

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Finger Lakes Breastfeeding Partnership

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- | | | | | |
|---|---|---|---|--|
| <input checked="" type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input checked="" type="checkbox"/> Coalitions and Partnerships | <input checked="" type="checkbox"/> Communications/Public Relations |
| <input checked="" type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input checked="" type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

Yes. The Finger Lakes Breastfeeding Partnership has implemented several evidence based strategies to increase breastfeeding initiation, exclusivity, and duration throughout the Finger Lakes region. One practice includes the establishment of 6 Baby Cafes throughout the region. Baby Café is a turn-key, evidence based program model, providing increased access to care (Certified Lactation Counselors (CLCs)) in underserved communities. More information on Baby Café USA can be found here <http://www.babycafeusa.org/>.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|---|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input checked="" type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

The Finger Lakes Breastfeeding Partnership (FLBP) is a regional committee, composed of eight counties in rural upstate New York (Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Livingston, and Chemung). The Partnership was first established by the Ontario County Public Health Department and was then expanded, through the S2AY Rural Health Network, to all eight counties. Six of the eight counties are well over 50% rural in nature (Livingston, Schuyler, Seneca, Steuben, Wayne, and Yates) with the overall region being 52.21% rural (Data Source: US Census Bureau, Decennial Census: 2010. Source geography: Tract). Mothers within this region not only struggle with accessing services due to the rural nature of the area, but they also must deal with the lack of providers themselves within the region. All of the eight counties have a HPSA designation or Healthcare Professional Shortage Area. Four of the seven counties (Livingston, Ontario, Schuyler, and Wayne) have an underserved population that is more than 23% higher than the state rate (53.21%) (Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: April 2014. Source geography: HPSA). Approximately 95% of the population is Caucasian, and approximately 98% is English speaking (Data Source: US Census Bureau, 2010). There are however slightly higher concentrations of Hispanics/Latinos (mostly farm workers) in the northern Finger Lakes region, African Americans in the City of Elmira (Chemung County), and Amish and Mennonites throughout most of the Network area. The highest birth rates are among the Mennonite, Amish and Latino populations, which are served through existing programs. With lengthy distances between providers and limited access to public transportation, mothers (particularly low income mothers) within this region struggle to obtain the help and support they need to continue breastfeeding if they are having difficulty. Overall, the work of the FLBP strives to address the Public Health issue of chronic disease, specifically obesity. Breastfeeding is linked to better health outcomes and reduced obesity rates in both mothers and babies. The FLBP has made significant strides in increasing support for breastfeeding mothers, reducing the stigma around breastfeeding, and encouraging local businesses and hospitals/clinics to become breastfeeding friendly throughout the Finger Lakes region. Overall objectives of the FLBP are outlined in their workplan and include increasing the proportion of Finger Lakes region infants who are fed any breastmilk in the hospital by 10% and increasing the breastfeeding rate in WIC mothers by 10%. Implemented activities include providing trainings to daycares to become New York State Department of Health (NYSDOH) Breastfeeding Friendly Certified, working with practices to become NYSDOH Breastfeeding Friendly Certified, opening six Baby Cafes throughout the region, certifying additional Certified Lactation Counselors (CLCs) throughout the region, working with worksites to implement lactation policies, and promoting breastfeeding as a social norm through various media campaigns (flyers, posters, press releases, Facebook advertising). Since the expansion of the FLBP in 2013, 43 CLCs have been trained and certified, 1 practice has become NYSDOH Breastfeeding Friendly Certified, 11 daycare centers are now NYSDOH Breastfeeding Friendly Certified, 41 daycare homes are now NYSDOH Breastfeeding Friendly Certified, 6 worksites have implemented lactation policies, and the FLBP Facebook page has solicited 830 "likes" with posts reaching over 4,000. Looking at the region as a whole, infants fed any breastmilk in the hospital increased 2.1% from 2013 to 2014. Although we were not able to reach our original goal of a 10% increase, we are confident that we will see an even larger increase when more recent data is available. Our second goal was to increase breastfeeding in WIC mothers by 10%. Overall, there was an increase of 1.6% throughout the region from 2013 to 2014. Although we were not able to reach our goal of a 10% increase regionally, when looking at the individual WIC agency regions, SPCC WIC (services Ontario, Seneca, Wayne, and Yates Counties), increased 26.5% from 2013 to 2014. This is very encouraging, considering peer counselors from SPCC WIC and several providers within these counties were trained as CLCs through the FLBP during this time period. The Public Health impact of this practice is vast. The FLBP works as a multi-disciplinary, collaborative group, to make strides toward shared objectives throughout the region. Public Health is the leader of this initiative, bringing in partners from all sectors of the community (faith based, county agencies, community based organizations, community members, providers, etc.). Through this practice, breastfeeding rates have increased throughout the region, which will in part, help to increase positive health outcomes and reduce the prevalence of chronic disease in the region. The FLBP does not have a webpage itself, but it has a very active Facebook page with more than 830 "likes" - <https://www.facebook.com/FLBreastfeeding/>.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
 - What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
 - What has been done in the past to address the problem?
 - Why is the current/proposed practice better?
 - Is current practice innovative? How so/explain?
 - Is it new to the field of public health
- OR**
- Is it a creative use of existing tool or practice:
 - What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

