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Kansas Breastfeeding Coalition Report
Self-Assessment Surveys and Interviews
January 2019

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KBC Self-Assessment Surveys and Interviews

Introduction

The Kansas Breastfeeding Coalition (KBC) receives support from the Kansas Department of Health and Environment's Bureau of Family Health (KDHE BFH) to increase the capacity to advance breastfeeding goals for the state. Per the KBC's contract with KDHE BFH, this report was created to address the following deliverables:

- Work with existing "Community Supporting Breastfeeding" (CSB)-designated communities to fill out a self-assessment tool which determines successes, challenges, partnerships, ongoing needs related to all six CSB criteria and collaboration at the community level. Synthesize and summarize results in a report to inform strategies and identify steps to be taken.
- Work with existing local breastfeeding coalitions to fill out a self-assessment tool that determines successes, challenges, partnerships and ongoing needs. Using assessment results and input from local coalitions, develop recommendations for the creation of resources most needed by local coalitions that focus on collaboration and diverse representation and partnerships at the local level.

KBC contacted the Center for Applied Research and Evaluation (CARE) at Wichita State University's Community Engagement Institute to assist with survey and interview instrument development, administration of the developed instruments, and analysis and reporting following data collection efforts.

Surveys were administered via an online survey platform in December 2018. The survey link was sent to the 265 members of the KBC, and a total of 75 individuals from 31 different counties completed the survey for a response rate of 28%. Key contacts in the 18 communities that have achieved the "Community Supporting Breastfeeding" (CSB) designation were targeted for interviews. Interviews were conducted by CARE staff in January 2019, and 16 of the 18 communities provided an interview response, with some communities providing multiple responses. The KBC Executive Director and the Chair of the Board of Directors worked with CARE staff to design the survey to maximize response rates and usefulness of the data. A copy of the survey and interview instruments can be found in the Appendix starting on page 16. When of interest, data comparisons for responses from CSB communities and non-CSB communities are provided throughout the report.

This project is supported by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number #B04MC31488 and title Maternal and Child Health Services.



Key Findings

A full description of the information gathered through the surveys and interviews can be found in the following sections starting on the next page, but some key findings are highlighted here.

SUCSESSES

Some successes in local breastfeeding coalitions are:

- Local coalitions are powered by passionate, dedicated individuals.
- Projects (including pursuing the CSB designation) help energize coalition members and can help revitalize a struggling coalition.
- Individuals in CSB communities are significantly more likely to participate in a local breastfeeding coalition than individuals from non-CSB communities.

CHALLENGES

The top challenges across local breastfeeding coalitions include:

- Securing funding to implement projects
- People finding/making time to attend coalition meetings and activities
- More members are needed to share the work of the coalition and to improve breastfeeding support in the community

PARTNERSHIPS

Key partners for local breastfeeding coalitions include:

- Hospitals
- Local health departments (e.g., WIC, MCH, etc.)
- Coalitions in CSB communities are significantly more likely to have Colleges/Universities involved in their coalition than coalitions in non-CSB communities

ONGOING NEEDS

In addition to (and related to) the challenges listed above, local breastfeeding coalitions could use assistance with:

- Locating funding sources
- Sustainability planning
- Continuing efforts related to outreach and strategic partnerships (which is reported as more of a need in non-CSB communities than in CSB communities)

Surveys

Meetings and Attendance

The first items on the survey focused on individuals' participation in a local breastfeeding coalition and gathering information about their coalition. Most participants (nearly 70%) indicated their local coalition was indeed a local coalition – representing a specific city or county. A smaller group of participants (about 30%) indicated their local coalition was a regional coalition representing a multi-county area. Table 1 shows the number of respondents who reported participating in a local breastfeeding coalition. **Respondents from communities that have received the “Community Supporting Breastfeeding” (CSB) designation were significantly more likely to report participating in a local coalition than respondents from non-CSB communities.*** (See Table 1.) Most respondents reported that they frequently attend their local breastfeeding coalition meetings (as opposed to attending rarely or occasionally). (See Table 2.)

Table 1. Do you participate in a local breastfeeding coalition?

