure amounts to \$3101.50. A total of 9 mothers have been affected by the program and more mothers are being approached through WIC and Medicaid program. Finney System was developed to distribute breastfeeding patients to optimize the availability of breastfeeding support and intervention to the mothers. A CBE has been hired to contact breastfeeding mothers who are not covered by community partners such as WIC or MAM. Community partners are working to initiate and maintain the operation of Breastfeeding Walk-In Clinic which will be run by CBE and referrals will be made to IBCLC if and when required. Public will be outreached by CBE to spread the message about breastfeeding services offered. Uniform breastfeeding information is being conveyed to the community by the use of handouts

and other reference materials. Multi-user breast pump loaning program was initiated for breastfeeding mothers meeting the criteria set by IBCLC. These pumps are being used by mothers of multiples, NBICU clients, and re-lactating mothers. Data sheets recording progress of breastfeeding support efforts are being maintained by the community partners. The funds have been spent on salaries for personnel involved in the promotional program and breastfeeding supplies but no estimate was given. The program has impacted total of 59 mothers by the mid-year.

Geary Coalition has been established with various health facilities, educational institutes, and churches across the county to promote breastfeeding. The awareness about breastfeeding was communicated through radio advertisements, brochures, and newspaper articles. The medical community has been involved actively to provide support and guidance to the breastfeeding mothers. Staff and community are being educated by breastfeeding experts. Peer breastfeeding counselor has been hired who deals with breastfeeding clients referred by various health facilities. 30 professionals received Breastfeeding CEUs to ensure skilled assistance to the clients. 2 community health fairs organized to teach the mothers about importance of breastfeeding. The funds have been spent on breastfeeding supplies, educational and promotional material, and as compensation for the personnel involved. A total of 230 mothers have been affected by the campaign.

Harper Two sessions of breastfeeding classes were held by the registered dietician and attended by three people. A similar session is being planned for Fall '12. The grant money will also be used to add supplies to the nursing room at the County Health Department office. Grant money amounting to \$1450.78 has been spent for the promotional program apart from time worth \$96.95 not to be compensated by the grant. 3 clients attended the breastfeeding classes and 1 HCHD employee is using the nursing room.

Johnson 17 breastfeeding benefits presentations were taught by CBE and WIC BPC in 8 high schools to 349 teenagers. Breastfeeding education was provided by WIC BPC/ IBCLC in 6 pediatric offices and aimed at providing knowledge and support to 104 mothers and 24 physician offices through 13 support group meetings, 8 clinic appointments, and 50 telephonic and 11 e-mail consultations. Online Breastfeeding Friendly Child Care course was developed and is available on KS-train and will also be available nationally, free of cost. Funds have been spent on salaries of the personnel, breastfeeding supplies, and educational material, but no estimate has been given. 105 mothers have benefitted from this program.

Labette Efforts are being made to obtain an in county vendor for purchasing quality electric breastfeeding pumps. A lactation clinic is being run by IBCLC who also goes for home visits and gives phone consultations. Local La Leche League chapter is in the process of being established. No amount of grant has been spent yet. The program has assisted 74 mothers so far and the breastfeeding initiation rates have increased from 43% in January to 72% in June.

Lawrence-Douglas "Business case for Breastfeeding" training was provided to 7 employers. Helped set up lactation rooms in 3 businesses impacting 600 employees. "Breastfeeding Welcome Here" window clings, fact sheets and personal letters were given to 120 businesses. An article covering this initiative was published in Lawrence Journal World. High participation in

“Breast is Best Social” weekly evening support group is being maintained with 10 participants every week. Grant money has been spent on organizing training sessions and purchasing breastfeeding supplies and educational material. An estimate of expenditure of \$45 has been given for “Business Case for Breastfeeding” training. 110 breastfeeding or pregnant mothers have attended BIBS.

