Louisiana WIC Program

Audience Analysis

May – June 2013

NONPROFIT impact™

Integrated strategy • Real results

Introduction and Overview

Purpose

The purpose of the Louisiana Women, Infants, and Children Program's (WIC) community engagement plan (the plan) is to increase the percentage of WIC participants who engage in the desired behavior of breastfeeding.

The first step in creating the community engagement plan is completing the audience analysis. The audience analysis provides a deep understanding of:

- WIC participants
- Their needs and interests relative to breastfeeding, nutrition, and obesity prevention
- Related obstacles and opportunities

The audience analysis informs the strategies of the community engagement plan. The community engagement plan identifies specific target markets and strategies to engage those markets in the desired behavior.

Methodology

- The audience analysis is informed by:
  - Phone interviews with 12 staff members and 16 external partners and content area experts (N = 28)
  - Site visits and onsite observation in nine WIC clinic facilities in four regions (Regions 1, 2, 7, and 8); visits included observation time in waiting areas, observation of four certifications, three education classes, one postpartum day, and one baby shower
  - In-person interviews/ conversations with over 20 frontline WIC staff members and approximately 35-45 WIC participants
- The analysis is also informed by a review of Louisiana WIC materials and data, extensive secondary research, and Nonprofit Impact's experience working with public health programs nationwide and completing many similar audience and market analyses

Frameworks

The Socio-Ecological Model

The socio-ecological model considers public health issues at five levels:

- Individual
- Interpersonal
- Organizational
- Community
- Policy/ Environment

Surgeon General's Call to Action

Mirroring the multiple levels of the socio-ecological model, the Call to Action identifies five levels where change is needed to support breastfeeding:

- Mothers and their Families
- Health Care
- Employment
- Research and Surveillance
- Public Health

Healthy People 2020 Breastfeeding Goals

Objective	Baseline	2020 Target
Increase the proportion of infants who are breastfed:	(2006 births)	
Ever	74.0%	81.9%
At six months	43.5%	60.6%
At one year	22.7%	34.1%
Exclusively through three months	33.6%	46.2%
Exclusively through six months	14.1%	25.5%
Increase the proportion of employers that have worksite lactation support programs	25.0% (2009)	38.0%
Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life	24.2% (2006 births)	14.2%
Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies	2.9% (2009)	8.1%

Audience Analysis – Current Situation

Trends

- WIC participation down nationwide and in Louisiana
  - In FY 2012, 8.9 million WIC participants nationwide (slightly less than FY 2011)
  - USDA's increase in food assistance expenditures is slowing across all programs (up 3% in FY 2012; the slowest rate of increase since FY 2007)
  - In Louisiana, participation fell by 6.72% between FY 2010 and FY 2012

- Decline in U.S. birth rates (source: Population Reference Bureau)
  - Total fertility rate declined from 2.0 births per woman (2009) to 1.9 (2010)
  - Historically, the effects of economic recession on fertility rates last 2-5 years
  - Fertility rates of Hispanic and African American women have declined steadily over the past 20 years (from 3.0 and 2.5 respectively (1990) to 2.4 and 2.0 (2010))

- Increase in promotion of breastfeeding nationwide
  - Surgeon General's Call to Action
  - The Healthy, Hunger-Free Kids Act of 2010
  - Baby-friendly hospital and similar efforts
  - Affordable Care Act
    - Requires health plans cover breastfeeding support and supplies without co-pay
  - National WIC focus on breastfeeding
    - WIC efforts have served to increase the percentage of WIC infants reported as breastfed 1.5% from FY 2010 to FY 2011 nationwide (0.8% full; 0.6% partial)
    - In the Southeast region, WIC infants reported as breastfed increased from 20.0% to 23.5% during the same time period

- Disparities persist
  - Louisiana's breastfeeding rates are the second lowest in the U.S. (53.5% infants ever breastfed) (Source: Kaiser Family Foundation; 2010 Breastfeeding Report Card)
  - Within WIC, the Southeast region's rate of 23.5% falls below U.S. rate of 28.2%
  - Louisiana WIC's mean rate is second lowest: 7.9% (3.1% full; 4.9% partial)

Prevalence of Breastfeeding (Source: CDC; National Immunization Survey, 2004 – 2008)

Characteristic	#	United States			Louisiana			
		Initiation	6 Mo.	12 Mo.	#	Initiation	6 Mo.	12 Mo.
Total	100,930	73.4	41.7	21.0				
Race/Ethnicity (child)								
Hispanic	21,159	80.4	45.1	24.0	156	58.4	22.4	9.8
White, non-Hispanic	57,891	74.3	43.2	21.4	1,290	59.8	24.4	10.9
Black, non-Hispanic	11,476	54.4	26.6	11.7	556	31.8	13.6	3.8
American Indian/Alaska Native	3,359	69.8	37.1	19.4				
Asian or Pacific Islander	6,683	80.9	52.4	29.7				
Recipient of WIC								
Yes	43,730	66.1	32.7	16.5				
No (but eligible)	4,924	76.5	50.4	30.1				
No (not eligible)	47,497	82.2	51.7	25.5				
Mother's education								
<High school diploma or GED	11,889	66.2	35.9	19.9				
High school diploma or GED	21,372	65.2	31.7	15.7				
Some college	23,792	74.8	40.5	19.7				
College graduate	43,877	85.4	56.5	28.6				
Mother's age (yrs)								
<20	2,188	53.0	19.3	8.1				
20-29	36,304	69.0	33.8	16.2				
≥30	62,438	77.5	48.5	25.4				

Louisiana WIC Overview

- Provides supplemental foods, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk (Source: USDA)
- 106 WIC clinics operate in Louisiana: 66 health unit sites; 40 contracted sites

Program Participation

Participation	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Total	141,704	148,747	155,619	150,051	145,346
# Change		+7,043	+6,872	-5,568	-4,705
% Change		+4.97%	+4.62%	-3.58%	-3.14%

- WIC participation down in last two years
  - Mirrors declines in birthrate and WIC participation nationwide
- Frontline staff report an increase in lower middle class participants who often enter WIC following a layoff and leave the program once they secure new employment