	CSB	Non-CSB	Overall
Yes*	96% (n=26)	74% (n=17)	81% (n=61)
No	4% (n=1)	26% (n=6)	19% (n=14)

* $\chi^2(1, N=50)=5.17, p<.05$

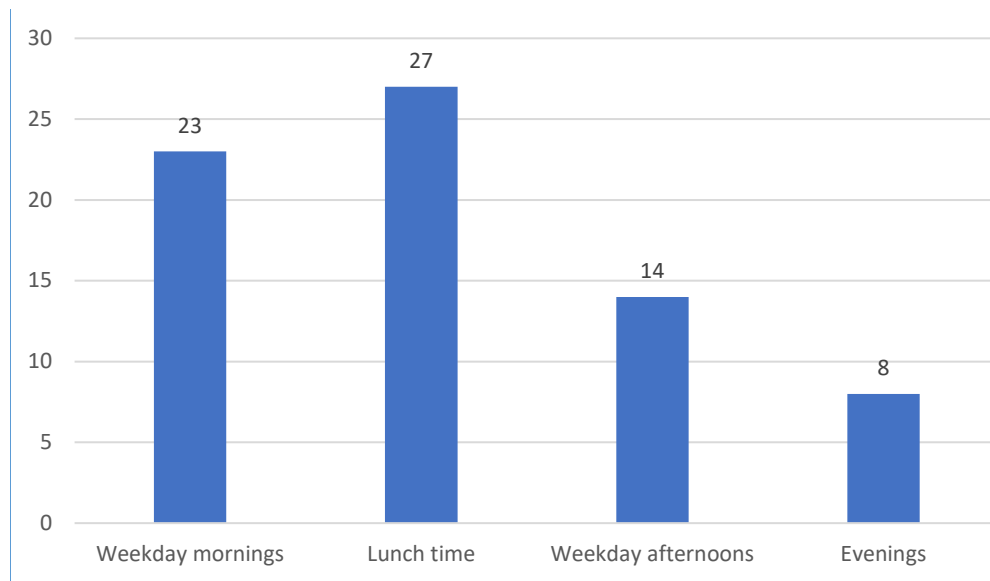
Table 2. How often do you attend local breastfeeding coalition meetings?

	CSB	Non-CSB	Overall
Rarely	4% (n=1)	6% (n=1)	10% (n=6)
Occasionally	15% (n=4)	24% (n=4)	18% (n=11)
Frequently	81% (n=21)	71% (n=12)	72% (n=43)

Note: The CSB and Non-CSB numbers do not sum to equal the Overall numbers because when participants were asked, “Has your community achieved the Community Supporting Breastfeeding designation from the Kansas Breastfeeding Coalition?” 25 individuals responded with “I don’t know.” The 27 “Yes” responses were used for the CSB data calculations, and the 23 “No” responses were used for the Non-CSB data calculations. The 25 “I don’t know” responses are included in the Overall calculations but are not included in the CSB/Non-CSB datasets.

Just over half of participants (53%) indicated their coalition meets monthly, with 20% indicating they meet every other month and another 20% indicating they meet quarterly. The remaining participants indicated they were unsure of the meeting schedule and/or that the coalition has not been meeting regularly. The most popular time for coalitions to meet is at lunch time and/or on weekday mornings. (See Figure 1.) While weekends were provided as an option, no one indicated that their local coalition met over the weekend.

Figure 1. When does your local breastfeeding coalition meet? Check all that apply.



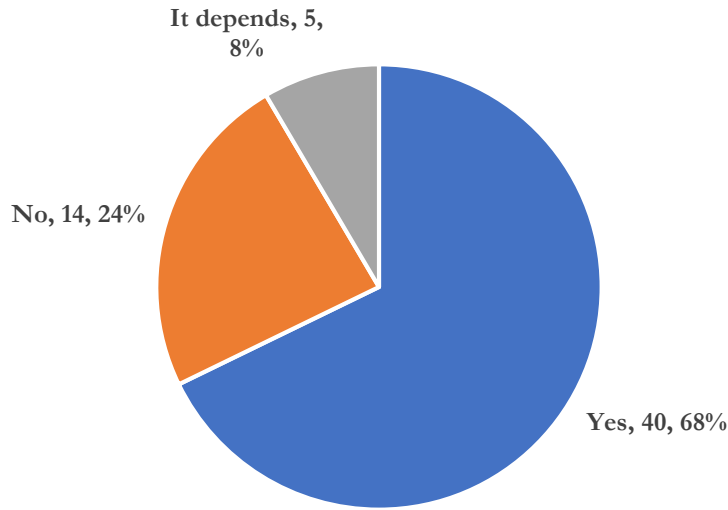
The top two reasons participants attend local breastfeeding coalition meetings is because they are interested in making the community a better place and because they have a personal interest in breastfeeding. (See Table 3.)

