

## Breastfeeding in the Community: Work Plan and Budget Alignment Essentials



### INTRODUCTION

In 2014, NACCHO, in partnership with the Centers for Disease Control and Prevention (CDC)' Division of Nutrition, Physical Activity, and Obesity (DNPAO), implemented the Reducing Disparities in Breastfeeding through Peer and Professional Support program to increase breastfeeding rates among African American and underserved populations. The effort implemented 72 community-level breastfeeding support programs at 69 local health departments, community-based organizations, and local hospitals in 32 states and territories. Grantees provided direct breastfeeding support and enhancement activities, based on recommendations of the [CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#).

#### *Purpose of the brief*

Local Health Departments (LHDs) often conduct Community Health Assessments (CHAs) to identify community needs. Frequently, community members and organizations are involved in planning, assessment, and implementation of health programs. Informed by the CHAs' findings, LHDs develop Community Health Improvement Plans (CHIPs) with capacity building and infrastructure funding, or as part of accreditation planning. After which, additional funding opportunities are often pursued to implementation of specific objectives. Small funding can help gradually implement components of an overall improvement plan. However, grant proposals must be strategically crafted in an organized fashion to incorporate a stand-alone project to benefit the overall mission of a larger plan. This includes several critical components; one of which is the work plan aligned with its budget. This brief addresses the importance of three factors in a community's ability to succeed within various projects; work plan, objectives, and budget.

### OVERVIEW

#### *Health program development: getting started*

When applying for funding, LHDs should have at least some basic information to show a problem exists. Often, this is quantitative data, which leaves out focus group or key informant interviews that may have occurred to form a community health impact report or community needs assessment, since these are often presented in a more qualitative manner. Reformulating this type of qualitative data into a quantitative format allows for a clearer image of sometimes unclear components, and reveal a community's health disparities that could be improved, especially those pertaining to breastfeeding. Using both types of data as well as regional data available is important to create an accurate framework of the problem to be addressed. It starts with the question, "what is the problem to be solved?"<sup>i</sup>

It is important for LHDs to engage each area of data found within a community health plan with concepts and ideas of how each concern can be addressed. Framing these issues prior to a funding announcement allows for a deeper and quicker dive into being able to achieve outcomes in various timeframes given by different funders, as opportunities present themselves. Segmenting ideas into at least three timetables, less than six months, less than one year and greater than one-year, short- and long-term goals, pinpoints the issues to be focused upon for both small and large funding opportunities, as well as those tasks that have to be accomplished prior to higher-level or more complex goals or objectives. This document is often identified within a local health department (LHD), a community-based organization or a community health coalition as a strategic plan or logic model.

#### *SMART work plans*

These tools are created to frame the reasoning behind the problem to be solved. A work plan is a document that answers the "what is to be done," by when and by who, like a roadmap on how to fix this problem through activities using a detailed

step-by-step approach. The goals of a work plan should align with the overall mission and vision set forth within a strategic plan; the “what” and “why” objectives align with the work being done, or the “how.”<sup>ii</sup> Often times, overall strategic planning outcomes such as a hospital obtaining Baby-Friendly status will not be accomplished by the end of one grant period, but it serves as the overarching mission for a community and is related to the individual work plan, as individual pieces of a larger puzzle. Work plan objectives therefore should be specific, measurable, achievable, relevant, and time bound (S.M.A.R.T.) to show what is being accomplished, and relevant to the overarching mission.<sup>iii</sup> Clearly written objectives assist with each area being achieved as efficiently as possible.

A work plan requires statements to be **specific** to clarify what needs to be accomplished and reduces waste of time and resources. A non-specific objective may be worded poorly and lack sufficient descriptors about what, where, and who an objective is targeting. For example:

By June 2016, we will increase community lactation support.

This objective lacks central information for an objective, and could be restated in a more specific manner:

By June 2016, Arendale Local Health Department will increase community lactation support through the hiring and training of two culturally relevant IBCLCs (International Board Certified Lactation Consultant).

