

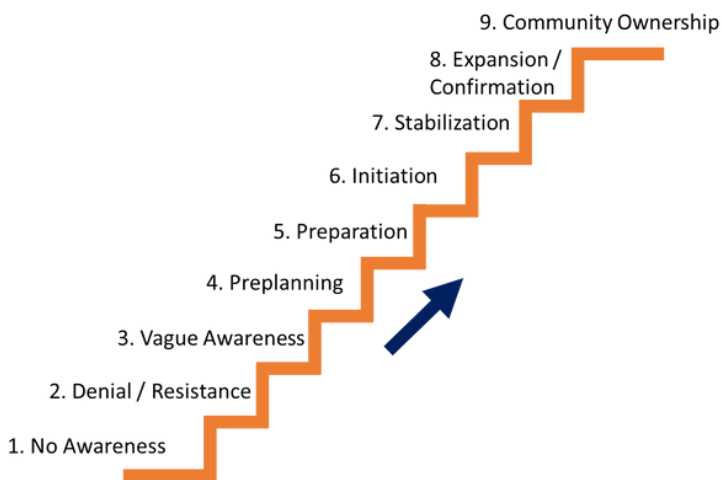
NEW HAVEN COMMUNITY READINESS ASSESSMENT ON BREASTFEEDING

Conducted by the Community Alliance for Research and Engagement, November 2020 - June 2021

Goals of Community Readiness Assessment

1. Assess how breastfeeding-friendly New Haven is, now and at the end of the REACH grant, to determine change over time.
2. Help Breastfeeding Task Force determine the most relevant program or policy changes to improve breastfeeding friendliness.

Stages of Community Readiness



Overall Community Readiness Score: 4.2

Dimension	Readiness Level	Range	Readiness Stage
Community Knowledge of Efforts	4.3	1-8	Preplanning
Leadership	4.4	4-7	Preplanning
Community Climate	4.2	1-9	Preplanning
Knowledge of Issue	4.5	3-7	Preplanning
Resources Related to the Issue	3.3	1-7	Vague Awareness
Overall Community Readiness Score	4.2		Preplanning*

What Does a Score of 4.2 Mean?

* According to The Community Toolbox,¹ "preplanning" means that "there is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed."

1. No awareness. Issue is not generally recognized by the community or leaders as a problem.
2. Denial/ resistance. At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
3. Vague awareness. Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
4. Preplanning. There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
5. Preparation. Active leaders begin planning in earnest. The community offers modest support of their efforts.
6. Initiation. Enough information is available to justify efforts. Activities are underway.
7. Stabilization. Activities are supported by administrators or community decision-makers. Staff are trained and experienced.
8. Confirmation/ expansion. Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
9. High level of community ownership. Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.

Ways to Improve Breastfeeding Support in New Haven, as Pointed Out by Community Readiness Assessment Interviewees

Theme #1: Eliminate Pressure Coming from Healthcare Settings

- Reduce barriers to breast/chestfeeding when returning to work, pressures on moms to formula feed, and the marketing of baby formula in healthcare settings

Theme #2: Make More Spaces to Breast/Chestfeed

- Increase the number of opportunities and spaces for breast/chestfeeding
- Expand the availability of breast/chestfeeding education

Theme #3: Broaden How and to Whom We Promote Breast/Chestfeeding

- Consider reframing the importance of breastfeeding. For example: "Globally, only 39% of infants are exclusively breastfed, yet increasing breastfeeding rates universally could save over 800,000 infant lives per year"^{1,2,3}
- Ensure breast/chestfeeding education and access is expanding in all communities, and especially those where individuals' jobs or other life experiences might pose a barrier to being able to dedicate adequate time to breast/chestfeeding

Community Readiness Score Breakdown by Area of Community Readiness and Sector of Community Interviewed