Table 3. Why do you attend local breastfeeding coalition meetings?

	Total
It is required by my employer	12% (n=7)
Personal interest in breastfeeding support	85% (n=51)
Networking opportunities	63% (n=38)
Interest in making the community a better place	90% (n=54)
Social - enjoy talking with the other people on the coalition	47% (n=28)
Curious about local breastfeeding support	32% (n=19)
Have had or heard of a negative breastfeeding experience in the community	8% (n=5)
Other (please specify)	10% (n=6)

While a small percentage (12%) indicated that their employer requires them to attend local breastfeeding coalition meetings (Table 3), the majority of participants are still paid by their employer while attending those meetings. (See Figure 2.)

Figure 2. Are you paid by your employer while attending local breastfeeding coalition meetings?



Barriers and Challenges

When asked about the common barriers to attending local breastfeeding coalition meetings, more than half (56%) suggested people just do not have time to attend. A number of “Other” responses were provided, which continued to emphasize people not having the time to attend, having other priorities, or just lacking interest. (See Table 4.)

Table 4. What do you think are common barriers to local breastfeeding coalition meeting attendance?

	Total
People do not have a reason to attend	17% (n=10)
Meeting times do not work with people’s schedules	42% (n=25)
Regardless of meeting time, people do not have time to attend	56% (n=33)
Other (please specify)	32% (n=19)

In addition to barriers to participation in meetings, respondents were also asked to identify the challenges their coalition faces. The top three challenges identified by respondents were: 1) lack of adequate funding for projects, 2) not enough members, and 3) lack of new members. (See Table 5.) Some of the “Other” responses included challenges like lack of direction or organization and having enough people with enough time to devote to projects and activities.

While not displayed separately in Table 5, the top three challenges for CSB community respondents were: 1) not enough members (65%), 2) lack of new members (54%), and 3) lack of adequate funding for projects (50%). For non-CSB community respondents, the top three challenges were reported as: 1) accountability of members (53%), 2) lack of adequate funding for projects (41%), and 3) reliance on volunteers, no paid staff (41%).

Table 5. What are the challenges your local breastfeeding coalition faces? Pick your top 3.

	Total
Accountability of leadership	6% (n=3)
Accountability of members	25% (n=13)
High turnover of members	4% (n=2)
Lack of new members	41% (n=21)
Not enough members	41% (n=21)
Lack of clarity/transparency in selecting leaders	2% (n=1)
Large geographical distance for members to meet	22% (n=11)
Members not able to do coalition tasks at work	14% (n=7)
Lack of adequate funding for projects	43% (n=22)
Reliance on volunteers, no paid staff	31% (n=16)
Other (please specify)	16% (n=8)

Survey participants were asked about what types of training/resources/tools their coalition needs to accomplish its goals. The top three choices were: 1) funding sources, 2) outreach/strategic partnerships, and 3) sustainability planning. (See Table 6.)

While not displayed separately in Table 6, the top three training/resources/tools for CSB community respondents were: 1) funding sources (58%), 2) sustainability planning (42%), and 3) grant proposal writing (31%). For non-CSB community respondents, the top three training/resources/tools were reported as: 1) outreach/strategic partnerships (59%), 2) funding sources (59%), and 3) strategic planning (53%). **Respondents from non-CSB communities were significantly more likely to include outreach/strategic partnerships as one of their top three training/resources/tools than respondents from CSB communities.***

Table 6. What types of training/resources/tools does your coalition need to accomplish its goals? Think about the future as well as what would have made a difference in the past. Pick your top 3.

	Total
Traditional media	4% (n=2)
Social media	25% (n=13)
Nonprofit governance/management	4% (n=2)
Outreach/strategic partnerships*	37% (n=19)
Technology solutions (online meeting platforms, conference calls, etc.)	14% (n=2)
Grant proposal writing	29% (n=15)
Funding sources	55% (n=28)
Strategic planning	31% (n=16)
Leadership development	22% (n=11)
Sustainability planning	35% (n=18)
Paid staff	16% (n=8)
Food at meetings	6% (n=3)

* $\chi^2(1, N=43)=5.62, p<.05$

Structure and Activities

Participants were asked about various documents and processes their local coalition might have in place. Table 7 displays the percent/number of participants reporting their coalition had these documents and processes. The majority of coalitions reported having vision and/or mission statements and having a planning process to develop coalition goals/objectives/activities.