Secondly, objectives needs to be **measurable**. Often, baseline data can be found through a community health assessment (CHA). This data needs to be quantitative rather than qualitative. This aids in any evaluation component to a project, a requirement often levied by funders, and allows project leaders to determine if an objective has been met and to what degree. It is a grading of sorts, often rated in terms of percentage of completion with further task lists of what is to be accomplished. An example of a poorly framed objective would be:

To ensure breastfeeding rates increase in Arendale County.

A measurable objective would state:

To increase breastfeeding initiation rates by 5% at the county hospital between January 2016 and June 2016.

**Achievable** objectives would look further at the above example and ask if this specific percentage is in fact realistic. Is it reasonable to expect this measurement change in this specific time period? One could postulate that unless this hospital had substantially lower initiation rates than the national or state averages, that a 5% increase may not be feasible in such a short amount of time. Other considerations would need to assess if a

**Relevance** questions whether an objective is actually a piece of the larger puzzle, related to an overall strategic plan. It asks teams to consider *if all parts of the objective truly matter for the short or long-term goals*. A poor example may state:

To improve breastfeeding initiation rates by teaching adults with low literacy how to read better.

Although literacy may be an issue within the community, particularly within areas of language differences, this is not core to the overall goals of increasing breastfeeding rates. A relevant objective would state:

To review all hospital breastfeeding educational materials to ensure they are multicultural and multilingual in order to assist the low-literacy population understand the importance of skin-to-skin practices, and increase those practices from 30% to 45% of new mother-baby dyads.

Being **time-bound** is most aligned to relevance. One cannot create a relevant objective if it lacks time specificity. With a loose closure date, measurements also become problematic and priorities become less clear. Timeframes also look at the realistic components. An objective may be realistic within one time frame, yet completely undeliverable in another. An example would be:

By the end of six months, all three hospitals in Lake County will be designated as Baby Friendly.

If one was aware of existing data indicating these hospitals were already in the process of designation, this may be an appropriate time-bound objective. However, if these hospitals were just entering the process of designation within a specific community of practice or cohort attempting to improve together, this timeframe would become unachievable. A more appropriate and proper time-bound objective would state:

Within one year of project implementation all three hospitals in Lake County will file their intent to become Baby Friendly through a newly created working collaborative.

Furthermore, LHDs must approach a work plan and its objectives with the mindset of *“doing with them” instead of “doing to them”* to prevent a power imbalance among departments and communities, often resulting in the withdrawal of public support or investment in goals and objectives that do not result in actual change.

## Project Management Skills

Another component to goals and objectives should identify organizations, as well as key individuals within organizations or communities, needed for each goal or objective to be achieved. Often, programs hinge on the specialty or

knowledge of one central person and the loss of such, would prove detrimental to a short-term project. For instance, lacking an International Board Certified Lactation Consultant (IBCLC), would create a large barrier to an objective of mentoring and creating new recruits to become IBCLCs. Often, these specialties, particularly in rural areas, are not always present within an LHD, outside of the auspices of a Women, Infants and Children (WIC) program. Therefore, if an LHD lost their only IBCLC in the process of conducting an overview of objective creation, this could alter the ability to conduct short-term projects without hiring an outside consultant. Many LHDs have lengthy contracting processes that create another barrier to completing short-term funding opportunities, when a lack of internal capacity exists. Being prepared for this and having a pre-existing job title and description approved by department managers allows for a quicker hiring process when opportunities present themselves.

In addition, it is important to consider the skillset of those tasked with a project, once funding has been awarded. Often, despite extensive clinical training, frontline and direct-service staff lack the project management skills needed to develop, manage, and finalize budgets, data, and the required reports. Leadership should be mindful of ensuring adequate time allotment — and financial allocations — for proper training on both short- and long-term projects, for all staff involved. Outside contractors should not be assumed to possess these abilities, either.

When budgets are created, a work plan must be the key focus to determine costs and therefore, are referred to as project budgeting, not functional budgeting. The difference between the two are very important to a project being successful and within the costs allowed. Project budgeting relies on the specifics of the work plan to dictate the costs needed to complete the task. Without SMART objectives, project planners are guessing, often leading to misalignment of where funds need to be allocated for a successful project. Project budgets should be created to ensure an objective or task can be completed by the timeline and within the established budget parameters. If there is any doubt regarding the project's potential success and completion, the objective needs to be re-thought and re-planned. If staff writing the proposal are unfamiliar with specific areas of work and do not seek input from others, it can create a misalignment of the budget and a reasonable work plan aligned to SMART objectives that is doomed to fail.

