

The Use of Community Needs Assessment to Inform Breastfeeding Services



Introduction

NACCHO, in partnership with the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO), implemented the Reducing Disparities in Breastfeeding through Peer and Professional Support project, designed to increase breastfeeding rates among African American and underserved populations. From January 2015 to June 2016, the effort supported the implementation of 72 community-level peer and professional breastfeeding support programs by local health departments (LHDs), community-based organizations (CBOs), and hospitals in 32 states and territories. Grantees provided direct breastfeeding support activities, based on recommendations of [The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#), while addressing families' challenges to access services.

This issue brief describes the importance of conducting a pre-implementation analysis to understand community needs and assets, existing services and gaps, and opportunities to leverage resources, as well as engage the community members in designing programs that will fit their true needs. It also shares examples of assessments conducted by breastfeeding grantees.

Assessing local needs and resources

Each community is unique, and has its own challenges and assets, as well as its own history and culture. Gaining a deeper understanding of the community before implementing or trying to improve programs helps to identify priorities and maximize resources, as well as tailor services to the specific needs and wants of the community.

Often, health professionals develop programs without asking the community if specific services are needed, and they often do not consider if the program will be easily accessible for the potential participants. Community members who have experienced an intervention or a problem that a program designer is trying to solve are among the real experts. They will have ideas and information that the program designer had not considered.

A community needs assessment survey describes the makeup of a community to provide a context on its current concerns, and also describe what matters to people in the community and to key stakeholders, including barriers and resources for addressing the identified issue(s).

— *Center for Community Health and Development, Community Tool Box*

Therefore, it is imperative that community members are involved in the program design, so it will truly benefit them.

Collecting data about a community is essential to understanding the health status and root causes that affect the local public health system and the community. In addition, the data collection process increases community engagement by engaging potential participants from the start.¹ The analysis of the data collected validates the need for funding and informs a problem statement in a grant application. The results can inform community needs, potential new partnerships with other organizations, awareness of community assets, and the identification of resources that can be leveraged, as well as provide content for the development of an up-to-date, comprehensive resource guide.^{1,2,3}

There are different ways to assess needs, depending on your resources (time, money, and people). Assessments differ in various ways, such as:

- The type of data collected (quantitative, qualitative, primary, secondary);
- The tool used to collect information (interviews, surveys, focus groups, community gatherings);
- The method of data collection (in-person, phone, online, mail); and

- The community groups that are engaged, and the formality or informality of the information-gathering process.

Determine the currently available data

A first step is to review the recent assessments conducted in the community. LHDs and hospitals consistently collect data through Community Health Assessments (CHAs) and Community Health Needs Assessments (CHNA), respectively.

Community Health Assessments are developed to understand gaps or needs in a community that affect its health and well-being. CDC defines a needs assessment as a tool that “provides community leaders with a snapshot of local policy, systems, and environmental change strategies currently in place and helps to identify areas for improvement.” CHA activities include public health surveillance, including collecting and analyzing qualitative and quantitative data, identifying gaps, and analyzing problems to understand the health status of a community.^{1,2,3,4,5} They then use that data to develop a plan for health improvement.^{1,2,3}

A CHA is a valuable tool any organization can use to inform its program goals. While an organization may believe there is a need for lactation services in a specific community, the results from a CHA can justify or refute their claim. Hence, the CHA provides an organization the information needed to tailor programs and services based on the true needs of the community it serves. The CHA is also a mechanism to validate the need for funding and inform a problem statement in a grant application. Other beneficial reasons to conduct a CHA include increased community engagement and improved relationships with community members, new partnerships with community organizations, increased awareness of community assets, and the identification of resources that can be leveraged.^{1,2,3,4}

LHDs often conduct community health assessments and integrate those results into community health improvement plans as part of their strategic plan. An option is to include questions on an assessment questionnaire about infant feeding behaviors, existing services, and needs for support.