Program Participation During Pregnancy and Breastfeeding Initiation by Region

Region	# with WIC food while pregnant	# Births (total)	% with WIC food while pregnant	# WIC BF at discharge	% WIC BF at discharge
Region 1	5,495	11,110	49.46%	2,752	50.08%
Region 2	3,518	8,946	39.32%	1,381	39.26%
Region 3	2,896	5,385	53.78%	999	34.50%
Region 4	4,748	8,161	58.18%	1,849	38.94%
Region 5	2,396	3,955	60.58%	1,294	54.01%
Region 6	2,600	4,259	61.05%	1,274	49.00%
Region 7	3,878	7,858	49.35%	1,412	36.41%
Region 8	2,792	4,913	56.83%	6,15	22.03%
Region 9	3,547	6,893	51.46%	1,989	56.08%
LA	31,970	61,480	52.00%	13,565	42.43%

Structure

- WIC state office is located within the Center of Preventative Health
  - Receives funding from USDA and reports statewide data
  - Houses finance and vendor operations, contracts management, clinical programs and training, CSFP, and information/ data management
  - Peer counselor program is housed at state level
- Contracted clinical sites are sponsored by a variety of different types of organizations
  - Some are "free standing" and others connected to an FQHC or hospital
  - Clinic directors usually have direct supervisory authority over their staff
  - Contracted sites overseen by regional nutritionists
- WIC clinics located in public health unit sites are more complex
  - Some staff are state employees and some are parish-paid
  - Nursing staff who deliver WIC services are overseen by nursing supervisors
  - Clerical staff are overseen by clerical supervisors
  - "WIC staff" – health educators, nutritionists, etc. – typically overseen by regional nutritionist
  - Some staff are contracted through AHEC – this model will be expanding beyond Region 1 in the next year

Staffing Pressure

- A cut in Medicaid spending resulted in a decision to close and consolidate some health units
- This has led to layoffs, early retirements, and staff reductions by attrition across all regions; reducing staffing for WIC and other programs offered at health units
- 2013 USDA grant award reflects some significant reductions, limiting options
- Decline in program participation is outstripped by staffing reductions

Others in Breastfeeding Promotion (State-Level)

- Louisiana Breastfeeding Coalition
  - Steering Committee includes state WIC Breastfeeding Coordinator
- Louisiana Lactation Consultant Association
  - Reports 92 IBCLCs in the state (2008)
- Maternal Child Health Coalition
  - Transition is in process; coalition is being dissolved
  - Louisiana Perinatal/MCH Foundation will continue its educational mission

- The GIFT
  - Quality improvement and certification program for Louisiana birthing facilities
  - A program of the Maternal Child Health Program
  - 23 "GIFT Certified" birthing facilities in the state (out of 58)
  - Nine interested in baby-friendly designation; effort to align GIFT and baby-friendly
- La Leche League of Alabama, Mississippi, and Louisiana
  - 12 volunteer-led groups in Louisiana
- Louisiana Public Health Institute (LPHI)
  - Houses a Maternal and Child Health Program
- Bayou Health plan providers
  - Community Health Solutions: offers Baby Solutions Maternity Program with maternity nurse educator and text4baby support
  - LaCare: offers Bright Start Program with LaCare manager making monthly support calls, transportation assistances, education, etc.
  - Louisiana Healthcare Connections: access to Start Smart for Your Baby Program (online information source)

Maternity Practices in Infant Nutrition and Care in Louisiana (2011)

- Only 16% of facilities adhere to guidelines against routine supplementation
- Only 24% of facilities have comprehensive breastfeeding policies in place
- Only 16% of facilities offer discharge care including a phone call, opportunity for follow-up visit, and referral to community support
- Only 20% of facilities report that most healthy full-term babies remain with their mothers for at least 23 hours/ day throughout hospital stay
- Two percent of breastfeeding patients received home visits vs. 18.7% national average
- About one half (49%) of breastfeeding patients were given discharge packets containing product marketing infant formula samples

Audience Analysis – Findings

(From interviews, approximate frequency order, segment differences noted.)

Describe WIC

- A (supplemental) nutrition program
- In terms of who is served
- "We provide…" (staff)
- Connect WIC to larger health outcomes (e.g., getting a healthy start)
- As an education program or providing educational services
- Promoters of breastfeeding

What is known about the issues and concerns of WIC participants?

- Providing best care possible for baby (staff)
- Baby being too small/ underweight (staff)
- Violence (in community and domestic violence) (external)
- Economic concerns (external)

Where do WIC moms get their information? (staff)

- Get them in, get them out (no time for classes/ education)
- Comments about passing out the breastfeeding information bags
- Family members
- Doctor

What other organizations, agencies, or services do they access? (staff)

- SNAP/ Medicaid
- Headstart
- Hospitals
- Community-based organizations

What does WIC offer that is distinct or unique?

- Food supplement is customized to meet needs of moms and children
- Vouchers
- Source of formula
- Education/ one-on-one interaction
- Peer counselor program (external)

How would WIC participants describe the role WIC plays for them?

- Supplemental nutrition for kids/ vouchers/ formula

What obstacles/ challenges hinder women from breastfeeding? (external)

- Breastfeeding goes against cultural norms
  - Emphasizing African American community
  - Lack of family support
  - Lone ranger
- Doctors, hospitals that aren't on board
- Insufficient culturally-appropriate messages and messengers
- Belief that baby can't survive on just breast milk
- Other misconceptions (pain; breasts seen as only sexual)

What works?

- Consistency of effort (both within WIC and across the system) (staff)
- Peer counselors; support group; mom-to-mom connections
- Cultivating community-level buy in
  - Being where the moms are
  - Working with other community agencies
  - Not planning everything else without engaging your audiences
- Selling the father on the benefits of breastfeeding (external)
- Getting the healthcare professionals on board (external)

What must WIC do?

- Address the misperceptions; challenge cultural norms
- Extra food is not an incentive
- Increase staffing levels in clinics and ensure accountability (staff)
- Get the medical community on board
- More education (one-on-one; pre-natal)
- Be where they are – social media, in the community (i.e., not just in clinics)
- Heighten the visibility of breastfeeding

Who MUST be involved?