If an LHD lacks specific information as in the example above, it may not allocate enough funds to properly hire, train, and support the clinical needs of a new IBCLC. Factors to consider include how much training is needed, is it local or is travel needed, are clinical hours needed through a mentor, and costs to the employer for onboarding a new staff person. Likewise, tossing large amounts of funding at an unachievable objective creates a deliverable that will not be met. Often, past funding is used as leverage for future funding to show successes and overall success to an LHD during accreditation. If a community established the goal to raise breastfeeding rates by 5% and felt prenatal education was the key to raising these rates, large

amounts of funding could easily be factored into this objective and funds allocated for materials, teachers, and class incentives. However, if the local hospital rates were already high or the practice of skin-to-skin was not readily supported, the funded prenatal education would not be the solution. This is where the data and the input from local leaders helps to ensure the work plan and budget actually will offer the desired outcome.

Within this same mindset, relevant items within a budget to support any objective should be scrutinized. For instance, in prenatal education courses aimed at increasing breastfeeding rates, the purchasing of large amounts of portable cribs or strollers would not be of relevance to raising breastfeeding rates. While incentives can be very useful in promoting health behaviors, they should be directly aligned to the actual behavior a plan is trying to improve.<sup>vi</sup>

The ultimate responsibility falls to the funded organization for completion of all fiscal requirements. Therefore, when internal capacity is lacking and outside contractors are needed, caution must be used to ensure proper support for all areas of the project, outside the basic needs of the main role the contractor is providing, particularly when clinical skills are what is being contracted. For example, a community-hired peer counselor would need training on the data collection and filling out required forms. Without such training, sign-in sheets may go unsigned, intake forms may be skipped or items not submitted according to the schedule needed to fulfill the funder's requirements of data reports. Furthermore, allowing purchases to be made by program staff without clear financial guidance can result in receipts not being reimbursed by the funder when they fall out of alignment with approved purchases, or were not a part of the original approved application. While purchase approval processes can be lengthy, LHD should determine a feasible procedure to ensure alignment to the budget, as well as an expedited process for short-term projects.

## NACCHO BREASTFEEDING GRANTEE EXAMPLE

The Florida Department of Health in Lee County was awarded a six-month period of NACCHO funds in 2015, to support EMPOWER hospitals to achieve Baby-Friendly status. Their grant proposal included supporting three local hospitals pursuing a Baby-Friendly designation. The LHD had not worked collaboratively with these hospitals prior to the grant. Its goal was to establish a local breastfeeding coalition with clear strategic planning, which included activities to provide lactation training to five women from various ethnic groups across the region. Their original work plan included two objectives.

Their first objective was lengthy, but very detailed. It was given proper planning and development into what is required to launch a sustainable breastfeeding coalition and each meeting was planned out prior to actually launching the coalition. Assistance was sought from the local established health coalition

# [CAPACITY BRIEF]

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(HealthyLee) leaders and partnerships were developed and strengthened between the hospital and the LHD. The original objective, however, did not allot staff time to conduct such a broad objective in a short time-frame. Future revisions allotted for more time by both a project manager and administrative staff to support a tight timeline and capacity-building projects.

The second objective pertained to lactation-specific training and needed more work in several areas. It stated, *“By June 2016, provide Certified Lactation Counselor (CLC) training to at least five African American and/or women of underserved ethnic and socioeconomic groups, or to those who serve these groups, to become Certified Lactation Counselors.”* In reviewing the work plan, objective, and budget alignment, this objective was measurable. However, it was questionable to being achievable and realistic: it was not relevant to the overall goal and the time specificity was too ill-defined to fulfill the core of the project, which was peer support assistance.