Breastfeeding Data

Data regarding breastfeeding rates and practices in the United States is available from a variety of government data sets. There is likely existing data and information about the community. Look for data that is less than a year old, when possible. Even the [U.S. Census](#) data, which is extensive and generally reliable, is a snapshot of a particular time (once-a-decade). Other important resources for existing data are:

- [Centers for Disease Control and Prevention Data & Benchmarks](#)
- [CDC National Immunization Survey \(NIS\)](#)

- [National Health and Nutrition Examination Survey \(NHANES\)](#)
- [Maternity Practices in Infant Nutrition and Care \(mPINC\) Survey - CDC](#)
- [Breastfeeding Report Card | Breastfeeding | CDC](#)
- [Women, Infants and Children \(WIC\) data](#)
- [Pregnancy Risk Assessment Monitoring Systems \(PRAMS\)](#) (The PRAMStat system is no longer available. You may access PRAMS data from 2000-2011 through the [PRAMS Data Portal](#) or view [selected PRAMS indicators from 2012-2015](#).)

Other socioeconomic and community data:

- County Health Rankings & Roadmaps provides important health-related rankings and data for nearly every county in each U.S. state
- Assessments or studies conducted by local or state government agencies
- Assessments or studies conducted by other organizations. Hospitals, human service providers, Chambers of Commerce, and charitable organizations may all conduct community assessments for their own purposes, and may be willing — or even eager — to share their results
- Studies conducted by researchers connected to local universities

Needs Assessment and Breastfeeding

In the context of implementing a community breastfeeding promotion and supporting interventions — especially those designed to serve communities and populations that have been historically marginalized and underserved — it is critical to understand community challenges to access services, and the type of services they need. Conducting a needs assessment prior to implementing any breastfeeding services is essential to ensure the program offered will fulfill the needs of the new parents and babies. **Most importantly, organizations must develop an understanding of racial, socioeconomic disparities in breastfeeding rates, and identify community-specific structural barriers to breastfeeding that limit women’s ability to breastfeed at the recommended levels.**

Researchers have identified a set of common structural barriers to breastfeeding that disproportionately affect low-income mothers of color. However, the specific changes necessary to sustainably support breastfeeding at the community level depend on the unique assets and needs of the community.⁵ Identifying these specific needs will help tailor breastfeeding support programs and services that address community barriers that the families alone are not able to overcome.

In addition, understanding the priority health issues by reviewing the latest CHA/CHIP is important in identifying how breastfeeding can be woven into established or new programs. For instance, obesity prevention efforts are one of the priority health issues for some counties. Evidence shows that optimal breastfeeding reduces obesity risks for both mothers and children.^{6,7,8} Often, increasing breastfeeding is a strategy under obesity prevention. Incorporating breastfeeding support services into the CHIP allows for longevity and sustainability of these efforts.

A notable example comes from a former NACCHO breastfeeding program grantee, Erie County Health Department, in New York:

Erie's Community Health Improvement Plan Priority 1, Goal 2: Increase the proportion of babies who are breastfed. The Erie County DOH convened a series of meetings and community conversations with stakeholders to solicit community input. Hospital representatives, members of academia, and United Way met monthly to assess federal, state, and local data to identify current ongoing activities. Some of the data include local consumers surveys, town meeting minutes with CBOs, census data, WIC data, BRFSS, local hospital data, and pediatric practices interested in increasing these rates in response to the overwhelming obesity problems in the community. Communities of color, teen moms, and those in the lowest socioeconomic spheres have the lowest rates of breastfeeding and have been an intense focus on ongoing activities. All providers working together in Erie County have determined this to be a priority issue and good fit to look to the root causes of childhood obesity and all of the ongoing activities in the area to address the issue.

During NACCHO's breastfeeding project, 41 grantee organizations conducted a pre-implementation community needs assessment or environmental scan (see Table 1 for examples). Some assessments were an informal polling of community mothers, while others were formalized evaluations, typically embedded in a local health department CHA, healthcare system, or health coalition's existing community health assessment plan. A key lesson learned during the project was that service availability is not synonymous with service accessibility. Some factors, including timing and location of services, transportation, childcare, and cultural appropriateness of educational materials and providers, can make existing lactation support services largely inaccessible to women in the community.

Grantees who were empowered with knowledge from a community needs assessment were able to modify their implementation to better support families by addressing identified needs. One of the most poignant lessons learned by all grantees was eloquently stated in a grantee's final report:

"If we are truly supporting moms, we must listen to their needs, meet their expectations and remove barriers to their participation."