- Doctors, healthcare providers, hospitals
- We need more staff (staff)
- Social media (external)

Misc. Advice (external)

- Brochures don't equal education
- Take into consideration the lifestyle of the participant (poverty, violence, transportation difficulties, etc.)
- Make it easy to find my local WIC contacts
- Pay attention to initiation and retention
- The average WIC client will be back at WIC in the future – they may not breastfeed the current baby, but you can still plant a seed
- Create "consumer demand" for best practices in the hospital
- Continuity of care between the hospitals and WIC is crucial

Misc. Issues (external)

- Access to pumps is a challenge in some areas
- Wait time in clinics
- It takes longer to process a breastfeeding mom (staff)
- Wait time for certification appointment (postpartum)
- Need to coordinate services (WIC offers a pump, some hospitals do, now Bayou health plans, etc.)
- In parts of the state, hospitals don't have anywhere in the community to refer

Audience Analysis – Markets

Total Potential Market (2012 Census)

Reg.	Total Pop.	Pop. Women 15-44	As % of Total Pop.	Med. Age of Women
1	868,482	101,600	11.7%	36.3
2	672,285	145,002	21.6%	39.0
3	404,806	110,996	27.4%	37.8
4	591,787	72,864	12.3%	38.0
5	294,447	135,530	46.0%	39.0
6	310,526	75,599	24.3%	38.7
7	550,841	109,783	19.9%	40.0
8	356,142	72,540	20.4%	39.5
9	552,577	108,165	19.6%	38.5
LA	4,601,893	932,079	20.3%	38.5

- The largest potential market could be defined as all women of child-bearing age in the state of Louisiana (932,079 women aged 15-44)
- This market is distributed in different proportions around the state, notably:
  - More than double the % of total population in Region 5 than average (women of child-bearing age and children under the age of five = **61.9%** of total population)
  - A larger % of total population in Regions 3 and 6 than average
  - A smaller % of total population in Region 1 than average

Demographic Comparison

Statistic	Region 1	Region 2	Region 7	Region 8	LA
Avg. Weekly Salary (Q1 2012)	$987	$869	$709	$563	$836
Income at/ below FPL (06-10)	16.8%	16.9%	22.2%	26.1%	19.1%
Education BA or higher (06-10)	17.6%	17.5%	15.6%	14.2%	15.4%
High school or higher (06-10)	79.6%	78.1%	79.2%	75.1%	77.6%
Total population (2010)	835,320	663,255	544,249	355,761	4,533,372
White	51.3%	53.8%	57.2%	59.9%	64.3%
Black/ African American	39.7%	41.2%	38.2%	37.3%	30.7%
Hispanic or Latino	9.1%	3.5%	3.0%	1.9%	3.7%
Asian	3.4%	2.1%	0.9%	0.7%	1.3%
Native American	0.5%	0.3%	0.9%	0.3%	0.8%
Two or More Races	2.0%	1.2%	1.7%	1.0%	1.6%
Some Other Race	3.1%	1.4%	1.1%	0.8%	1.4%
% WIC moms BF at discharge	50.08%	39.26%	36.41%	22.03%	42.43%

Market Findings by Region

Region 1

- Participants observed predominantly African American; more teenagers/ overall younger than participants observed in other regions
- Staff report most moms live with family and many are not working or in school
  - Some have "a wall" up and staff can't really connect
  - Some aren't very excited about their new baby
- Vast majority of participants using smartphones and/ or tablets in waiting room; majority have hair and nails done
- Participants very social – lots of chatting, laughing at both baby shower and in clinic waiting room
  - At baby shower, moms used smartphones to help another mom find a new OB (and a good shoe store near her apartment) in about five minutes; she had made an appointment at the new doctor in about ten minutes
- Reports of lack of family support as an obstacle to breastfeeding (e.g., my mom won't keep the baby unless he's on formula)
  - Staff see returning to work/ school as a time when breastfeeding drops off
  - Suspect that formula infers being well-off enough to afford it (i.e., breastfeeding means you're too poor to buy formula)
- Staff report that most common breastfeeding concerns include that it will hurt, that it's "nasty", formula is more convenient (someone else can feed the baby)
- Participants who have chosen to breastfeed don't anticipate pushback from family or community
  - Losing pregnancy weight, increasing baby's intelligence, and baby having a healthy start cited as breastfeeding benefits; want to provide what's best for baby
- Participants go online for information (text services, Google, apps); also turn to doctor and mother
- Researcher from Tulane reports that the "most likely to's" are 22-years or younger or over 35
- Baby shower really reinforced a "culture of breastfeeding"

Region 2

- Participants observed predominantly African American; age range ~16-40
  - Staff report trend of more older moms overall
- At clinic with female relatives (more proxies apparent than at other sites)

    - Many participants live with family members with grandmothers providing childcare
- Vast majority of participants using smartphones and/ or tablets in waiting room
- Participants cite concerns that breastfeeding will hurt, is “nasty”, or will not provide sufficient nutrition for their infants
    - Staff report many breastfeeding/ breastfeeding-interested moms are nervous about having too little breast milk and request formula as a “back-up”
- Participants who have chosen to breastfeed don’t seem to perceive/ are not bothered by signs of disapproval in the community (i.e., “Sometimes I get looks when I breast feed, but I’m covered up so it doesn’t matter”)
    - Losing pregnancy weight, increasing baby’s intelligence, and baby having fewer ear infections and illnesses cited as breastfeeding benefits
- Participants in postpartum education class appear comfortable with idea of telling their mother or other family member that giving their infant cereal is an outdated idea
- Participants go online for information (text services, Google, apps)
- Postpartum day had a certain energy – moms showing off their babies, sharing stories, etc. – lots of interaction in the waiting room
    - Moms *really* liked seeing where baby fell in weight and length percentiles
- Distinct differences between look and feel of health unit and contracted sites
    - Contracted site more modern, more private, nicer building
    - Health unit site cramped behind the scenes, more “DMV-like” check in

Region 7

- Participants observed more ethnically diverse than in Regions 1 or 2 (more white and Hispanic moms); a bit older than New Orleans
- More fathers/ significant others at clinic than in other regions
- Some moms live with family; but others have their own “bare bones” homes
- Lots of smartphones, but many fewer kids looking at screens (most toys, quiet playing, parents imposing rules than in other regions)
    - Girls are all dressed-up
    - Lots of junk food being consumed; bottles with formulas and juice (appointment wait times can be quite long)
- Staff report most common breastfeeding concerns reported include wanting father being able to feed the baby, pain, it’s “nasty”, unsupportive father/ significant other, breast milk won’t be sufficient