Lyon Baby weighing scale was purchase to accurately monitor the intake and weight gain to reduce the amount of supplements and increase the intake of breastfeed. Incentives were given to breastfeeding mothers attending the Lyon County WIC Breastfeeding Support Groups. 83% infants of age 6 months were being breastfed. \$3212.84 has been spent from the grant so far and the program has affected 32 mothers.

Marshall Breastfeeding class held for healthcare workers from different specialty areas was attended by 25 participants. Breastfeeding bags have been purchased for pregnant and nursing mothers. WIC BFPC training session will be started soon and pre-natal classes have also been re-introduced. Breastfeeding supplies, educational material, and training sessions led to an expenditure of \$3632.13 from the grant money. 60-80% pregnant or nursing mothers from the county have been covered in this program.

Mitchell Mitchell county breastfeeding coalition was developed. Educational packets were provided to mothers to increase awareness about breastfeeding and 3 nurses attended the breastfeeding educator program to serve as better guides to the breastfeeding mothers. Upgraded breastfeeding equipment and supplies were provided to breastfeeding mothers. A library for lending out educational material related to breastfeeding has been set up. The amount spent on breastfeeding promotion equals to \$7665.10 with the campaign affecting 48 mothers. ** Education material contains some wrong information as pointed out by Brenda Bandy. Morris Breast pumps have been obtained for rentals. Online education was provided to staff regarding breastfeeding. Lactation room was set up and fully equipped with supplies to be used by staff, clients, and working mothers at the County Health Department. Grant money has been spent for purchasing supplies and training staff, but no estimate of expenditure was given. Exact number of mothers affected is not known.

Neosho Educational classes were held for breastfeeding mothers. Quarterly breastfeeding newsletter was published and circulated widely. Breastfeeding initiation rates and length of increased in the county. Supply of breastfeeding equipment to the mothers has been increased. Efforts are being made to remove formula feed from the healthcare settings. City of Chanute’s Memorial building was awarded Silver level of Breastfeeding support in workplace. An amount of \$4367 from the grant money has been spent to make this program successful impacting around 100 mothers.

Pawnee County coalition is working towards educating the mothers and the healthcare staff in order to promote breastfeeding. IBCLC is educating the health professionals apart from guiding the breastfeeding mothers. Breastfeeding best practices and High 5 for Mom and Baby are some of the initiatives taken by the county health department. Funds have been spent on coalition meetings only, with no estimate of expenditure. 63 antenatal and postnatal mothers have been counseled by the program.

Pottawatomie Breastfeeding support groups have been established to encourage mothers to breastfeed their babies and various health facilities and mothers have been reached out by radio advertisements, Facebook, and flyers. A total of \$200 has been spent on radio advertisements. Support groups have been attended by 9 mothers.

Reno “Business case for breastfeeding” presentations were done for business leaders to encourage and provide support to lactating mothers. They were also given funding for purchasing breastfeeding supplies to maintain nursing rooms at their workplace. The expenditure amounts to 1913.95. One mother has been affected so far.

Rooks Breastfeeding mothers were encouraged to suggest the breastfeeding supplies required by them and the process of setting up a nursing room is in progress with Facebook fan page being the discussion board. No report for second quarter.

Sedgwick Sedgwick County Health Department’s Worksite Wellness Toolkit is being edited and printed. 7 worksites requested for grants to adopt breastfeeding policies. Breastfeeding equipment has been received by 4 worksites. These breastfeeding rooms will be inspected by County Health Department Worksite Wellness Health Educator for their proper functioning. \$3200.00 was spent to purchase equipment for nursing rooms at the worksites. 294 women of child-bearing age were affected by the promotional campaign.

Smith Peer counselor is trained as CBE for providing telephonic guidance to mothers to breastfeed their babies. All these efforts cost \$1348.28 of the grant money with 28 mothers receiving the benefits.

Wilson Physicians and nurses are being trained to increase their expertise in guiding mothers to breastfeed their babies, under the Better Understanding Breastfeeding in Every Setting (BUBIES) program. Grant money has been invested in training the staff and providing breastfeeding equipment, but estimate of expenditure is not known. 81 mothers benefitted from the program.

