



Breastfeeding interventions in Kansas: A qualitative process evaluation of program goals and objectives



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ABSTRACT

Across the state of Kansas, eighteen public health departments received funding through the 2011 Breastfeeding Grant Initiative to start a breastfeeding intervention. The main objective of this study was to evaluate the progress toward program goals and objectives. This study was a process evaluation. Qualitative data were collected from recipient health departments at two time-points during the program year. Structured, open-ended questions were asked through telephone interviews. This study examined: (1) progress toward program goals and objectives, (2) problems encountered during implementation, and (3) evaluation measures employed to assess program impact. All health departments reported making significant progress toward program goals and objectives and reported successful collaboration with other healthcare providers. The use of breast pumps, educational classes, and professional training of staff were reported as providing the best outcome in the promotion of breastfeeding. The majority of respondents did not measure program impact. From a public health perspective, it is important that infants receive breast milk for the first six months of life. It appears that goals and objectives set a priori guided health departments with the administration of their breastfeeding program. Results may be used to enhance and sustain delivery of breastfeeding support programs in Kansas communities.

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1. Background

The health benefits of breastfeeding are well documented (American Academy of Pediatrics, 2012; Gartner et al., 2005; Horta, Bahl, Martines, & Victora, 2007). Human milk protects an infant from infectious disease (Duijts, Jaddoe, Hofman, & Moll, 2010; Heinig, 2001; Ladomenou, Moschandreas, Kafatos, Tselentis, & Galanakis, 2010), neonatal mortality (Huffman, Zehner, & Victora, 2001), type 2 diabetes (Horta et al., 2007), chronic illness (Horta et al., 2007), and childhood obesity (Arenz, Ruckerl, Koletzko, & von Kries, 2004; Grummer-Strawn & Mei, 2004; Harder Bergmann, Kallischnigg, & Plagemann, 2005; Li, Fein, & Grummer-Strawn, 2008; Owen, Martin, Whincup, Smith, & Cook, 2005). Mothers also share in the benefits of breastfeeding. Research findings show that breastfeeding is associated with a reduced risk of breast cancer (Bernier, Plu-Bureau, Bossard, Ayzac, & Thalabard, 2000), ovarian cancer (Danforth, Tworoger, Hecht, Rosner, Colditz, & Hankinson, 2007; Jordan, Cushing-Haugen, Wicklund, Doherty, & Rossing, 2012) and type 2

diabetes (Schwarz et al., 2010; Stuebe, Rich-Edwards, Willett, Manson, & Michels, 2005). The American Academy of Pediatrics (AAP, 2012; Gartner et al., 2005) along with the World Health Organization (2003) recommend exclusive breastfeeding for the first six months of life followed by continuous breastfeeding while introducing complementary foods until the infant is one year of age or beyond.

Despite the known benefits of breastfeeding, breastfeeding rates for any breastfeeding – defined as breast milk being the predominant source of nutrition supplemented with other liquids including formula, fruit juice, water, and syrups – remain low. Though three quarters of women in the United States start breastfeeding soon after birth, less than half report still breastfeeding when their infant turns six months of age (Centers for Disease Control and Prevention, 2012, 2013). In Kansas, about 73% of women start breastfeeding their infant after birth and about 42% and 27% report still breastfeeding at 6 and 12 months, respectively (CDC, 2013). Early cessation of breastfeeding may be attributed to maternal employment, inadequate prenatal and/or postnatal breastfeeding education, maternal school responsibilities, care of older siblings, lack of timely postpartum follow-up care, promotion of infant formula within the hospital or birth care settings, lack of societal support, and overall lack of guidance from health care professionals (AAP, 2012;

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Bick, MacArthur, & Lancashire, 1998; Gartner et al., 2005; Gerd, Bergman, Dahlgren, Roswall, & Alm, 2012; Hatton et al., 2005; Mills, 2009; Ortiz, McGilligan, & Kelly, 2004).

Against this background, primary prevention interventions promote breastfeeding by providing support to mothers before, during, and after the birth of their baby. Across the state of Kansas, eighteen public health departments received funding through the Kansas Public Health Association's 2011 Breastfeeding Grant Initiative funded by the United Methodist Health Ministry Fund of Hutchinson, Kansas. The initiative was established to promote breastfeeding in Kansas communities and executed by the Kansas Public Health Association. This research study was a goal-based, process evaluation that addressed the extent to which breastfeeding programs made progress toward their grant's goals and objectives that focused on promotion of breastfeeding. Using structured telephone interviews with public health practitioners of participating public health departments, this research study examined:

- Progress toward program goals and objectives,
- Problems encountered during implementation, and
- Evaluation measures employed to assess program impact.