    - A concern about children being underweight (even when overweight) is a strong trend (0-5)
- Participants who breastfeed more likely to be older, more educated, more "settled"; Mexican/ Hispanic; family supports breastfeeding
    - Staff see returning to work/ school as a time when breastfeeding drops off
- Staff noted that rural health unit sites are quite different – poverty is higher; fewer transportation resources; staff and clients tend to have community connections

Region 9

- Participants observed predominantly African American (but not much more African American than white)
    - Staff predominantly white at sites visited
- Some fathers/ significant others present at clinic
- Staff describe region as very rural, significant poverty, highly mobile population in some areas
- Participants who work tend to do so in workplaces that aren't very breastfeeding friendly (fast food, factories, etc.)
- Fewest smartphones, but still more than half are using them in waiting areas
- Many (most?) participants appear to have come in groups (a few moms who are friends and all their kids)
    - Participants reticent to engage in conversation
- Staff observe that participants whose family is further away (e.g., military, graduate students, etc.) more likely to breastfeed than those whose family is nearby
- Staff report most common breastfeeding concerns reported include pain, it's "nasty", breast milk won't be sufficient
    - A concern about children being underweight (even when not) is a strong trend
    - Losing pregnancy weight, increasing baby's intelligence, and baby having fewer ear infections and illnesses cited as breastfeeding benefits

Psychographic Segmentation

Demographic vs. Psychographic

- Demographic profiles segment a target market using tangible, quantifiable criteria
    - Geography, age, ethnicity, gender, annual revenue are examples
- Psychographic profiles segment a target market based on values, attitudes, and lifestyles; beliefs and behaviors each segment relative to the cause
    - LA WIC's cause is breastfeeding, good nutrition, and obesity prevention

Description	Interests Relative to Cause
Traditionalist Segment	
• Family is from Louisiana • Very affected by/ adhere to cultural and family norms • As ethnically diverse as the state • Live in urban, rural, and suburban areas • More likely to live with family • Mother is significant figure	• Find breastfeeding distasteful ("It's nasty") • Concerned that babies won't receive enough nourishment from breast milk or that milk won't come in • Care about their children's health overall • Concerned about infants and older children being underweight (even when they are not)
No Thank You Segment	
• May be defensive; "have a wall up"; different causes • Some are similar to traditionalists, but less willing to engage • May be in survival mode, heavily into party lifestyle • More likely to be poorer; have fewer family supports	• Interest difficult/ impossible to discern • Not interested in receiving educational information (about breastfeeding, about anything) • Uninterested in WIC offerings beyond vouchers
Undecided Seekers Segment	
• Uncertain about some aspects of their pregnancy • Actively seeking information: ask questions; reach out to other mothers/ pregnant women; go online • Readily share information with others • Excited about their pregnancy • Includes both younger women and older women	• Interested in breastfeeding and aware of benefits • Have questions/ concerns (pain, formula as back up, how to manage breastfeeding and work/ school) • Respond to messages re: quicker loss of pregnancy weight (esp. younger); less infant illnesses; infant intelligence • Likely open to further nutrition/ obesity prevention education
No-Brainers Segment	
• Often from away including graduate students, military, recent immigrants (Less connected to/ influenced by local culture) • Family-oriented; mature, settled; likely to be in LTR • Likely to be working or in school • Less embarrassed re: breastfeeding	• Breastfeeding is how they will feed their baby • Very aware of the benefits of breastfeeding • Open to information regarding infant/ child health and nutrition • Value making good health decisions

Audience Analysis – Conclusions and Implications

Recurring Themes

- Dominant cultural norms in Louisiana do not support breastfeeding
- Breastfeeding moms must continually reaffirm/ defend their decision
- WIC moms deal with a myriad of challenges and face many discouraging voices
  - The mom who chooses to breastfeed is either in some way insulated from the dominant culture or is willing to be a "lone ranger" and defy that culture

- The time available/ staff capacity to do education in the WIC clinics is extremely limited (and at some sites, non-existent)
  - Frontline staff morale at health unit sites is low
  - Contract sites tend to have a higher level of resources and control
- Disconnects within WIC system may discourage breastfeeding!
- Universal agreement exists that breastfeeding food package is not a valued incentive
  - Rather, breastfeeding moms are required to keep additional WIC appointments

- WIC moms turn to their mothers, their doctors, and the internet for information regarding their pregnancy and baby
  - Many WIC moms literally cannot breastfeed if family members are not on board
  - Doctors are a key influencer – and many are not breastfeeding supporters

Assets/ Opportunities to Build Upon

- Truly dedicated, articulate, and skilled breastfeeding advocates exist
  - As do many examples of such advocates making a significant impact
- Real progress has been made bringing best practices to birthing hospitals (GIFT)
- WIC clinics provide unparalleled access – no one else has the same geographic reach
- WIC's reputation has progressed from the "formula pushers" stage – new leadership, breastfeeding promotion, updated food packages all contribute to this
  - Peer counseling program and staff are an important asset that also builds WIC's reputation among external partners
  - Other breastfeeding promoters are excited to partner with WIC
- WIC moms have nearly universal access to some kind of smart device, offering an effective way for WIC and its education messages and tools to be available 24-7
- ACA mandate to reimburse breastfeeding support may offer new revenue sources

- Most of the Bayou Health plan providers offer some kind of maternal health support/ education program
- Efficiency-enhancing models exist and could be replicated at other WIC clinics
  - Liaison relationships between clinic staff and birthing hospitals
  - Designated prenatal and postpartum days
  - Holding classes on "voucher pick-up" days
  - Idea for group prenatal certifications

Challenges/ Obstacles to Success

- Staff capacity at the clinic level is a real obstacle to fully implementing community engagement strategies.
  - No/ severely limited time to do effective education and breastfeeding support
  - Regional nutritionists and clinic directors spend so much time doing certifications that leadership, management, and partner relations capacity is dwindling
  - Breastfeeding moms take longer to certify, further stressing capacity
- The majority of staff delivering the WIC program do not report to WIC state office
  - This complicates holding staff accountable to standards and expectations as well as ensuring consistency of effort across the WIC system
- Wait time for a certification appointment for breastfeeding and NICU moms is an obstacle in many (but not all) locations
- Belief that breastfeeding does not provide sufficient nutrition is pervasive (even among mothers who want to breastfeed)
  - A correlating concern is voiced by WIC moms of 1-5 years old is that their child is underweight, even when that is not the case (or when the child is overweight)
  - Many mothers who want to breastfeed also want a "back up" – and one can of formula is not perceived as providing sufficient back up
- An unsupportive doctor or mother can dissuade a Undecided Seeking mom
- Specific breastfeeding goals are unclear (More initiation? Longer duration?)
- Existing educational tools (brochures, posters, etc.) are not effective in reaching this generation of moms
  - Text heavy, limited visuals, not portable or interactive
  - Limited resources exist to develop technology solutions