Pre-implementation assessment by former grantees

Prior to applying for the NACCHO grant, an initial review of community services was completed that indicated that there were no breastfeeding support groups available to mothers living in the area of highest need within Baltimore County. As well, professional and peer support was only available to mothers that were eligible for WIC. As a result, the initial focus of grant activities was to provide community and home-based support for breastfeeding moms in the target area. It was also noted that there wasn't an established breastfeeding network of support for families or service providers within the county. In response to this, a second grant activity was to complete a community scan to gain a better understanding of the strengths and needs of the county regarding breastfeeding support. A consultant worked with the grant partners to conduct focus groups and interviews to gather information and make recommendations on how to enhance breastfeeding support within the county. As a result, partners learned that the county has resources, but everyone isn't aware of what they are. They are also underutilized. — *Abilities Network, MD*

We held several stakeholder meetings with members of the breastfeeding coalition, local public health department officials, WIC, and African American women from the target communities. We learned to not select a peer support model until women in the community (project staff) had time to explore African American breastfeeding peer support models and compare them to the predominant model in St. Louis (La Leche League). We began our project by visiting African American breastfeeding peer support models in Milwaukee, Atlanta, and Kansas City. Our intent was to observe other models, including La Leche League, which has a strong infrastructure in the St. Louis region.

The women in the community took aspects of all they had observed and over time, a group evolved that met the needs of the community. We are inching our way into a local collective impact process aimed at reducing infant mortality by embedding their services into existing home visiting programs and group meetings. Through this process, we seek (a) systems and policy change that integrates breastfeeding into all services for women and children, (b) workforce development for an increased supply of peer and professional breastfeeding support, and (c) a livable wage for lactation peers and professionals. Perhaps an unexpected outcome was the number of passionate African American breastfeeding mothers who are nursing their babies through the first six months exclusively and continuing on past one year or more, despite the many challenges. — *St. Louis Breastfeeding with I AM Breastfeeding, MO*

Outcomes

Identifying community assets and gaps in breastfeeding services allowed organizations to use NACCHO funds to complement or expand existing projects, instead of investing in a downstream lactation support intervention — limited to the provision of direct services only — which led to expanding services to a larger number of families during and beyond the funding period.

With results of a community needs assessment and the available existing services offered by community agencies, local health departments and community-based organizations can avoid duplication of efforts and maximize resources by leveraging partnerships and funds not only to sustain programs, but also to benefit partners and the broader community.

Some Breastfeeding Project outcomes of leveraging include:

- Expanding program or organizational capacity to serve more families;
- Supporting program activities' sustainability;
- Increasing the use of current and new programs and services;
- Meeting identified needs of the community;
- Identifying unused or underused resources;
- Avoiding duplication of services;
- Engagement of community members, and
- Writing an informed, unique problem statement that truly reflects the challenges, assets, and needs of a community.

Furthermore, some grantees formally incorporated breastfeeding intervention activities into their organizational strategic plans. As a result, they were able to make essential lactation services available to a vast number of women and families by integrating those services into existing programs (Table 5).

Before planning a survey, it is important to answer these following questions:

- What are the specific reasons for doing this survey?
- How much time is available to conduct survey and analyze results?
- How many people are going to be asked?
- Who will ask the questions and what questions will be asked?

A community needs assessment survey can also be tailored to include questions to local providers, local businesses, hospital staff, pregnant women, and postpartum families.

Sample of important questions to consider when developing a breastfeeding needs assessment survey

1. Who are the prenatal and post-hospital discharge breastfeeding service agencies and providers in the community?
2. What types of services are being provided?
3. How accessible are these providers to families? (Time of the day, location, welcoming of family members, cost.)
4. What are the assets of the community? (Skills, interests, capacities, spaces, champions, culture, coalitions, and other existing partnerships, grant opportunities.)
5. What is the “breastfeeding” capacity (trainings, skills, time spent with client) of these providers?
6. How, where, and when would families like to receive breastfeeding education and support? (In-person groups, remotely, via phone, home visits, etc.)
7. What are the challenges and needs of families to start and continue breastfeeding until at least 12 months?