Table 7. Does your local breastfeeding coalition have the following?

	CSB % Yes	Non- CSB % Yes	Overall % Yes
Vision and/or mission statement(s)	81% (n=21)	82% (n=14)	78% (n=45)
Bylaws	54% (n=14)	29% (n=5)	43% (n=25)

Policies/procedures	58% (n=15)	29% (n=5)	47% (n=27)
Roles and responsibilities for volunteer leaders	60% (n=15)	53% (n=9)	58% (n=33)
Roles and responsibilities for members	46% (n=12)	18% (n=3)	43% (n=25)
Board/leadership team nomination and election processes	38% (n=10)	41% (n=7)	40% (n=23)
Planning process to develop coalition goals/objectives/activities	65% (n=17)	53% (n=9)	60% (n=35)

Note: Response options included Yes, No, and I don't know. The (n=15) percentages differ due to number of total responses (i.e., one person who responded to one item left the other item blank.)

Participants were asked about their coalition's major activities over the last year. Major activities are listed in Table 8. The top two activities for coalitions over the last year were participating in community events that promote healthy behaviors and promoting enrollment in the Breastfeeding Welcome Here program. (For more information on the Breastfeeding Welcome Here program, visit <http://ksbreastfeeding.org/cause/breastfeeding-welcome-here/>). **Respondents from CSB communities were significantly more likely to report their coalition had worked with employers/workplaces in the last year than respondents from non-CSB communities.***

Table 8. My local breastfeeding coalition's major activities within the past year included: (select all that apply)

	CSB % Yes	Non- CSB % Yes	Overall % Yes
Working with employers/workplaces*	69% (n=18)	35% (n=6)	54% (n=30)
Promoting enrollment in the Breastfeeding Welcome Here program	69% (n=18)	65% (n=11)	63% (n=35)
Providing welcome spaces for breastfeeding at public events (e.g., tents)	62% (n=16)	53% (n=9)	57% (n=32)
Providing lactation education opportunities	62% (n=16)	35% (n=6)	50% (n=28)
Engaging local physicians	38% (n=10)	24% (n=4)	32% (n=18)
Supporting local hospital	54% (n=14)	35% (n=6)	45% (n=25)
Working with and/or educating child care providers	30% (n=7)	41% (n=7)	27% (n=15)
Participating in community events that promote healthy behaviors	69% (n=18)	71% (n=12)	63% (n=35)

* $\chi^2(1, N=43)=4.80, p<.05$

In addition to general coalition activities, participants were also asked specifically about activities their coalition engages in to try to address disparities in breastfeeding rates. (See Table 9.) The list included an option for “Other” activities, but no one provided any additional activities.

Table 9. Many coalitions address disparities in breastfeeding rates. What activity does your coalition engage in to address these disparities?

	Total
Participating in community events that target populations with traditionally low breastfeeding rates	51% (n=26)
Reaching out to women in these target populations to participate in coalition meetings	27% (n=14)
Holding coalition meetings at times or in locations to facilitate attendance by population with traditionally low breastfeeding rates	14% (n=7)
Reaching out to safety net clinics to participate in health events such as health fairs	25% (n=13)
Nothing – Our coalition does not do anything specific to reach out to populations with traditionally low breastfeeding rates	22% (n=11)

In the Community

Respondents were asked how various groups in the community are engaged by their local coalition. That engagement could include having a representative from that group who attends coalition meetings and/or could include the coalition having activities with that group. The various groups and type of engagement are displayed in Table 10.