Barber No reports.

Cloud No reports.

Wyandotte No reports.

Appendix C. Evaluation Worksheet

**Breastfeeding Promotion
1st Oct 2012
Workshop Evaluation**

I.	Attendance at this workshop has increased my ability to:	Not Met						Excellent
								(Circle One)
A.	Share best practices to promote breastfeeding.....	1	2	3	4	5		
B.	Describe the challenges and opportunities for promotion of breastfeeding.....	1	2	3	4	5		
C.	Implement breastfeeding promotion strategies to improve the health of the infants in Kansas.....	1	2	3	4	5		

II. General Information -- Please rate the following on a scale of 1 to 3:

		Poor	Good	Excellent
A.	The overall quality of the workshop was.....	1	2	3
B.	The workshop registration procedure was.....	1	2	3
C.	The facilities were.....	1	2	3
D.	The information contained in the workshop packet was.....	1	2	3

III. What did you find most useful about today's session?

IV. Please add any additional comments.

Appendix D. Pre- and Post-test

Pre- & Post-test Questions

1. Besides healthy lifestyles for young children, what other funding focus area of the United Methodist Health Ministry Fund might breastfeeding impact?

2. KPHA began working with UMHMF on Breastfeeding in 2010 and at the first meeting 24 people from all over the state attended the meeting in Hutchinson, who chaired either the meeting or the Committee.

3. What organization in KS is a resource to local agencies and organizations who wish to implement breastfeeding initiatives?

4. List one (long-term) key outcome measure to assess your breastfeeding program.

5. The Source of the Grant does not need to know about 'You' just your proposal.

6. What does the acronym BIBS stand for?

Appendix E. Pop-up Quiz

Pop – up Quiz Questions & Answers

1. What significant and growing health issue does the United Methodist Health Ministry Fund hope to prevent through improved breastfeeding rates in Kansas?
Ans – Obesity
2. What national document provides a frame-work for breastfeeding support and related actions for removing barriers to breastfeeding?
Ans - Surgeon General’s Call to Action to Support Breastfeeding
3. List at least 2 components that go into a logic model.
Ans - target population, inputs, activities, outputs, short-term outcomes, intermediate outcomes, long-term impact
4. KPHA is the voice for public health in Kansas, do you know what the bill did that we testified on in 2006 regarding Breastfeeding in Kansas?
Ans - 65-1,248.
5. What 2 most aspects were listed in the bill.
Ans - Breastfeeding; where. (a) Breast milk is widely acknowledged to be the most complete form of nutrition for infants, with a range of benefits for infant's health, growth, immunity and development and has also been shown to improve maternal health and bonding in addition to contributing to society at large through economic and environmental gains, it is therefore the public policy of Kansas that a mother's choice to breastfeed should be supported and encouraged to the greatest extent possible. (b) A mother may breastfeed in any place she has a right to be.
6. List 3 High 5 Practices for Kansas Hospitals.
Ans – Any 3 of these
 - Assure immediate and sustained skin-to-skin contact between mother and baby after birth.
 - Give newborn infants no food or drink other than breast milk, unless medically indicated.
 - Practice “rooming in” -- allow mothers and infants to remain together 24 hours a day.
 - Give no pacifiers or artificial nipples to breastfeeding infants.
 - Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge.
7. Name the leading organization that KPHA is collaborating with, to promote breastfeeding in Kansas.
Ans – KDHE (Kansas Department of Health and Environment)
8. You should only use statistics from your local area when proving your need in your grant application.
Ans - False, You can give national, state and local statistics to prove your need. Best Practices are always a plus.
9. List 2 High 5 Practices for Kansas Hospitals.
Any 2 from Answer to Question 6.
10. What is the theme for this conference of KPHA?
Ans – Healthy Food for a Healthy Kansas

Appendix F. Workshop Agenda

Building Effective Collaborations: Sharing Innovations to Promote Breastfeeding in Kansas

Oct 1, 2012

Topeka, Kansas

UMHMF Grantees' Workshop

2:00 – 2:15 P.M

Welcome and Introductions

Elaine Schwartz, Executive Director, KPHA

Virginia Elliott, Vice President for Programs, UMHMF

Pop – up Quiz Question

2:15 – 2:35 P.M

The Surgeon Generals 20 Action Steps: Progress so Far

Brenda Bandy, IBCLC, Program Director, Business Case for Breastfeeding, Kansas Breastfeeding Coalition, Inc.