Through discussions and partnership development, WIC and Lee Memorial Health Systems Cape Coral Hospital were able to identify the level of support that was needed, in addition to higher-level clinical support that was already in place. Their central goal was to provide peer support for basic breastfeeding education and needs. Therefore, traveling to a five-day course was not only more education than they needed, but also more expensive. They worked together to form a mentored cohort of students where online assignments were done either together, or mentors met with mentees to review topics of learning and how to apply the skills. Substantial partnership engagement was established to ensure mentorship at both sites, even sending staff from one organization to the other to achieve a greater perspective of breastfeeding barriers and support, for a total of 480 mentoring hours.

The objective was then framed around giving peer support and the budget aligned for how to pay for the activities under this objective, with greater benefit to the mentees, partner organizations, and the community.

For more info, contact the MCAH/Breastfeeding team:  
[breastfeeding@naccho.org](mailto:breastfeeding@naccho.org)

## ADDITIONAL RESOURCES & TEMPLATES

United Nations. Work Plan for Managers. [https://hr.un.org/sites/hr.un.org/files/4.5.1.2\\_Work-planning%20Guide\\_0.pdf](https://hr.un.org/sites/hr.un.org/files/4.5.1.2_Work-planning%20Guide_0.pdf)

Interactive SMART tool creator [https://www.aaha.org/professional/resources/smart\\_goals.aspx](https://www.aaha.org/professional/resources/smart_goals.aspx)

## APPENDIX

Examples of Breastfeeding Program Objectives, Activities, and Indicators

Work Plan Template

Budget Template

## REFERENCES

- <sup>i</sup> Collaborating for Impact.nd. Developing a Common Agenda. Available at: <http://www.collaborationforimpact.com/collective-impact/common-agenda/>
- <sup>ii</sup> MacLeod, Les. 2012. “Making SMART goals smarter.” Physician Executive 38, no. 2: 68. MEDLINE, EBSCOhost (accessed October 11, 2017).
- <sup>iii</sup> Bjerke, M. B., & Renger, R. (2017). Being smart about writing SMART objectives. Evaluation and Program Planning, 61, 125–127.
- <sup>iv</sup> American Public Health Association (1995). The Role of Public Health in Ensuring Healthy Communities. Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/30/10/48/the-role-of-public-health-in-ensuring-healthy-communities>
- <sup>v</sup> Scotto, M. (1994). Project budgeting: the key to bringing business projects in on-time and on-budget. Project Management Journal, 25(1), 35–42.
- <sup>vi</sup> Slater, Jonathan S., et al. (2017). Coupling Financial Incentives with Direct Mail in Population-Based Practice: A Randomized Trial of Mammography Promotion. Health Education & Behavior 44, no. 1: 165–174.

# 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.

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## EXAMPLE OBJECTIVES, ACTIVITIES, AND INDICATORS

Purpose	Example Objective	Activity	Indicator
<b>Partnership enhancement through Referral services</b>	By [date] establish a formal referral network to coordinate referral services for both peer and professional lactation support services.	● Establish a breastfeeding community partners coalition to support coordination of lactation support services	Breastfeeding coalition established Coalition work plan and meeting schedule established # of meetings held
		● Develop and implement referral and linkages matrix/process for the referral and linkages services	SOP developed for referring and linking pregnant and lactating women to appropriate support services Agency sign-on to the referral and linkages process.
<b>One-to-One Lactation Support Services</b>	By [date], provide in-home professional lactation support to [number] women in the [XYZ] program.	● Develop and train staff on lactation support services conducted during home visits.	Home visitation lactation support services plan developed. # of staff trained to provide lactation support services to post-partum women, during home visits
		● Provide lactation support to [number] post-partum women	# women, by age/race/ethnicity receiving professional lactation support # women initiating breastfeeding, at 3 mos, 6 mos, and 1 year. # women breastfeeding exclusively through 3 mos and 6 mos.
<b>Staff and Volunteer Training</b>	By [date], train [number] peers to provide lactation support to breastfeeding women.	● Recruit at least [number] former clients or women who have previously breastfed for 6 or more months.	# of peers recruited to receive peer support training
		● Conduct [name of curriculum] training for peer support	# of peers attending peer support training # of training sessions # of providers/peers trained by type
<b>Extended lactation support hours</b>	By [date] develop and implement plan to provide walk-in lactation support services at least [number] times per week.	● Assess community need for evening and weekend lactation support services.	Review of calls and provider support (by day of week and time of day).
		● Plan and implement extended walk-in support services for breastfeeding women	# of women receiving 1-to-1 lactation support services, by age and race/ethnicity.