While data for CSB and non-CSB community respondents are not displayed separately in Table 10, **respondents from CSB communities were significantly more likely to have someone from a college or university attending their coalition meetings than respondents from non-CSB communities.***

Table 10. The following groups are engaged by my local breastfeeding coalition in the following ways:

	Someone from this group attends coalition meetings	Coalition has activities with this group	I don't know
Local health department (WIC, MCH, home visitors, etc.)	91% (n=52)	30% (n=17)	5% (n=3)
Physician practices	37% (n=21)	21% (n=12)	30% (n=17)
Hospitals	84% (n=48)	25% (n=14)	9% (n=5)
Colleges/Universities*	18% (n=10)	18% (n=10)	32% (n=18)
School district	14% (n=8)	19% (n=11)	37% (n=21)
Employers/worksites	21% (n=12)	21% (n=12)	28% (n=16)

Child care providers	14% (n=8)	25% (n=14)	25% (n=14)
Mother-to-mother support groups	44% (n=25)	19% (n=11)	26% (n=15)
Fathers	2% (n=1)	5% (n=3)	46% (n=26)
Obesity or nutrition and physical activity coalitions	7% (n=4)	12% (n=7)	40% (n=23)
Chronic disease prevention coalitions	2% (n=1)	11% (n=6)	47% (n=27)
Work/family coalitions	7% (n=4)	11% (n=6)	40% (n=23)
Faith-based organizations	7% (n=4)	14% (n=8)	40% (n=23)
Other civic organizations	19% (n=11)	16% (n=9)	35% (n=20)
Community foundations	16% (n=9)	19% (n=11)	35% (n=20)

* $\chi^2(1, N=46)=5.16, p<.05$

Participants were asked to indicate their level of agreement or disagreement with the statements listed in Table 11. The responses were on a five-point scale where 1=disagree, 2=somewhat disagree, 3=neutral, 4=somewhat agree, and 5=agree. There was also an “I don’t know” option for participants who did not feel they knew enough to respond to the statement. The highest rated item is related to the hospital being supportive of breastfeeding. While there are mean differences between the CSB and non-CSB community responses, none of these differences were statistically significant or greater than what would be expected by chance.

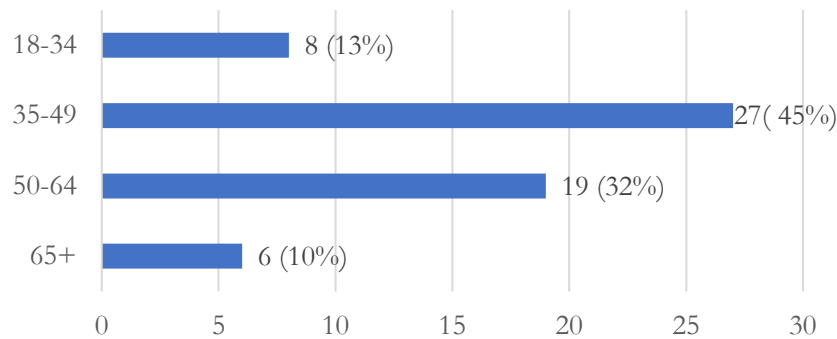
Table 11. Thinking of the experiences of families you encounter and your personal experiences if they apply, please indicate your level of agreement or disagreement with the following statements about your community.

	CSB Mean	Non-CSB Mean	Overall Mean
The local breastfeeding coalition is well-known in the community.	2.59	2.89	2.65
The local breastfeeding coalition is effective in the community.	3.33	3.70	3.41
Mothers receive quality local peer breastfeeding support.	4.15	4.33	4.14
The hospital(s) where most mothers give birth is supportive of breastfeeding.	4.56	4.50	4.42
Mothers feel comfortable breastfeeding in public.	3.44	3.48	3.39
Employers support the breastfeeding employees in the workplace.	3.41	3.65	3.58
Child care providers support breastfeeding families.	4.08	4.14	4.16

Demographics

All of the survey respondents (100%) were female. Ninety percent (90%) were Caucasian/White, 8% African American/Black, and 2% American Indian or Alaska Native. Ten percent (10%) reported being Hispanic or Latino. Age range of respondents is displayed in Figure 3.

Figure 3. Age



More than half of respondents (56%) categorized their current occupation/place of employment as public health. Other categories for respondents' current occupation/place of employment included: hospital (16%), retired (5%), academia (3%), and private practice/self-employed (3%). Business, physician office, and stay-at-home parent/homemaker were selected by one respondent each. Eight (13%) selected "Other" as their current occupation/place of employment, with those responses including nonprofit organizations and WIC.

Interviews

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. In addition to the CSB information found through the surveys and the interviews, breastfeeding data for these 18 communities can be found on page 21 in the Appendix.