The Public Health issue addressed by this practice is chronic disease, specifically obesity. The target population of this practice are the low income and underserved women within the eight county region of the Finger Lakes Breastfeeding Partnership (FLBP). The region includes Steuben, Seneca, Schuyler, Ontario, Wayne, Yates, Chemung, and Livingston Counties. Six of the eight counties are well over 50% rural in nature (Livingston, Schuyler, Seneca, Steuben, Wayne, and Yates), with the overall region being 52.21% rural (Data Source: US Census Bureau, Decennial Census: 2010. Source geography: Tract). With lengthy distances between providers and limited access to public transportation, low income mothers within this region struggle to obtain the help and support they need to continue breastfeeding if they are having difficulty. Mothers within this region not only struggle with accessing services due to the rural nature of the area, but they also must deal with the lack of providers themselves within the region. Seven of the eight counties have a HPSA designation or Healthcare Professional Shortage Area. Four of the seven counties have an underserved population that is more than 23% higher than the state rate (53.21%) (Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: April 2014. Source geography: HPSA.). Mothers within the region also struggle with poverty. Half of the counties have over 30% of their population at or below 200% of the Federal Poverty Level, with each of these counties over 5% higher than the New York State rate (Chemung, Seneca, Steuben, and Yates) (Data Source: US Census Bureau, American Community Survey: 2008-12. Source geography: Tract.). Although a majority of the population is Caucasian, there is a significant migrant farm worker population. A representative from Finger Lakes Community Health (formerly Finger Lakes Migrant Health) is active in the Partnership and plays a vital role in connecting the Partnership with this population. More diverse populations can be seen in Chemung, Seneca, and Wayne counties. As shown through the data above, this region covered by the Partnership is grossly underserved. Mothers are struggling with long travel times, tight budgets, and limited providers to choose from. Through this practice, more peer and professional support has been brought to this area to help mothers. The FLBP was first established by the Ontario County Public Health Department and was then expanded, through the S2AY Rural Health Network, to all eight counties (Steuben, Schuyler, Seneca, Ontario, Wayne, Yates, Livingston, and Chemung). Through the Community Health Assessment process, facilitated by the S2AY Rural Health Network, it was identified that all Network counties chose to focus on preventing chronic disease, more specifically, obesity. According to the Centers for Disease Control and Prevention (CDC), more than 1/3 of the US adults are obese. Trends in childhood obesity have been dramatically increasing as well. According to the State of Obesity, a Robert Wood Johnson Foundation project, childhood obesity rates have tripled since 1980 in the 2-19 age population. With the strong correlation between breastfeeding and reduced obesity rates later in life, all of the counties included breastfeeding efforts within their Community Health Improvement Plans. The Community Health Assessment process was completed using the Mobilizing for Action through Planning and Partnerships (MAPP) Process. Through the MAPP process, obesity was identified as a priority area to be addressed, and increasing breastfeeding rates was chosen as a strategy to reduce obesity. This is a new field for Public Health, addressing obesity through increasing breastfeeding. In the past, Public Health has focused on education and promotion to impact population health. This practice uses evidence based activities to increase breastfeeding rates. One of the activities of the Partnership includes the opening of six Baby Cafes throughout the region. Baby Café is a turnkey, evidence based program. Data for 2015 through Baby Café USA can be found here, <file:///C:/Users/HBAnd/Downloads/annual-report-2015.pdf>. The Partnership also models their workplan from guidance provided by the NYSDOH and other national initiatives, including the Prevention Agenda (https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/), Healthy People 2020 (<https://www.healthypeople.gov>), and the Business Case for Breastfeeding (<https://www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html>).