Martha Hagen, MS, RD, LD, IBCLC, Breastfeeding Coordinator, Nutrition and WIC Services

Pop – up Quiz Question

2:35 – 3:20 P.M

Introductions of the County Representatives

Pop – up Quiz Question

3:20 – 3:40 P.M

The QI Training Initiative: Sharing the experience

Lisette T. Jacobson, MPA, MA, PHR, PhD(c), Teaching Associate, Department of Preventive Medicine and Public Health, University of Kansas School of Medicine

Dr. Ruth Wetta-Hall, RN, PhD, MPH, MSN, Associate Professor, Department of Preventive Medicine and Public Health, Site Director, KU MPH program, University of Kansas School of Medicine

Pop – up Quiz Question

3:40 – 4:05 P.M

Panel of Grantees: Sharing the Experience

Pop – up Question

4:05 - 4:25 P.M **Poster Judging Session**

Pop – up Quiz Question

4:25 -4:45 P.M **High 5 for Mom & Baby program**

Gwen Whittit, RN, IBCLC, High 5 for Mom and Baby, Program Coordinator

Pop – up Quiz Question

4:45 – 5:00 P.M **Progress of the Counties: A Report**

Ramandeep Kaur, RN, MPH (c), Kansas State University, Intern at KPHA, Participating by Skype

Pop – up Quiz Question

5:00 - 5:30 P.M **Panel discussion: New innovations to sustain and enhance the progress attained**

Panelists: Elaine Schwartz, Virginia Elliott, Martha Hagen, Brenda Bandy, Lisette T. Jacobson, Dr. Ruth Wetta-Hall, Gwen Whittit

Pop – up Quiz Question

5:30 – 5:45 P.M **How to Write a Grant?**

Susan Henning, Washburn University Student, Summer Intern at KPHA

Pop – up Quiz Question

5:45– 6:00 P.M **Vote of Thanks and Awards Ceremony**

6:00 – 6:30 P.M **Networking Dinner**

Italian Buffet

Funding for the UMHMF Grantees’ Workshop was made possible with a grant from the United Methodist Health Ministry Fund.

Appendix G. Breakout Session Agenda

Breakout Session: Interventions to Promote Breastfeeding in Kansas

Oct 3, 2012

Topeka, Kansas

KPHA Annual Conference

10:45 – 10:55 A.M

Welcome and Introductions

Elaine Schwartz, Executive Director, KPHA

Virginia Elliott, Vice President for Programs, UMHMF

10:55 – 11:15 A.M

Breastfeeding Statistics: How Kansas Compares to Other States (The Breastfeeding Report Card)

Brenda Bandy, IBCLC, Program Director, Business Case for Breastfeeding, Kansas Breastfeeding Coalition, Inc.

Martha Hagen, MS, RD, LD, IBCLC, Breastfeeding Coordinator, Nutrition and WIC Services

11:15 – 11:35 A.M

Process Evaluation on the Goals and Objectives of Breastfeeding Programs: The Results

Lisette T. Jacobson, MPA, MA, PHR, PhD(c), Teaching Associate, Department of Preventive Medicine and Public Health, University of Kansas School of Medicine

Dr. Ruth Wetta-Hall, RN, PhD, MPH, MSN, Associate Professor, Department of Preventive Medicine and Public Health, Site Director, KU MPH program, University of Kansas School of Medicine

11:35 – 11:45 A.M

Vote of Thanks and Q/A for All Presenters

Funding for the KPHA Fall Conference was made possible, in part, with a grant from the United Methodist Health Ministry Fund.