***For more ideas of questions to include, see Community Action Kit for Protecting, Promoting, and Supporting Breastfeeding (DSHS Texas)*

Conclusion

Community agencies seeking to provide breastfeeding promotion, education, and support services in black and low-income communities in an effort to ameliorate breastfeeding disparities must operate with the understanding that suboptimal breastfeeding rates among these populations are influenced largely by social and systemic barriers that exist outside the parents' sphere of power.⁹ Programs focusing solely on individual behavioral change that does not account for community challenges and structural barriers miss opportunities to identify and creatively address the underlying needs of the families within their communities.¹⁰ Identifying needs and addressing them is critical for program effectiveness. Identifying potential partnerships can strengthen collective capacity to address structural barriers that contribute to inequitable breastfeeding rates that local agencies cannot overcome alone.

ORGANIZATION

COMMUNITY NEEDS OVERVIEW

NEEDS-INFORMED PROGRAMMING

<p>ABILITIES NETWORK, INC. TOWSON, MD</p>	<p>Abilities conducted a community assessment of breastfeeding support services. Results showed there were no breastfeeding support groups available to mothers living in the area of highest need within Baltimore County, and that professional and peer support was only available to WIC-eligible clients. In addition, there was no established breastfeeding network of support for families, or service providers within the county.</p>	<p>This assessment empowered local health system partners to engage in this issue, and through a strategic plan, they were able to develop and follow up on actionable items, and ensure the sustainability of new efforts. As a result, they filled the service gaps by training home visiting staff to provide community and home-based support for breastfeeding mothers in the servicing area.</p>
<p>ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, WIC PROGRAM OAKLAND, CA</p>	<p>Informed by the health department’s Community Assessment Planning and Evaluation they partnered with community agencies to host a Talk and Tea community gathering. The event’s sought to understand where mothers and families currently go for breastfeeding support, and gather ideas to recruit new mothers. In addition, they conducted three group interviews to inform curriculum development.</p>	<p>WWHF, in collaboration with a faith-based community partner, conducted a community needs assessment with minority community members, maternal health clinicians, parish nurses, and breastfeeding advocates. The goal was to identify the unique needs, barriers, and priority topics that must be addressed in the organization’s educational sessions.</p>
<p>BARREN RIVER DISTRICT HEALTH DEPARTMENT, WIC PROGRAM BOWLING GREEN, KY</p>	<p>Barren River WIC conducted telephone and in-person interviews with present and past breastfeeding peer counselor program participants and other moms in the community on the best recruitment strategies for rural women. In addition, they conducted a needs assessment of breastfeeding education and support at local worksites.</p>	<p>Informed by the results of surveys and interviews, Barren River created new breastfeeding peer counselor promotional materials. The brochures outlined breastfeeding benefits and featured pictures and bios of peer counselors available to provide support. The worksite assessment was completed by 115 organizations during the worksite summit. All attendees received breastfeeding education and resources for worksites.</p>
<p>KENT COUNTY DEPARTMENT OF HEALTH GRAND RAPIDS, MI</p>	<p>Kent County conducted a gap analysis of breastfeeding support to inform where and how training and support efforts should be directed. They surveyed peer and professional staff working at local hospitals, obstetrics (OB) clinics, home visiting programs, and community organizations that support breastfeeding. They also held a focus group with African American women from the community.</p>	<p>As a result of the gap analysis, Kent County provided a culturally attuned training, “Breastfeeding from an African American perspective” to healthcare staff, and developed a comprehensive resource guide. They recruited and trained five African American mothers from the community to become peer counselors to support other breastfeeding mothers.</p>
<p>ST. JOHN PROVIDENCE HEALTH SYSTEM SOUTHFIELD, MI</p>	<p>In partnership with Oakland County Breastfeeding Coalition, St. John conducted a phone survey with former clients to understand the challenges in seeking and accessing breastfeeding services.</p>	<p>Based on responses, the coalition added incentives including gas cards, diapers, homework club for older siblings, and meals for the families in the support group. As a result, support group attendance increased.</p>
<p>ST. LOUIS BREASTFEEDING COALITION FERGUSON, MI</p>	<p>St. Louis Breastfeeding Coalition, conducted a review and comparison of different available peer support models tailored to African Americans. The review identified the most appropriate group model for the Ferguson community.</p>	<p>With community input, buy-in, and training of community mothers as breastfeeding champions, they created and implemented their own culturally attuned breastfeeding support model, I AM Breastfeeding. They provided professional “support on the go” by co-locating breastfeeding support services with other well-attended programs in the community, including during home visiting and at the local library.</p>
<p>THE CENTER FOR HEALTH EQUITY GADSDEN, FL</p>	<p>The Center for Health Equity (CHE) conducted a community-wide survey with over 200 participants to gain insights about the community’s awareness, beliefs, and practice of breastfeeding. The survey was a collaborative effort among partners, including Florida State University, Head Start, and Gadsden Healthy Families.</p>	<p>Survey results were presented to county maternal child health agencies and informed education materials. They presented the survey results to county maternal child health agencies. Based on the identified needs, CHE incorporated breastfeeding support into its home visiting program, and updated forms to include mandatory breastfeeding assessment questions. In addition, they developed a workplace support policy and assisted libraries and local businesses in becoming breastfeeding-friendly.</p>
<p>WISCONSIN WOMEN’S HEALTH FOUNDATION, MADISON, WI</p>	<p>WWHF, in collaboration with a faith-based community partner, conducted a community needs assessment with minority community members, maternal health clinicians, parish nurses, and breastfeeding advocates. The goal was to identify the unique needs, barriers, and priority topics that must be addressed in the organization’s educational sessions.</p>	<p>Informed by the results of the needs assessment, WWHF developed a new education unit focusing on breastfeeding benefits and management, and included it in their evidence-based women’s Grape Vine health education curriculum. The Grape Vine program focuses on hard-to-reach populations in rural and urban areas. A total of 80 women were provided education through this new unit. Additionally, WWHF trained 30 Registered Nurses to present the new educational unit, “Supporting Breastfeeding Mothers and Babies.”</p>