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Overall objectives of the FLBP are outlined in their workplan and include increasing the proportion of Finger Lakes region infants who are fed any breastmilk in the hospital by 10% and increasing the breastfeeding rate in WIC mothers by 10%. Implemented activities to achieve these objectives included providing trainings to daycares to become New York State Department of Health (NYSDOH) Breastfeeding Friendly Certified, working with practices to become NYSDOH Breastfeeding Friendly Certified, opening six Baby Cafes throughout the region, certifying additional Certified Lactation Counselors (CLCs) throughout the region, working with worksites to implement lactation policies, and promoting breastfeeding as a social norm through various media campaigns (flyers, posters, press releases, Facebook advertising). Additional steps taken to implement this practices include the submission of several grants through various funding sources including NACCHO, the New York State Health Foundation, the Greater Rochester Health Foundation, the NYSDOH, and several local organizations. The timeframe that we are reporting for this practice is January 1, 2013 through December 31, 2014. Other stakeholders involved in this project include local hospitals and providers, La Leche League, NYSDOH, Child & Family Resources, WIC, Federally Qualified Health Centers, Carenet Pregnancy Resource Center, community members, faith based organizations, local CLCs, local midwives and doulas, and Child and Family Resources. Do foster collaborations between community stakeholders, Public Health actively reaches out to any/all organizations that work with mothers and children. One of the most robust relationships that was created through this practice was between Public Health and Child and Family Resources. Child and Family Resources houses two of the Baby Cafes established by the Partnership. This relationship helped to establish these Baby Cafes, while bringing promotion Child and Family Resources, further helping their program and connecting mothers to much-needed services. There was no cost associated with expanding the Partnership, but some of the activities required funding. To establish each Baby Cafe was \$900 (\$400 licensing fee, \$350 training fee, and \$150 annual renewal fee) for a total of \$5,400. Additionally, we trained 43 Certified Lactation Counselors (CLCs) to staff the Baby Cafes, which costs \$800 per CLC (total of \$34,400). All partnership members provided in-kind support to reach out to practices and daycares, to promote and share information/messaging, and the time for CLCs to staff the Baby Cafes.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

Our first overall objective was to increase the number of women breastfeeding at hospital discharge by 10% and increase breastfeeding in WIC mothers by 10%. With all of the activities/outcomes listed above and ensuring that Certified Lactation Counselors in Public Health and hospitals work to increase breastfeeding initiation and longevity, we did see an increase in breastfeeding rates in the hospital. As seen in the chart below, most of the individual county rates improved from 2013 to 2014 (project period). Looking at the region as a whole, breastfeeding at hospital discharge increased 2.1%. Although we were not able to reach our original goal of a 10% increase, when more recent rates are available, we are confident that we will see an even larger increase. With all of the work we have been able to accomplish during this project period and work that will continue for years to come (through policy/practice change, ongoing Baby Cafe meetings, and increased capacity within the workforce), we expect to meet and exceed our target within a few short years.