Conclusions

WIC Can't Change Cultural Norms (Directly)

- WIC lacks position, authority, and resources to do so
- Nutrition education is not the tool to affect culture change (and the job of communicating "breast is best 101" educational messages is largely complete)
- Currently, WIC's primary point of influence is interactions between moms and frontline staff – and the durations of these interactions is too short to develop many "lone rangers" to defy the dominant culture

WIC <u>Can</u> Tip the Balance

- WIC can work to increase breastfeeding support and decrease breastfeeding discouragements at many levels of the socio-economic model
- Doing so requires coordinated, statewide effort, new and deeper partnerships, and new approaches
- Shared, specific breastfeeding goals will help coordinate and engage partners
- WIC provides access and reach, can be an effective convener and relationship builder
  - However, some things have to come "off the plate" at the regional nutritionist level to free up needed leadership, management, and partner relations capacity

Use Segmentations Strategically

- The audience segments occur in different proportions in different regions
  - This implies variation in application of strategies to match
- Focus first on meeting needs of No Brainer and Undecided Seeker segments
  - This should bump breastfeeding rates by addressing any obstacles that get No Brainers off track and getting more Undecided Seekers to choose breastfeeding
- Understand that strategies aimed at the Traditional and No Thank You segments will take longer to yield results; consistency over time is crucial
- Seek to understand the needs and interests of each segment deeply to enhance results

Find Partners to Take on Roles WIC Can't Fulfill

- Expand human capacity to implement plan by "making the pie bigger"
- Clearly define partner roles to maximize efficiency and minimize duplication of effort
- Consider partners who also have access to WIC moms (i.e., Bayou Health, SNAP) or are well-positioned vis-à-vis one of the segments (e.g., family readiness programs at military bases and No Brainer segment)

Integrate Breastfeeding Promotion with Larger WIC Mission

- Rebranding process will facilitate this
- A natural starting point may be a comprehensive approach to obesity prevention that addresses concerns about breast milk providing insufficient nutrition and about children being underweight when they are not

Address Long-standing Internal Issues

- WIC needs to ensure that it is not part of the problem
  - Time pressure in some clinics is reaching a point where WIC is at risk of becoming less supportive of its breastfeeding moms
  - Staff has mixed feelings about pump policy and sends inconsistent messages; external partners report that eligible moms still have difficulty accessing pumps
  - Dealing with prioritizing/ accountability issues at the clinic level is largely ineffective – state-level leaders must step in and deal with issues conclusively
  - Replicate models that work across system
- It may be time to take a comprehensive look at how WIC services are delivered
  - Using RN's and RD's is a very expensive way to do certifications
  - Daytime hours and long wait times are particular barriers for No Brainers – the segment most likely to work or be in school and the least likely to have family members nearby who can serve as proxies
  - The one can of formula policy influences some breastfeeding moms to become certified as partial-breastfeeding or formula-feeding in order to have access to more formula as a back up
  - Food package incentive is ineffective; how can the value of what breastfeeding moms get be monetized? (i.e., value of pump, of peer counseling support)

Community Engagement Plan – Overview

Reality of Repeated Decision-Making

A breastfeeding mom not only makes the decision to breastfeed at the point of initiation. Given that Louisiana's cultural norms discourage breastfeeding, she must reaffirm her decision each time she encounters obstacles that challenge it, such as:

- When her doctor suggests she supplement with formula
- When her family or friends express distaste or actively push formula feeding
- When she receives disapproving looks while breastfeeding in public
- When she has to leave her baby in the care of others
- When she has to return to work or school

Thus, a WIC mom who takes the desired action of breastfeeding is actually taking on a truly daunting challenge. In committing to breastfeeding, she is committing to a path that requires consistently making decisions that may directly challenge the norms of her own culture.

Community Engagement and the Socio-Economic Model

Understanding the benefits of breastfeeding alone is not enough to help most WIC moms successfully navigate the repeated decision-making path. Therefore, the community engagement plan does not focus primarily on new educational strategies targeting mom. The plan is also not concerned with changing cultural norms related to breastfeeding at a statewide, "general public" level. The kind of multi-media, public education campaign that would be needed to turn disapproving stares into supportive ones would too costly to sustain on an ongoing basis.

Instead, the plan aims to surround WIC moms (and as a side effect, most of the moms in Louisiana) with a coordinated, consistent system of breastfeeding support at all points along the decision-making path. The strategy behind this system of breastfeeding support is to strategically maximize breastfeeding supports and minimize breastfeeding discouragements at each level of the socio-economic model.

Current Supports	Current Discouragements	Strategies
Policy/ Environment Level		
• 23 GIFT birthing hospitals • 9 hospitals starting baby-friendly • ACA mandating coverage of breastfeeding support • Worksite policies • Public place policies	• 35 birthing hospitals w/o GIFT or baby-friendly • Media images (lack of breastfeeding imagery; sexualization of breasts) • Worksites/ public places not complying w/ policy	• 35 hospitals lacking GIFT (top Medicaid pop. = top priority) • Support/ liaison w/ 23 GIFT hospitals • Logging/ reporting noncompliance
Community Level		
• Peer programs & CBO's	• Cultural norms	• Community engagement/ education (esp. where moms, grandmothers, fathers are) • Peer support connection
Organizational Level		
• Supportive worksites, schools, public places • Supportive doctors • Lactation consultants • Bayou Health maternity support programs • WIC	• Worksites not conducive to breastfeeding • Discouraging doctors • Too few lactation consultants/ peer counselors • WIC	• Strategic partnering with key employers • Doctor engagement • Build "consumer demand" for best practices • Expand # of lactation consultants and PC's • Coordination between Bayou health and WIC • Fix WIC bottlenecks
Interpersonal Level		
• Supportive grandmother, father/ significant other • Supportive peers • Online/ social media tools	• Discouraging grandmother, father/ significant other • Discouraging peers	• Prenatal education that includes family members • Self-advocacy tools (with doctor, with family)
Individual Level		
• Desire to do what's best for baby (health, IQ) • Desire to lose weight • Personal beliefs, family history w/ breastfeeding	• Fear (pain, breast milk won't be enough, won't come in) • Embarrassment • Logistical concerns	• Robust prenatal education (esp. in peer groups) • "How to" information • Info. where mom is (smartphone, etc.)