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 – 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.”

“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 an all-volunteer group of people, 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.

Conclusion

Local breastfeeding coalitions are working hard in their communities to improve breastfeeding support for families. They continue to struggle with having enough members to do the work of the coalition, having the right projects and activities to keep coalition members interested and engaged, and having the funds to implement the projects and activities they would like to see in their communities. 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. As the Kansas Breastfeeding Coalition (KBC) and other organizations think about ways to support local breastfeeding coalitions in their work around the state, information from these surveys and interviews can be used to help inform possible efforts.

The KBC recommends the following interventions to increase the capacity of local breastfeeding coalitions:

- Creation of a “Toolkit for Breastfeeding Coalitions – both as a document and webpage – to include the following resources:
 - Library of governance documents
 - Community partner engagement strategies
 - Coalition management strategies
 - Action plan templates and instructions
 - Fiscal resources and grant writing tips
 - Breastfeeding data
- Technical assistance to include:
 - “Continuity of Breastfeeding Care” meeting facilitation to assist communities in mapping local breastfeeding support and identifying strengths and opportunities
 - “Start-up” meeting facilitation to foster the growth of new breastfeeding coalitions

- KBC Local Breastfeeding Coalition Member Section to provide regular opportunities through virtual meetings for networking, support and sharing. The Section will inform the creation of the Toolkit mentioned previously and the content of the KBC annual conference and the quarterly “Building Local Breastfeeding Coalitions” virtual meetings. The Section as will also continue to identify additional resources and support needed by local breastfeeding coalitions.
- Annual KBC Breastfeeding Conference to provide education and resources in addition to in-person networking, support and sharing. Conference sessions will include session by state and national speakers on the following topics:
 - Action planning
 - Community partner engagement
 - Leadership development
 - Equity
 - Grant writing
 - Project examples
- Analysis of indicators of breastfeeding support to determine which alone or in combination with others have the most impact on breastfeeding duration rates. This analysis will provide direction to local breastfeeding coalitions and partners to help them focus their resources on the most effective interventions to increase the rates of exclusive breastfeeding at 6 months of age.
- Implement annual check-in with CSB communities to determine “next steps”.

About the Community Engagement Institute

Wichita State University's Community Engagement Institute is dedicated to improving the health of Kansans through leadership development, research and evaluation, organizational capacity building, community collaboration, and public health and behavioral health initiatives. The Community Engagement Institute maintains six Centers with skilled staff that work directly with community coalitions, nonprofits, government entities, health and human services organizations, and support groups. The Centers are:

- Center for Applied Research and Evaluation
- Center for Behavioral Health Initiatives
- Center for Leadership Development
- Center for Organizational Development and Collaboration
- Center for Public Health Initiatives
- IMPACT Center

Want to know more about this report? Contact Dr. Sarah Jolley, Evaluation Coordinator at the Center for Applied Research and Evaluation, at sarah.jolley@wichita.edu.

About the Kansas Breastfeeding Coalition

The Kansas Breastfeeding Coalition, Inc. (KBC) strives to improve the health and well-being of Kansans by working collaboratively with individuals, nonprofit organizations, public health agencies, hospitals and private businesses to promote, protect and support breastfeeding. The KBC was formed in 2008 to build a community of health in Kansas where breastfeeding is normal and supported.

As the central hub connecting state and local stakeholders, the KBC is at the forefront of breastfeeding support work in Kansas, collaborating with partners across sectors and across the state. Looked to as the leader in the coordination of breastfeeding activities and interventions in Kansas, the KBC works to align and amplify a collective voice to influence the policy, system, and environmental (PSE) changes that will ensure *all* families have the opportunity to reach their personal breastfeeding goals.

Want to know more about the KBC? Contact Brenda Bandy, Executive Director, at bbandy@ksbreastfeeding.org.

**CSB Communities
Key Informant Interview Questions**

1. What did you enjoy about working towards the CSB designation?
2. What was difficult about achieving the CSB designation?
3. In what way(s), if any, has being a CSB community improved breastfeeding support in your community compared to before the CSB designation? (Give specific examples if possible.)
4. What, if any, have been other benefits of achieving the CSB designation? (e.g., city/county commissioners know more about breastfeeding, our coalition was formed/revitalized, we have new breastfeeding leaders/coalition members, we made new partnerships, etc.)
5. What additional resources does your community need to further improve its support for breastfeeding?
6. What suggestions do you have for strengthening and improving the CSB designation?
Changing or adding criteria?