Appendix H. Bookmarks designed by Ramandeep Kaur, accepted for publishing on KPHA website

Clean your Hands

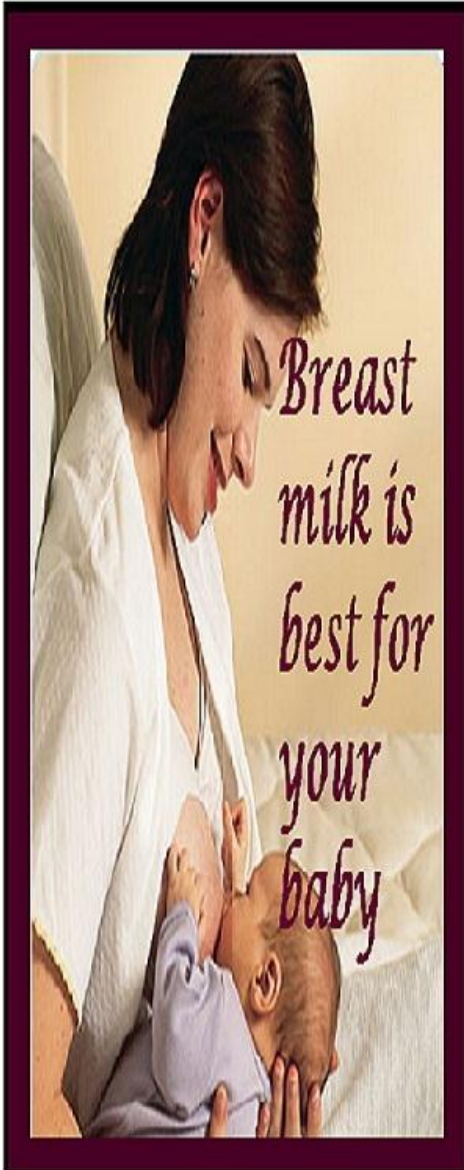
? When to clean

- Before nursing/feeding
- Before holding or rocking
- Before dressing
- After diapering

? How to clean

- Use soap & water
- Rub alcohol-based gel sanitizer
- Use alcohol-based wet wipes
- Dry the hands
- Use hand lotion

Protect your Baby from Germs



Breast
milk is
best for
your
baby



Wash or
Sanitize
your
hands
before
feeding
the
baby

Appendix I. Sample Email Blast and Invitation Flyer



HURRY!

ALL UMHMF GRANTEES

RSVP to the following events:

UMHMF Grantees' Workshop

&

Poster Competition on Breastfeeding

Organized by KPHA

at Capitol Plaza Hotel, Topeka, KS – 1st Oct '12

Send an e-mail to:

Ramandeep Kaur at raman22@k-state.edu

by

20th September '12



PS: The poster size that had earlier been decided to be 12" x 24" has now been changed to 11" x 17".

Ramandeep Kaur

Intern

Breastfeeding Program

Kansas Public Health Association

KPHA

Kansas Public Health Association



A Poster Competition Promoting Breastfeeding at KPHA Fall Conference

Call for

Posters on Breastfeeding

Judging to be done during pre-session workshop, October 1st, 2012

Only one per grantee county

- Submit your name for the UMHMF Grantees Workshop Poster Competition! (Your Poster will be posted on our web page)
- The posters will be judged on their significance/relevance in *Promotion of Breastfeeding*, clarity, content, quality, and innovation. Size limited to 12"X24"
- Winners will be awarded as follows: Two prizes for each place
Individual Designer - 1st prize - \$75, 2nd prize - \$50, 3rd prize - \$25
County Prize – 1st prize - \$75, 2nd prize - \$50, 3rd prize - \$25 (Gift Certificate)

**To confirm your participation in the competition,
send an e-mail to raman22@k-state.edu**

by Thursday, 20th September 2012.

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