2. Methods

2.1. Participants

Through a competitive grant application process, a health department could receive up to \$10,000 in funding. Twenty-two public health departments across Kansas applied for funding. Nineteen public health departments were awarded funding, one declined funding, and three did not receive funding. Incomplete applications and applications that duplicated breastfeeding services provided by other organizations were not considered for funding. The Grant Initiative's selection committee consisted of members who were representatives of organizations that promoted breastfeeding in Kansas communities and this led to potential selection bias of final award recipients.

All funded health departments were eligible to participate in the research study. After announcement of the awards, health departments were informed of the evaluation of their program goals and objectives and were encouraged to participate. A study participant was defined as a public health practitioner(s) who administered the breastfeeding program for a local public health department. Participation in the process evaluation was voluntary. The funding period was from January 1, 2011, through December 31, 2011. Based on 2010 U.S. Census data, fifteen health departments were rural and three health departments were urban (U.S. Census Bureau, 2013).

When designing their breastfeeding program, each health department tailored their goals and objectives to the needs of their community. Hence, the goals and objectives for each program were slightly different. Most health departments listed at least one or more of the following program goals and objectives: education of staff, pre- and post-natal breastfeeding classes, purchase of breast pumps and breastfeeding kits, promotion and dissemination of educational materials, starting peer support groups, and working with local employers to provide them with breastfeeding supplies (e.g., small refrigerators, rocking chairs, ottomans, etc.). Personnel with the University of Kansas School of Medicine-Wichita and the Kansas Public Health Association were not involved with the design, implementation, and administration of breastfeeding programs.

Data were collected in the spring of 2011 and 2012. In the spring of 2011, data were collected from all eighteen health departments ($n = 18$) located in the following counties: Barber, Cheyenne, Coffey, Cowley, Dickinson, Harper, Johnson, Labette,

Lawrence-Douglas, Lyon, Mitchell, Morris, Neosho, Pawnee, Reno, Sedgwick, Smith, and Wyandotte. Due to non-response to three or more invitations to participate in the spring of 2012, data during this time period were collected from only ten health departments ($n = 10$) located in the following counties: Barber, Cheyenne, Coffey, Dickinson, Harper, Johnson, Labette, Lawrence-Douglas, Neosho, and Pawnee. During the funding period, the total number of women reached through local public health departments' breastfeeding interventions was approximately 250.

In accordance with the guidelines of the Institutional Review Board at the University of Kansas School of Medicine-Wichita, a scientific research protocol was written that included the study's purpose and research objectives, a brief literature review, study design, subject selection criteria, recruitment strategies, informed consent process, measurement tools and procedures, statistical analysis, data security, and record retention. No a priori hypotheses were constructed. The study was approved by the university's Institutional Review Board. Verbal consent was obtained immediately prior to the interview during the same telephone call. This research study presented no more than minimal risk of harm to participants and involved no procedures for which written consent would normally be required.

2.2. Instrument

An interview script using open-ended questions was designed that explored (1) the progress toward program goals and objectives, (2) program involvement, use, and mothers' satisfaction, (3) available resources and projected program impact, and (4) overall reflections (Table 1). Survey items selected were of a

Table 1
Breastfeeding initiative interview script items.

Progress toward Program Goals and Objectives
Establishing Program Goals and Objectives
How were program goals and objectives established?
Did you conduct a survey before establishing your goals?
Were your goals based on public data or a community health assessment?
Process of Establishing Program Goals and Objectives
Was the process of establishing goals effective? Why or why not?
What were your criteria for judging whether the process was effective?
Who did you identify as stakeholders and how was their input used?
Accomplishing and Measuring Program Goals and Objectives
Did you accomplish program goals and objectives? Why or why not?
Did you establish performance indicators to measure program impact?
Program Involvement, Use, and Mothers' Satisfaction
Program Involvement
Who was involved as key personnel in your program?
What were some of their responsibilities?
Program Use
How were participants recruited for the program?
Who did you serve with this program?
Who used the program most often?
What was your program participation rate?
What were the most used components of your program?
Mothers' Satisfaction
Were you collecting information about participant satisfaction?
How did you measure participant satisfaction with your program?
Available Resources and Projected Program Impact
Available Resources
Were there adequate resources to accomplish program goals?
What activity provided the best outcome?
Projected Program Impact
Why do you think this program worked/did not work for your community?
What were the program's long-term benefits for your community?
Overall Reflections
What future activities would you recommend as a follow-up to this initiative?
Is there anything else you would like to share?

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