Breastfeeding Rate at Time of Hospital Discharge (any breast milk) 2013 2014 % change Chemung 71.1% 74.6% 4.9% Ontario 79.9% 82.1% 2.8% Schuyler 75.9% 78.6% 3.6% Seneca 77.5% 77.5% 0.0% Steuben 75.3% 75.5% 0.3% Wayne 81.0% 80.0% -1.2% Yates 80.3% 82.9% 3.2% Average 77.1% 78.7% 2.1% *Data Provided by NYSDOH and Local Public Health Departments. Additionally, breastfeeding rates have been increasing within the region overall, with 2014 being the highest rate in almost 10 years. Our second overall goal was to increase breastfeeding in WIC mothers by 10%. As seen in the chart below, overall, there was an increase of 1.6% throughout the region from 2013 to 2014. Although we were not able to reach our goal of a 10% increase regionally, when looking at the individual WIC agency regions, SPCC WIC (services Ontario, Seneca, Wayne, and Yates Counties), increased 26.5% from 2013 to 2014. This is very encouraging, considering peer counselors from SPCC WIC and several providers within these counties were trained as CLCs through this project. Also, as seen in the chart below, there was a significant drop in breastfeeding rates in Steuben County during this time period. At first this may seem alarming, but in a rural county such as Steuben, numbers are very low, a change in only a few mothers can look very large statistically. Overall, with our continued efforts (Baby Cafes, policy change, increased capacity), we expect these numbers to continue to increase throughout the region. Percentage of WIC Mothers Breastfeeding (any breast milk) 2013 2014 % Change SPCC WIC (Ontario, Seneca, Wayne, Yates) 16.6% 21.0% 26.5% Chemung County Dept. of Health (Chemung & Schuyler) 17.4% 18.0% 3.4% ProAction (Steuben) 21.4% 17.4% -18.7% Region Total 18.5% 18.8% 1.6% *USDA/FNS Supplemental Food Programs Division, WIC Breastfeeding Data Local Agency Reports, FY 2013 & FY 2014 The Partnership also met several times to share lessons learned regarding the Baby Cafes and efforts implemented through this project. Modifications were made to Baby Cafe practices to try to boost attendance at Cafe meetings. Some modifications including changing Cafe meeting times, changing locations, and co-locating services to where mothers are already going.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Several measures have been considered around the sustainability of this practice. Measures include Partnership meetings held monthly (opportunities/ideas continually shared and best practices identified), applications to additional funding sources are submitted on an ongoing basis (any identified possible sources are applied to), and staff for Baby Cafe sites are built into employees daily work (there are no "paid" staff). The largest sustainability piece for this practice was building the Baby Cafe staff into employees regular work, this has really carried the effort on after grant funding ended. Additionally, although it does not directly/monetarily support the sustainability of the Baby Cafe sites, community support for breastfeeding and environmental change play a large role in long-term sustainability. Constantly promoting breastfeeding as a social norm helps to start conversations, bring in new mothers, and change the community as a whole – to collectively support breastfeeding mothers. Lesson learned around partner collaboration include reaching out to any/all partners. The Partnership has included any/all organizations that work with mothers in our efforts and this has opened doors that were not readily available. There is sufficient stakeholder commitment to sustain this practice. Grant funding for the Baby Cafes ended almost a year ago and the Cafes are still going strong, gaining attendance steadily. The Partnership continues to bring in partners, almost monthly there are new members attending meetings. These new partners have been able to bring additional resources to Cafe sites and helped to spark new ideas for sustainability and ways to further the objectives/goals of the Partnership.

Additional Information

How did you hear about the Model Practices Program?: *

☐ I am a previous Model Practices applicant

☐ At a Conference

☐ NACCHO Website

☐ Public Health Dispatch

☐ Colleague in my LHD

☐ Model Practices brochure

☐ NACCHO Exhibit Booth

☐ NACCHO Connect

☐ Colleague from another public health agency

☒ E-Mail from NACCHO

☐ NACCHO Exchange