

Strengths and Challenges of the Alaska WIC Breastfeeding Peer Counselor Program: A Qualitative Study of Program Implementation

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ABSTRACT

Objective: To explore the implementation of a breastfeeding (BF) peer counselor (BFPC) program with Alaska *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC).

Methods: The study used focus groups, surveys, and interviews, with transcripts analyzed in Atlas.ti and survey data summarized in Microsoft Excel.

Results: Respondents included 33 interviewed WIC staff and BFPCs, 25 clients in focus groups, and 129 surveyed clients. Common themes included BFPCs' innovative use of texting and online support groups assisting WIC clients' BF success. The BFPCs' knowledge, accessibility, and relatability were identified as positive program elements. Challenges included BFPCs' limited hours, funding, and in-person contact with clients, and confusion about the BFPCs' role. The BFPCs and staff also described unique documentation strategies, BF training, and perceived supports of barriers to WIC clients' BF.

Conclusions and Implications: The implementation of a BFPC program in Alaska WIC revealed novel documentation and outreach strategies, including texting and online support groups. Findings may be translatable to other peer counseling programs.

Key Words: Alaska, community health workers, breastfeeding, *Special Supplemental Nutrition Program for Women, Infants, and Children*, support groups (*J Nutr Educ Behav.* 2017; ■:1-9.)

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INTRODUCTION

Breastfeeding (BF) improves the health of both infants and mothers. Benefits include the decreased risk of childhood obesity and diabetes, reduced risk of maternal diabetes and breast cancer, and increased mother-child bonding.¹ Breastfeeding peer counselors (BFPCs) are usually recruited and hired from within the populations they serve, and are paid paraprofessionals who support clients to initiate and continue BF.

Numerous randomized controlled trials have documented that interventions with BFPCs increase BF initiation, duration, exclusivity, and positive mother and child outcomes¹⁻³ and were perceived positively by both mothers and BFPCs.^{4,5} After documenting BFPCs' effectiveness in randomized controlled trials, the next stage of research is that of implementation science: the study of strategies used to deploy evidence-based interventions in a specific context.⁶

The *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) program is uniquely positioned to support and promote BF among US individuals vulnerable to low BF rates, because WIC serves a population challenged by disparities in BF initiation and duration.⁷⁻⁹ A key component of WIC BF promotion and support is BFPCs employed to "increase breastfeeding initiation and duration rates for WIC participants, as well as to increase community support for WIC participants who breastfeed."¹⁰ This article explores strategies used to implement a BFPC program among Alaska WIC clients, including program strengths and challenges, and perceived barriers to and supports of clients' BF. In 2015, 5 of 13 WIC sites in Alaska employed BFPCs. These 5 sites included Alaska's diverse urban centers of Anchorage and Fairbanks, the rural communities of Bethel, Juneau, and Homer, and clients served remotely through rural clinics. Alaska WIC BFPCs worked with a broad spectrum of clients, including military families stationed

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on bases, Alaska Native mothers in rural areas, fundamentalist religious communities, and diverse urban populations. Supporting WIC clients in Alaska requires innovation, with 13 sites serving over 21,000 clients scattered throughout a geographic area more than twice the size of Texas.⁹ Alaska WIC clients are diverse; one third of infants are identified as Alaska Native or American Indian.⁹ Whereas Alaska WIC clients have lower BF initiation and duration rates than the general national averages (36.6% of Alaska WIC infants breastfed through 6 months in 2014, compared with 51.8% of all infants nationwide^{8,9,11}), Alaska WIC BF rates are well above the national WIC average; in 2014, 27.0% of nationwide WIC clients breastfed for at least 6 months.⁹

Alaska WIC began a BFPC program in 2005, with new sites added to the program through 2011. The Alaska WIC BFPC program recruited and hired BFPCs who successfully breastfed for at least 6 months and were among the WIC client population. Alaska WIC BFPCs were employed to encourage BF initiation and duration among a caseload of WIC clients, and were expected to work about 10 h/wk outside normal business hours. Given the gradual roll-out of the program, and few sites, power was limited to determine statistically significant change in BF rates before and after implementation. Consequently, this qualitative study was conducted to explore program implementation, including challenges encountered, and innovative strategies used by Alaska's BFPCs to support BF.

METHODS

Context

The Alaska WIC staff identified studying implementation of the Alaska WIC BFPC program to be a research priority. Using a community-based participatory action research framework, the study was co-designed by academic researchers and WIC staff, including co-development of the research design, interview, and focus group guides, and consultation on interpretation of findings. As part of the Harvard T. H. Chan School of Public Health course, Community-Based Participatory Action Research, 3 students worked with Alaska BFPCs and

WIC staff, with instructor supervision and input, to develop the study design and data collection tools. Data collection tools were developed in an iterative process, in alignment with a logic model jointly created to inform the study. Tools were drafted by academic members of the research team in response to initial open-ended input from BFPCs on program evaluation; then they were refined through subsequent reviews by WIC staff, BFPC, and academic members. The study design explored constructs of Social Cognitive Theory, which posits that human behaviors are the product of personal, behavioral, and environmental influences.¹² Study questions inquired about perceptions of WIC clients' self-efficacy, collective efficacy, self-regulation, and the tools, resources, and environments that make BF easier or more challenging (Table 1).

To examine program implementation challenges and strengths, data were collected from multiple perspectives, including WIC clients, BFPC counselors, and WIC staff members. A doctoral student was instrumental in

developing the study design and data collection tools; a qualitative researcher with over a decade of experience and not affiliated with Alaska WIC, the researcher also traveled to each of the 5 Alaska WIC BFPC sites in summer, 2015 to conduct the focus groups and interviews, attain the client survey data, and analyzed and summarized the data. The study was reviewed and found to be exempt by the Harvard T. H. Chan School of Public Health Institutional Review Board (IRB), the University of Alaska Anchorage IRB, and the Simmons College IRB.

Focus Groups

Alaska WIC BFPCs identified clients as potential focus group participants in 4 of the 5 Alaska WIC BFPC sites. A total of 5 focus groups were completed in June and July, 2015 (2 focus groups were conducted at 1 site). In alignment with a community-based participatory action research approach, Alaska WIC BFPCs identified recruitment strategies that best fit their site and client

Table 1. Alaska Special Supplemental Nutrition Program for Women, Infants, and Children BFPC Study Questions and Social Cognitive Theory Constructs

Social Cognitive Theory Construct	Focus Group Guide	Interview Guide	Client Surveys
Self-efficacy	What has made a difference for your BF?	How do you support BF dyads?	Why did you stop BF?
Collective Efficacy	What do you think supports/prevents women to initiate/continue to breastfeed?	What do you think supports or prevents clients from initiating/continuing to breastfeed?	
Self-regulation	What do you do if you have questions or concerns about BF?	How do you measure success in your work?	
Tools/resources/environments	What are some of the successes or challenges of the BFPC program?	What are some of the successes or challenges of the BFPC program?	Did working with a BFPC help you to breastfeed longer? What might have helped you to breastfeed longer?

BF indicates breastfeeding; BFPC, BF peer counselor.

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