Survey of Local Breastfeeding Coalitions & CSB Communities

KDHE contract wording:

“...determine successes, challenges, partnerships and ongoing needs [of local breastfeeding coalitions] ...to develop recommendations by 1/30/2019 for the creation of resources most needed by local coalitions that focus on collaboration & diverse presentation and partnerships at the local level.”

“...determine successes, challenges, partnerships and ongoing needs [of CSB communities] related to all six criteria and collaboration at the community level. Summarize results in a report to inform strategies and identify steps to be taken.”

Survey Questions:

Section I: Local Breastfeeding Coalition

Do you participate in a local breastfeeding coalition? If NO, skip to Section II.

Please consider your local breastfeeding coalition when answering the following questions.

- 1) Name of local breastfeeding coalition (please spell out or pre-populate, “N/A” for those not with a coalition, skip logic, to Section II.)
- 2) Type of coalition (local/regional/unknown)
- 3) What county do you live in? (from school district survey)
- 4) How often does your coalition meet? (monthly, every other month, quarterly, 2x/year, don’t know)
- 5) How often do you attend local breastfeeding coalition meetings? (rarely, occasionally, frequently)
- 6) When does your local breastfeeding coalition meet? (check all that apply)
 - a) Weekday mornings
 - b) Lunch time
 - c) Weekday afternoons
 - d) Evenings
 - e) Weekends
- 7) Are you paid by your employer while attending local breastfeeding coalition meetings? (Yes, No, Depends)
- 8) Why do you attend local breastfeeding coalition meetings? (check all that apply)
 - a) It is required by my employer
 - b) Personal interest in breastfeeding support
 - c) Networking opportunities
 - d) Interest in making the community a better place
 - e) Social – enjoy talking with the other people on the coalition
 - f) Curious about local breastfeeding support
 - g) Have had or heard of a negative breastfeeding experience in the community
 - h) Other
- 9) What do you think are common barriers to local breastfeeding coalition meeting attendance? (use categories from KBC 2017 membership survey)

- 10) Does your local breastfeeding coalition have the following: (Yes, No, Don't know)
- Vision and/or mission statement(s)
 - Bylaws
 - Policies/procedures
 - Roles and responsibilities for volunteer leaders
 - Roles and responsibilities for members
 - Board/leadership team nomination and election processes
 - Planning process to develop coalition goals/objectives
- 11) The following groups are engaged by my local breastfeeding coalition in the following ways: (choose any of the following: Attends coalition meetings, Coalition has activities with this group, I don't know)
- Local Health Department (WIC, MCH, home visitors, etc.)
 - Physician practices
 - Hospitals
 - Colleges/Universities
 - School district
 - Employers/worksites
 - Child care providers
 - Mother-to-mother support groups
 - Fathers
 - Obesity or nutrition & physical activity coalitions
 - Chronic disease prevention coalitions
 - Work/family coalitions
 - Faith-based organizations
 - Other civic organizations
 - Community Foundations
- 12) My local breastfeeding coalition's major activities within the past year: (select all that apply)
- Working with employers/workplaces
 - Promoting enrollment in the *Breastfeeding Welcome Here* program
 - Providing welcome spaces for breastfeeding at public events (e.g., tents)
 - Providing lactation education opportunities
 - Engaging local physicians
 - Supporting local hospital
 - Working with and/or educating child care providers
 - Participating in community events that promote healthy behaviors
 - Other (please specify)
- 13) Many coalitions address disparities in breastfeeding rates. What activities does your coalition engage in to address these disparities?
- Participating in community events that target populations with traditionally low breastfeeding rates
 - Reaching out to women in these target populations to participate in coalition meetings

