Engaging the Hard-to-Reach

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Breastfeeding Project Goals

Increase implementation of evidence-based and innovative peer and professional breastfeeding support programs, practices, and services.

Increase awareness of the processes, successes, and challenges of implementing and expanding access to local peer and professional lactation support services.

Increase local, state and national partnerships to support peer and professional breastfeeding supports.

The Reducing Disparities in Breastfeeding through Peer and Professional Support project is funded by the Centers for Disease Control and Prevention, through cooperative agreement U38OT000172.
Grantees: 72 projects
Grantee Project Outcomes

92,832 1-to-1 encounters
72,380 women served

African American/Black: 38%
Asian/PI: 22%
White: 20%
Hispanic: 14%
Other/Unknown: 6%

3,332 support groups
12,893 women served

African American/Black: 43%
White: 18%
Hispanic: 15%
Asian/PI: 15%
Other/Unknown: 9%
Who are the Hard-to-Reach?

A View of the Hard-to-Reach

HARD TO REACH

Stigma
immigrants
not cultural norm
schedule conflicts
Lack of awareness
Privacy
lack of transporation
rural
non-English speakers
illegal behaviors
Time-poor
Refugees
homeless

LGBT
Hidden
Remote locations
Single parents
Marginalized
Gang members
Low wage earners
Limited phone minutes

Iliterate
Literate
Low income
9-to-5 work schedule
Sub-employment
Minors
Over-researched
Couch-surfing
Inmate
Mistrust
Drug overuse
Transient
Hard-to-Reach Defined

Difficult to engage in public health programs, due to:

1. Physical Barriers and Geographical Remote Locations
2. Low Socioeconomic Status
3. Minors
4. Non-English Speakers
5. Lack of Awareness/Interest or Mistrust
6. Competing Health Issues
7. Over-researched/Over-recruited
8. Hidden/Illegal Behaviors
Engagement Strategies for Hard-to-Reach Groups

RURAL * ADOLESCENTS * IMMIGRANTS * LOW-INCOME

Highlighting NACCHO Breastfeeding Project Grantees

NACCHO
National Association of County & City Health Officials
**Challenges:**
- Lack of Autonomy and Transportation
- Social Stigma/Embarrassment
- Dependent upon Familial Support
- Time Demands of School/Work

**Reach Strategies:**
- Positive Youth Development Approach
- Active learning method
- Combined Peer & Professional Support
- Tailored Messaging
- Partner with Key Organizations
- Social media & Text-based communication

Source: TOPS
1- **Partner with high school**  
Meeting teen moms where they were  
Addressed transportation, Involvement of Student Advocate

2- **Tailored to students:**  
Lunch Program, Non-judgement Room, Pump Room

3- **Use of Technology**  
Portal: ifeedmybaby.com
Engaging Rural Populations

**Challenges:**
- Long Distances/Geographic Isolation
- Poor Transportation
- Lack of Providers

**Reach Strategies:**
- Telehealth
- Home Visits
- Integrated Services
- Mobile Health Services
- Provide Transportation
- Collaborate with other Rural Service Agencies

31% of Breastfeeding Grantees served rural populations

1 in 5 live in rural areas

HRSA. Rural Health.
ACOG. Committee Opinion: Health Disparities in Rural Women.
1- Addressed Transportation
Home/Hospital Visits

2- Telehealth:
IBCLC Videoconference

3- Integrated Services
Support during other services to target community
Collaboration with Community Health Workers
Engaging Immigrants

Challenges:
• Language barrier
• Literacy levels
• Privacy
• Cultural differences

Reach Strategies:
• Person-to-Person interaction
• Community leader/health worker
• Use of interpreters/multi-lingual staff
• Culturally appropriate materials. Translating materials is not enough!
• Partnership with agencies that serve immigrants
1- Built on existing FQHC services
   Centering Pregnancy
   Multilingual Baby Café
   Culturally appropriate materials

2- Multilingual patient navigators trained on breastfeeding
   Facilitated one-on-one interaction with moms

3- Collaborated with agencies serving immigrants
Challenges:

- Complex Service Needs
- Competing Priorities
- Time Constraints
- Unreliable/Non-traditional Work Schedules

Reach Strategies

- Integrated services
- Traditional & Non-Traditional Partnerships
- Solid Outreach & Referral Networks
- Services at multiple times and at convenient locations
- Telehealth/Virtual Support

Engaging Low Income Families

Source: WIC Works Gallery
1- Integrated services/ WIC expansion
   Hospital, OB and Pediatric offices, Centering groups

2- Local Partnerships/ Referrals

3- Support services at multiple location and times

4- Social Marketing among partners
   Lifesize cut-outs

https://www.wwhf.org/breastfeeding-text-support/
Engagement and Retention by Focusing on Maternal Needs

Curriculum of Healthy Heart Plus II (in partnership with City of Richmond)

Curriculum Content

PERSONAL DEVELOPMENT:

- Household Budgeting, Financial Planning
- Your rights to Medicaid service
- Successful single parenting
- Linking your future through education
- “Self As Sacred” approach
Community Engagement as a solution

Environmental Scan

Community Input

Collaboration

Commitment
Relationships, Trust and Input

Planned Community Engagement
Alameda County Health Department
in partnership with
West Oakland Health Council

- Community Assessment
- Community Input
- Communication Plan
- Network: 48+ orgs
- Culturally-appropriate curriculum
Summary

- Learn and address community needs
- Integrate services
- Engage community and partners

Remove Barriers to Care

- Virtual support and social media
- Transportation vouchers
- Prizes and supplies
- Family meals and snacks
- Family involvement, all welcome
- Childcare for siblings
- Trained peer and professionals
- Phone and text support warmlines
- Home and hospital visits
Thank You!