[ISSUE BRIEF]

July 2018

1. National Association of County and City Health Officials. Community Health Assessment and Improvement Plans. Available at: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>
2. Gutilla, M.J., Hewitt, S.J., & Cooper, B. (2017). Making the most of our community health assessment by developing a framework for evaluation. *Journal of Public Health Management and Practice* 23(4), S34-S38
3. Dare Mighty Things, Inc. Strengthening Nonprofits: Capacity Builders Resource Library. Conducting a Community Assessment. Available at: http://strengtheningnonprofits.org/resources/guidebooks/Community_Assessment.pdf
4. Centers for Disease Control and Prevention. (2013). Community Needs Assessment. Available at: https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf
5. McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2013). Planning, implementing, and evaluating health promotion programs: a primer. 6th edition. Boston: Pearson.
6. Horta B et al. Long-term consequences of breastfeeding on cholesterol, obesity, systolic blood pressure and type II diabetes: a systematic review and meta-analysis. *Acta Paediatrica*, 2015
7. Wang, L. Breastfeeding reduces childhood obesity risks. *Childhood Obesity*, 2017 13 (3).
8. Stolzer, J. Breastfeeding and obesity: a meta-analysis. *Open Journal of Preventive Medicine. BMC Public Health* 2014, 14:1267
9. Lutter, C. K., & Morrow, A. L. (2013). Protection, promotion, and support and global trends in breastfeeding. *Advanced Nutrition*, 4(2): 213-219.
10. Honeycutt, S., Leeman, J., McCarthy, W.J., Bastani, R., Carter-Edwards, L., Clark, H., et al. (2015). Evaluating Policy, Systems, and Environmental Change Interventions: Lessons Learned from CDC's Prevention Research Centers. *Preventing Chronic Diseases*, 12:150281.
11. Center for Community Health and Development. (2017). Chapter 3, Assessing Needs and resources. *Community Tool Box: Lawrence, KS: University of Kansas*. Available at: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>

**For more info, contact the MCAH/
Breastfeeding team: breastfeeding@naccho.org**

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW Suite 400 Washington, DC 20005

P 202-783-5550 F 202-783-1583

© 2018. National Association of County and City Health Officials

www.naccho.org