<b>Social Marketing and Breastfeeding Education</b>	By [date] develop a social marketing campaign, using Facebook and Text Messages, to provided continued breastfeeding support for program participants.	● Develop plan for text messages [frequency and type] to be sent to program participants to encourage breastfeeding.	Text messaging plan completed. Description of social marketing campaign/program
		● Recruit breastfeeding mothers to participate in text message program.	# of subscriptions to text message program
			# and frequency of text message to clients.
<b>Group Lactation Support Services</b>	By [date], coordinate and implement at least [number] peer support group for lactating women in in service population.	● Receive training and licensing to support implementation of peer support groups from [name of licensing/certification group]	Breastfeeding provider licensing received
		● Identify location for peer support group and resources needed to establish group.	Agreement established to house breastfeeding peer support group
	By [date], recruit at least [number] CLC/IBCLC to provide group level professional lactation support.	● Establish partnerships with [number] local providers to refer lactating women for peer support.	# CLC/IBCLC providing professional lactation support services to groups
		● Provide professional lactation support services to at least [number] lactating women	# women, by age/race/ethnicity receiving professional lactation support
			# infants ever breastfed, at 3 mos, 6 mos, and 1 year.
			# infants breastfeed exclusively through 3 mos and 6 mos.
		● Provide group lactations support services for [group type]	# of group meetings held
# of people attending each group by race/ethnicity and age.			

*NOTE: These objectives, activities and indicators are only suggestions to help grantees develop their own objectives. Facilitators should use these, as necessary, to generate examples and ideas for the grantees. These also include both quantitative and qualitative measures. Some of which tie directly back to program evaluation.*

**WORK PLAN TEMPLATE:  
PROJECT DELIVERABLES AND TIMELINE**

**ORGANIZATION  
NAME:** \_\_\_\_\_

<b>OBJECTIVE:</b>	<i>By March 2015, establish formal referral partnership with 2 hospitals for follow-up breastfeeding support.</i>		
<b>ACTIVITY</b>	<b>TIMELINE</b>	<b>LEAD PERSON/ ORGANIZATION</b>	<b>RESOURCES REQUIRED</b>
<i>Identify hospitals and staff within 25 miles of target community to provide referrals services</i>	<i>Jan 2015 – Mar 2015</i>	<i>Program Manager</i>	<i>Coalition building assistance</i>
[Add rows as necessary]			
<b>ANTICIPATED PRODUCTS OR RESULTS</b>	<ul style="list-style-type: none"> <li><i>Establishment of MOUs with 2 local hospitals to facilitate breastfeeding follow-up referrals.</i></li> </ul>		

<b>OBJECTIVE:</b>			
<b>ACTIVITY</b>	<b>TIMELINE</b>	<b>LEAD PERSON/ ORGANIZATION</b>	<b>RESOURCES REQUIRED</b>
[Add rows as necessary]			
<b>ANTICIPATED PRODUCTS OR RESULTS</b>			

*Copy and paste as many objectives as needed. Do not exceed two pages.*

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## BUDGET TEMPLATE

**Applicant Name:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Project Period:** \_\_\_\_\_

Line Item Justification	Amount Requested
<b>A. Personnel</b>	<b>\$0</b>
<b>B. Fringe Benefits</b>	<b>\$0</b>
<b>C. Consultant Costs</b>	<b>\$0</b>
<b>D. Supplies</b>	<b>\$0</b>
<b>E. Other</b>	<b>\$0</b>
<b>Total Direct Costs</b>	<b>\$0</b>
<i>Indirect Rate</i>	
<b>Indirect Costs</b>	<b>\$0</b>
<b>TOTAL DIRECT + INDIRECT COSTS</b>	<b>\$0</b>