

Partnering4Health
Policy, Systems, and Environmental (PSE) Approach to
Promoting Community and Clinical Linkages Through Breastfeeding

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population’s health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> ▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. ▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health. ▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives. 	<ul style="list-style-type: none"> ▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. ▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. ▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy. 	<ul style="list-style-type: none"> ▪ Environmental change is a change made to the physical environment. ▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens. ▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).

Adapted from Cook County Public Health: <http://www.cookcountypublichealth.org/files/cppw/pse%20change.pdf>

Communities funded through the Partnering4Health project chose to work on one or more priority areas and focused their PSE approaches on a range of activities (Table 1). Creating sustainable, effective linkages between the clinical and community settings can improve patients' access to chronic disease prevention and management services by developing partnerships between organizations that share a common goal of improving the health of people and the communities in which they

Strategy	AHA	APA	NWA
Healthy Foods & Beverages	30	21	32
Physical Activity	11	27	0
Smoke-free Environments	6	0	0
Clinical Linkages	0	0	32

live. These linkages connect clinical providers, community organizations, and public health agencies such as WIC. Three models of clinical-community linkages used by local WIC agencies included coordinating services onsite at one primary location such as a hospital or health department, coordinating services between providers at different locations, and developing ways to refer patients to resources. Strategies that improve access to clinical preventive services (such as screening and counseling), community-level activities, and appropriate medical treatment have been shown to reduce and prevent chronic disease in communities. With this in mind, some NWA communities chose to strengthen community and clinical linkages by leveraging the experience of WIC agencies in promoting and supporting breastfeeding.

Traditionally, local WIC agencies focus on direct client services for low income mothers and children. Although most WIC agencies were unaccustomed to working on systems and policy changes, they used a wide variety of approaches to promote and support breastfeeding in their respective communities (Table 2).

<ul style="list-style-type: none"> ▪ Providing window decals to restaurants that agree to be "breastfeeding friendly" 	<ul style="list-style-type: none"> ▪ Creating a toolkit for local businesses with guidelines for supporting breastfeeding moms
<ul style="list-style-type: none"> ▪ Assessing health care providers' baseline knowledge about breastfeeding 	<ul style="list-style-type: none"> ▪ Creating and distributing a breastfeeding toolkit to health care providers
<ul style="list-style-type: none"> ▪ Providing Certified Lactation Counselor trainings 	<ul style="list-style-type: none"> ▪ Partnering with the county health department
<ul style="list-style-type: none"> ▪ Setting up Nursing Stations with resources about how to talk about breastfeeding 	<ul style="list-style-type: none"> ▪ Identifying breastfeeding friendly areas in government buildings
<ul style="list-style-type: none"> ▪ Working with partners to establish lactation rooms at local businesses and community organizations 	<ul style="list-style-type: none"> ▪ Partnering with a local musician to promote breastfeeding using jingles set to the tune of local New Orleans music
<ul style="list-style-type: none"> ▪ Conducting a breastfeeding symposium with guest speakers, health professionals, and parents of young children 	<ul style="list-style-type: none"> ▪ Creating scripts to normalize breastfeeding discussions and language
<ul style="list-style-type: none"> ▪ Collaborating with area hospitals to send peer counselors into maternity wards 	<ul style="list-style-type: none"> ▪ Initiating a rotation for pediatric residents through a WIC clinic that includes shadowing lactation counselors

Although the timeframe to complete projects was short, several communities experienced success in their efforts to promote and support breastfeeding. Experience showed that keys to success

Many of the breastfeeding women who participated in the projects gained a sense of power. Hospitals and clinics changed some of their practices, and one obstetrician opened a breastfeeding clinic.

included the quality of interpersonal relationships, collaboration with nontraditional partners, leveraging existing resources, being flexible, getting and using input from those being served, reaching beyond the point of entry for services, providing support to larger organizations and healthcare providers, inviting WIC clinics into the teams, and removing silos between partners. New partners in creating breastfeeding-friendly practices and spaces included hospitals, clinics, mental health agencies, and a community college. Understanding the community and its system of supports for young mothers led one rural

community to focus on the elders rather than mothers. Gaining elders' support and encouragement for their biological and "adopted" daughters created a supportive cultural milieu.

In Richmond VA, a social media campaign was launched to raise support for breastfeeding mothers. The campaign was sponsored by the Richmond Health Action Alliance, a coalition funded by the Virginia Foundation for Healthy Youth and administered by the Richmond Healthy Start Initiative, a division of Richmond Department of Social Services.



"African-American mothers face particular challenges when it comes to breastfeeding, like a lack of culturally appropriate resources and support. This campaign highlights those challenges and recognizes community change-makers who are helping our most vulnerable families reach their breastfeeding goals."

*Rose Stith-Singleton, Richmond
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Director*