Obstacles, Strategies, and Products by Segment

Segment	Traditional	No Thank You	Undecided Seeker	No-Brainer
Decisions Influenced by	• Family of origin • Significant other • Community norms/ peers • Healthcare providers	• Personal situation • Family of origin • Significant other • Req. to secure vouchers	• Family, friends, peers • Healthcare providers • Internet/ information • Personal priorities	• Healthcare providers • Personal research • Personal priorities for family/ baby's health
Socio-Economic Model Level of <u>Primary</u> Obstacles	***Community Level*** • Family attitudes • Adherence to cultural norms (i.e., ick factor; baby won't get enough to eat; formula & economic status; etc.)	***Individual/ Interpersonal*** • Reality of survival mode drives priorities • Logistics of life not allow breastfeeding • Little family support (for breastfeeding; general)	***Individual/ Interpersonal/ Policy/ Environment*** • Discouragement from healthcare providers • Unaddressed fears (i.e., pain, will baby get enough to eat, etc.)	***Individual/ Organizational*** • Logistics of returning to work or school • Unaware of/ too few breastfeeding support/ troubleshooting resources
Plan Strategies	• Community engagement/ education (esp. where moms, family are) • Peer support connection • Prenatal education that includes family members	• Coordination between Bayou Health and WIC	• Doctor engagement • "Consumer demand" for best practices • Self-advocacy tools • Robust prenatal ed. • Info. where mom is	• Expand # of lactation consultants and PC's • Strategic partnering with key employers • "How to" information • Fix WIC bottlenecks
"Product"	• Pro-breastfeeding information/ messages aimed at community, family, peers	• Consistent information regarding breastfeeding, resources, nutrition across all agencies	• Decision-making information and support network (peers and healthcare providers)	• Easy access to sufficient resources to follow through on breastfeeding decisions
Position	• WIC brings the community together to improve infant health	• WIC is a respectful provider of government support and education (when you're ready)	• WIC enables good decision making and provides a breastfeeding supportive environment	• WIC is the go-to source for information and resources to enable successful breastfeeding

Messages	• Benefits of breastfeeding for community's children • Messages aimed at grandmother (things have changed) and dad (breasts are more than sexual; how dad can bond with baby; baby health and IQ benefits)	• Requirements to access vouchers • WIC has lots of educational materials/ information to give your baby its best start in life • WIC knows about other resources that might be helpful	• There are other moms just like you • Here's what to expect at the hospital • Here's how to advocate for yourself and baby • Breastfeeding boosts baby's IQ and helps lose pregnancy weight	• WIC has resources to support you as a breastfeeding mom • Here are strategies for returning to work/ school • These are your rights as a breastfeeding mom • Here's what to do if you have any problems
Promotion/ Outreach	• Engage logical community partners (e.g., churches, salon owners, CBO's) to develop community-specific strategies and resources • Prenatal service and education that maximizes peer interaction • Prenatal services and education that engage father and grandmother • Information where they are (online, on phones)	• Do education "due diligence" consistently to build trust/ credibility • Resources and referrals to other support services at WIC office – visual; available in a way that does not require interaction with staff • Streamline bureaucracy whenever possible • Build partnerships with other agencies segment interact with (SNAP, Bayou Health, etc.) to coordinate messaging, referral info., etc. • Staff training to help break through the wall	• Prenatal service and education w/ maximum peer interaction; allows them to help each other/ tell their story • Pre-delivery education (what to expect/ ask for) • Address concerns/ fears directly and consider policy changes (i.e., one can of formula limit) • Information where they are (online, on phones) • Strategies that shift healthcare provider attitudes • Liaison with birthing hospitals to facilitate service delivery	• Ensure sufficient level of lactation support • Prenatal "how to" (access pumps, lactation support, trouble shoot problems, return to work/ school) information • Information where they are (immigrant-serving groups; student services; military family support) • Information available in appropriate languages • Post-partum education re: return to work/ school; troubleshooting • Liaison with birthing hospitals to facilitate service delivery

Community Engagement Plan – Strategies

Policy/ Environment Level

(Note: Policy/ environmental strategies contribute to a more supportive breastfeeding environment for all market segments.)

Policy Change Among the 35 Non-GIFT Birthing Hospitals

- Top priorities are facilities with highest proportion of Medicaid patients
- Appealing to top management is crucial
- Demonstrate how WIC and others can help "check items off the list" (i.e., provide community referral sources)[1]
- ***Natural partners:*** GIFT program; statewide coalitions

Support Existing 23 GIFT Birthing Hospitals

- Build liaison relationships between hospital point person and neighboring WIC clinics to shorten wait times for breastfeeding and NICU moms
- Engage hospital partners to participate in prenatal education efforts
- Annual check ins between regional nutritionist and point person to maintain relations
- ***Natural partners:*** GIFT program; point people at 23 GIFT hospitals

Logging/ Reporting Noncompliance

- Frontline WIC staff are in a position to hear about worksites and other places that do not comply with breastfeeding regulations
- Tracking this information, noticing patterns, and reporting violations to the appropriate authorities would put this information to good use

Community Level

Community Engagement/ Education

- Engaging local community members to develop and implement plans to spread breastfeeding information and support breastfeeding mothers, including:
  - Educational messages that de-bunk cultural norms regarding breastfeeding
  - Placement of messages with Traditionals, fathers, and grandmothers in mind
  - Using messengers who are credible for Traditionals, fathers, and grandmothers

[1] Credit and thanks to Ryan Comfort of Latch on America for suggesting this strategy

- It is recommended that the strategy be test-piloted in a region with:
  - Highest proportions of women of childbearing age in the total population
  - Lowest rates of WIC moms breastfeeding at time of hospital discharge, or
  - Highest proportions of African Americans in the total population

Reg.	Women of Childbearing Age As % of Total Pop.	% WIC BF at discharge	% African American (2010)
1	11.7%	50.08%	39.7%
2	21.6%	39.26%	41.2%
3	27.4%	34.50%	26.7%
5	46.0%	54.01%	21.9%
8	20.4%	22.03%	37.3%