- c) Holding coalitions meetings at times or in locations to facilitate attendance by populations with traditionally low breastfeeding rates.
 - d) Reaching out to safety net clinics to participate in health events such as health fairs
 - e) Nothing, our coalition does not do anything specific to reach out to populations with low breastfeeding rates
 - f) Other (please specify)
- 14) What are the challenges your local breastfeeding coalition faces? Pick your top 3.
- a) Accountability of leadership
 - b) Accountability of members
 - c) High turnover of members
 - d) Lack of new members
 - e) Not enough members
 - f) Infighting among members
 - g) Lack of a conflict resolution process
 - h) Lack of clarity/transparency in selecting leaders
 - i) Large geographical distance for members to meet
 - j) Members not able to do coalition tasks at work
 - k) Lack of adequate funding for projects
 - l) Reliance on volunteers, no paid staff
 - m) Other (please specify)
- 15) What types of training/resources/tools does your coalition need to accomplish its goals? Think about the future, as well as what would have made a difference in the past. Pick your top 3.
- a) Traditional media
 - b) Social media
 - c) Nonprofit governance/management
 - d) Outreach/strategic partnerships
 - e) Technology solutions – online meeting platforms, conf. calls, etc.
 - f) Grant Proposal writing
 - g) Funding sources
 - h) Strategic planning
 - i) Leadership development
 - j) Sustainability planning
 - k) Paid staff
 - l) Food at meetings
 - m) Other (please specify)

Section II: Community Support for Breastfeeding

1. Thinking of the experiences of the families you encounter and your personal experiences if it applies, please rate the following for *your community*: (5-point Likert scale – Disagree – Agree)
 - a) The local breastfeeding coalition is well-known in the community
 - b) The local breastfeeding coalition is effective in the community
 - c) Mothers receive quality local *peer* breastfeeding support
 - d) The hospital(s) where most mothers give birth is supportive of breastfeeding
 - e) Mothers feel comfortable breastfeeding in public

- f) Employers support the breastfeeding employees in the workplace
- g) Child care providers support breastfeeding families
- 2. What does your *community* need in order to better support breastfeeding families?
- 3. What is one area in which your community excels at supporting breastfeeding families?
- 4. Has your community achieved the “Community Supporting Breastfeeding” designation from the Kansas Breastfeeding Coalition? (yes/no/unknown)

Section III: Information on the person completing the survey:

- 1. Gender
- 2. Age
- 3. Race
- 4. Ethnicity
- 5. Occupation

Breastfeeding Data for Communities Supporting Breastfeeding

CSB Community	Designation Date	Breastfeeding Initiation (2017 Birth Certificate)	WIC Exclusive Breastfeeding at 6 mos. (CCY 2018, 7 mo. cohort)	Increase in WIC Exclusive Breastfeeding at 6 mos. from 2008 to 2018	2008 WIC Exclusive Breastfeeding at 6 mos.
Abilene (Dickinson)	4/5/2016	85.4%	15.28%	5.68%	9.60%
Coffey	1/27/2017	87.2%	10.00%	5.20%	4.80%
El Dorado (Butler)	4/27/2017	87.6%	20.74%	13.14%	7.60%
Emporia (Lyon)	4/14/2016	88.2%	15.53%	8.83%	6.70%
Garden City (Finney)	6/7/2016	85.6%	9.48%	3.58%	5.90%
Gearý	9/12/2016	88.0%	17.98%	12.28%	5.70%
Gove	5/5/2016	100.0%	27.27%	12.97%	14.30%
Great Bend (Barton)	6/29/2015	87.7%	17.39%	6.99%	10.40%
Hays (Ellis)	7/2/2015	89.6%	13.73%	1.03%	12.70%
Hutchinson (Reno)	3/16/2017	88.6%	12.50%	2.30%	10.20%
Lawrence (Douglas)	6/9/2015	89.1%	20.69%	7.89%	12.80%
Leavenworth	11/9/2016	88.8%	13.72%	8.52%	5.20%
Liberal (Seward)	6/29/2015	81.4%	10.51%	3.91%	6.60%
Manhattan (Riley)	5/18/2017	90.2%	16.78%	3.58%	13.20%
Salina (Saline)	7/9/2015	86.5%	13.82%	9.72%	4.10%
Thomas	6/20/2017	95.8%	17.65%	8.25%	9.40%
Wichita (Sedgwick)	3/15/2016	90.4%	11.35%	5.45%	5.90%
Winfield (Cowley)	6/10/2015	80.3%	11.11%	6.41%	4.70%
State		88.4%	13.40%	6.20%	7.20%

exceeded state average

View the Kansas Breastfeeding Coalition's [Breastfeeding Support by Kansas County](#) database for information about breastfeeding rates and indicators of support for all Kansas counties.