- ***Natural partners:*** supportive birthing hospitals; local breastfeeding advocates; local community leaders (formal and informal) and CBO's

Connection to Peer Support

- Peer support programs outside of WIC
- Provide prenatal certifications in a group setting where moms can interact and meet peer counselors (and use WIC frontline staff most efficiently)[2]
- Conduct prenatal education in a group setting (within WIC or externally)
- ***Natural partners:*** Bayou Health maternal health programs; supportive hospitals; local maternal child health nonprofit organizations

Organizational Level

Strategic Partnering with Key Employers

- WIC moms often work jobs where the worksite is ill-suited to pumping
- Target two or three key employers, such as the largest poultry processing plant or the biggest McDonald's franchisee, to build customized models
- Emphasize benefits of supporting breastfeeding moms (e.g., increased employee retention, more competitive in hiring, good PR, etc.)
- Jointly promote models to press (esp. trade-related), via trade groups and associations, and through chambers of commerce
- ***Natural partners:*** key employers; statewide coalitions

[2] Credit and thanks to Region 7 staff for brainstorming this strategy during site visit

Doctor Engagement

- Engaging (and converting) unsupportive doctors may be this plan's most difficult task
- WIC (and other breastfeeding promoters) lack credibility and position to influence
  - Peer-to-peer interaction appears to be most promising approach
- Engage a small group of supportive doctors to be leaders and focus on:
  - Sending consistent, regular messages via professional associations
  - Providing breastfeeding-related CME's
  - Advocating for inclusion of breastfeeding education in Louisiana's medical schools and residency programs
  - Engaging supportive peers to challenge the status quo and agitate for change
- ***Natural partners:*** supportive doctors; medical association leadership; GIFT program

Build "Consumer Demand" for Best Practices[3]

- Provide prenatal education content that educates moms on best practices and associated benefits to increase the number of moms asking for these practices
- Increased demand coordinates with and reinforces pressure to implement GIFT and/ or baby-friendly practices
- ***Natural partners:*** Bayou Health maternal health programs; supportive hospitals; local maternal child health nonprofit organizations

Increase Number of Lactation Consultants and Peer Counselors

- Expertise provided by lactation consultants and peer counselors helps retain breastfeeding moms and extend duration
- Work with state association to document demand and generate support for additional lactation counselors at birthing hospitals
- Explore ACA-mandated coverage of breastfeeding to support a revenue stream
  - Could WIC or a partner use Medicaid reimbursements to fund additional peer counselors or lactation consultants?
- Explore private funding sources to support expansion of peer counselor program
- ***Natural partners:*** LA Lactation Consultant Association; Bayou Health; funders

Coordinate with Bayou Health

- The majority of Bayou Health plans include some kind of maternal support and education program (and one reportedly ships pumps to its pregnant members!)
- Work to explore shared goals and interests and identify ways to coordinate

[3] Credit and thanks to Ryan Comfort of Latch on America for suggesting this strategy

    - Aim to ensure consistent, coordinated messaging at a minimum
- ***Natural partners:*** Bayou Health plan administration

Fix WIC Bottlenecks

- Identify point person at each birthing hospital and assign liaison from nearby WIC clinics to streamline certification of NICU and breastfeeding moms
- Clarify expectations regarding pump distribution and manage to expectations
- Work at state agency level to address priority conflicts, wait times, and accountability
- Explore alternatives to certification (e.g., can hospital point person do certifications?)
- ***Natural partners:*** state health unit nursing and clerical leadership

Interpersonal Level

Include Family Members in Prenatal Education

- Invite grandmothers and fathers/ significant others to participate in prenatal education
- Design messages and offerings that address their concerns and questions
- ***Natural partners:*** Bayou Health maternal health programs; supportive hospitals; local maternal child health nonprofit organizations

Self-Advocacy Tools

- Include self-advocacy skill building in prenatal education
- Use real life examples and scenarios
- Tap chronic disease self-management program for self-advocacy skills curriculum
- ***Natural Partners:*** Chronic disease self-management program leadership

Individual Level

Robust Prenatal Education

- Provide robust prenatal education that includes:
    - Best practices and benefits and self-advocacy skills
    - Opportunities to build peer connections and share information
    - Content aimed at fathers and grandmothers
- Provide content via app, social media, etc. (i.e., where mom is)
- ***Natural partners:*** Bayou Health maternal health programs; supportive hospitals; local maternal child health nonprofit organizations
    - *Note:* WIC may not have capacity to provide education itself; however, WIC and convene partners, provide expertise/ curriculum, make its facilities available and promote education to WIC moms

"How To" Information

- Focus on postpartum certification education return to work strategies and trouble-shooting information and resources
- Provide specific contact information for local troubleshooting services
  - Lactation consultants at area hospitals
  - Local peer counselors
  - Online or hotline resources
  - Other local CBO's and peer groups
- Provide information regarding the rights of breastfeeding moms
- Provide content via app, social media, etc. (i.e., where mom is)
- Make content available in other languages as needed
- Make content available at places No Brainer segment likely frequents (e.g., graduate student services, immigrant-service churches and organizations, and military family readiness groups as local bases)
- ***Natural partners:*** universities, military bases, immigrant-serving organizations

Information Where Mom Is

- Develop app or mobile-device optimized website to provide prenatal and "how to" content and information
  - Explore national efforts and consider coordinating
  - Such a tool need not be WIC-specific; a more general approach may open up funding/ partnership options
- Encourage peer counselors to use texts and social media to communicate with moms
- ***Natural partners:*** other state maternal child health programs, largest birthing hospitals, private funders, Latch on America

Community Engagement Plan – Implementation

Strategic Partners

Louisiana WIC will build partnerships at many levels in order to implement this plan. However, strategic partners are a special type of partner – those partners without whom Louisiana WIC cannot meet its goals. For this plan, strategic partners include:

- GIFT Program
- State Breastfeeding Coalition
- Health unit nursing/ clerical leadership at state level
- Possibly Bayou Health

Roles

State WIC Office

- Setting goals, leading the charge, and allocating resources
- Coordinating with other state-level breastfeeding promotion efforts
- State and national relationship building, management, and planning
- Develop prenatal curriculum and "how to" educational materials
- Setting expectations for staff and ensuring accountability and consistent application
- Engaging health unit leadership to address issues

Regional Nutritionists

- Regional relationship building, management, and planning
- Participating in community engagement/ education planning efforts
- Serving as "middle man" and communication link between state and clinic levels

Clinic Directors

- Liaising with birthing hospital point person
- Participating in community engagement/ education as possible

WIC Clinics

- Delivering "products" to audience segments
- Referring to WIC moms to resources
- Promoting new prenatal education and sharing "how to" information
- Participating in new prenatal education efforts as possible
- Providing frontline feedback to inform refinement of profiles and strategies

Implementation Priorities

What follows are the initial implementation priorities of the community engagement plan. They priorities lay the groundwork with strategic partners, begin building needed tools, or address recurring problems. Items in ***bold italics*** indicate potential "quick fixes" – steps that can be taken quickly, signal progress and commitment, and make a difference.

- ***Set clear breastfeeding goals and select key metrics***
  - Coordinate goals with those of other breastfeeding promotion efforts
  - Disseminate goals widely
- Implement community engagement/ education pilot project
- Develop prenatal education curriculum
- Develop "how to" educational materials
- Promote policy change with 35 non-GIFT hospitals
- Address WIC bottlenecks:
  - ***Build liaison relationships between birthing hospitals and local WIC clinics***
  - ***Clarify pump policy, expectations, and accountability mechanism***
  - Engage health unit leadership and address wait times, prioritization, accountability, and other issues for health unit sites
  - Clarify other breastfeeding promotion expectations and solicit feedback regarding what is and is not realistic given staff cuts
  - Disseminate models that can increase efficiency throughout WIC system (hospital/ clinic liaisons, prenatal and postpartum days, group education, etc.)

Conclusion

Louisiana's WIC program has a real opportunity to increase the number of program participants who breastfeed. The health outcomes of breastfeeding are well-documented and compelling, other state-level breastfeeding promoters are ready to partner with WIC, and the effort enjoys deep support from top Department of Health and Hospitals administrators. And, WIC brings content expertise, unparalleled access to the target audience, and productive local and regional-level partnerships upon which to build.

However, Louisiana WIC also operates at the local level through a very complex and largely under-resourced mix of health unit and contracted clinical sites. Addressing the internal issues that result from that complexity (to whatever extent possible within the bounds of politics, regulations, and funding) is at least as important as any other strategy outlined in the community engagement plan.

Both the State WIC Office and more importantly, WIC moms, will be much better served by local clinic sites that operate cohesively and consistently across the state. While making specific organizational development recommendations is beyond the scope of the community engagement plan, Nonprofit Impact respectfully offers this framework as one way to conceptualize the desired future state of Louisiana WIC at the local level.

Moving forward, WIC moms and the goal of increasing breastfeeding rates are served by a network of local clinics within which all frontline staff:

- Have the skill sets, mindset, and content expertise needed to do the work, and
- Are actively managed and held accountable to specifically outlined expectations
- Regardless of type of clinic site or staff members' supervisory chain of command

Component	Description	Accountability
Skill Set	• Interview skills • Health education skills • Customer service skills • Technical skills (IT systems, medical/ clinical, etc.) • Partner relations skills • Ability to customize messages by audience segment	• Accurate job descriptions • Hiring practices • Training to address skill gaps • Annual evaluation based upon specific expectations
Mindset	• Consistent, respectful, caring • Constituent-centered • Enthusiastic breastfeeding advocates • Culture of breastfeeding and best nutritional practices • Accessible experts	• Tone from the top – consistent, leading by example, sincere • Reinforcement via existing structures (quarterly regional nutritionist meetings, etc.) • Responsibility of clinic directors
Content Expertise	• Breastfeeding benefits 101 • Breastfeeding referral/ resources • Lactation troubleshooting expertise (among some staff) • Population-specific nutrition expertise • Understanding of audience segments	• Accurate job descriptions • Hiring practices • Access to training/ professional development to deepen expertise as needed to meet demand

Appendix 1: Interviewees

Staff

- Dr. David Holcombe, Regional Medical Administrator, Region 6
- Beth Scalco, Deputy Asst. Secretary, Office of Public Health
- Monica McDaniels, Asst. Director of Nutrition Services, Office of Public Health
- Donna Davis, Regional Nutritionist, Region 8
- Sheneda Jackson, Regional Nutritionist, Region 1
- Aledia Williams, WIC State Breastfeeding Coordinator, Office of Public Health Nutrition Services
- Melissa Guillory, Regional Nutritionist, Region 2
- Dr. Takeisha Davis, Medical Director, Office of Public Health; Director, Center for Community & Preventive Health
- Connie Bouligny, Asst. Director of Nursing, Office of Public Health
- Clair Millet, Director of Nursing, Office of Public Health
- Monica Gibbs, Regional Nutritionist, Region 4
- Matthew Valliere, Asst. Director, Center for Community & Prev. Health

External

- Dr. Terry L. Dise, Associate Professor of Pediatrics, Director, Foundations in Medicine Program
- Julie Hagan, Director, City of New Orleans WIC Program
- Karis Schoellmann, Director of Health Education/Communication, Bureau of Family Health
- Lauren David, Opelousas General Health System
- Marci Brewer, Statewide Breastfeeding Program Manager, Maternal and Child Health Program
- Geralin Franchina, Tulane-Lakeside Hospital Lactation Department
- Brenda Myers, Lactation Consultant, St. Francis Medical Center
- Meshawn Tarver, Executive Director, Common Ground Clinic
- Rebecca Charneco, Project Development Manager, East Jefferson Hospital Woman & Child Services
- Jennifer Marsh, Senior Account Executive, Louisiana Radio Network; Louisiana Farm Bureau Agri-News Network; Tiger Rag Magazine
- Heather Frught, Ochsner Medical Center-Kenner Lactation Center

- Penny Trepagnier, Breastfeeding Peer Counselor Manager, Louisiana Peer Counseling Program
- D'Yuanna Allen-Robb, Associate Director, Birthing Project USA
- Kimarie Bugg, CEO and Change Leader; Reaching Our Sisters Everywhere, Inc.
- Mona Bodoin, Assistant Breastfeeding Peer Counselor Manager, Louisiana Peer Counseling Program
- Kendall Cox, Every Mother, Inc.

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