POPULATIONS AT HIGHER RISK: WHEN MAINSTREAM APPROACHES DON'T WORK

A Best Start Resource Centre "How to" Guide

2006

This is one in a series of Best Start Resource Centre "How to" guides that focus on skill development to help service providers address specific strategies for preconception, prenatal and child health.

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre

The "How to" Series

The Best Start Resource Centre "How to" guides were developed to help you work with specific audiences and apply specific strategies, in the context of preconception, prenatal and child health. Participation from the audience you want to reach is critical in creating effective initiatives. Young mothers, small business owners, students, physicians and other community members have unique situations, helpful insights and important skills. However, they are often busy people and their time needs to be respected and input valued. There are many commonalities when working with different audiences. However there are also considerations and challenges specific to each. The "How to" series will help you effectively involve different groups and individuals in your work.

Other resources in the "How to" series include:

• How to Build Partnerships with Physicians
• How to Build Partnerships with Workplaces
• How to Build Partnerships with Youth
• How to Work with Coalitions

Purpose

This resource was designed to help service providers consider strategies to reach sub-populations that are at higher risk for maternal, newborn and child health concerns. Higher risk sub-populations are not effectively reached through large-scale mainstream strategies. Specialized approaches are needed, starting with learning about the population, their health, their concerns, how they like to receive information, and about the services that will make a difference. This resource provides valuable information about how to reach, engage and meet the needs of sub-populations at higher risk, in the context of preconception, prenatal and child health. It shares tips and stories about tailoring services to specific populations of interest.

Acknowledgements

Inside:

Introduction

Over the past quarter century, the art and science of mainstream messaging has evolved a great deal. Increasingly, program evaluations reveal high levels of engagement for intended audiences, and positive impacts on awareness and health behaviours. Some examples of successful mainstream strategies include alcohol and pregnancy media campaigns, drinking and driving messages, folic acid campaigns, and campaigns that encourage daily physical activity.

While such results are encouraging, there remains the challenge of engaging unreached populations. We often want to reach these new populations because of their high risk and /or rates of health concerns, or because their health concerns are more serious. For example, some populations of interest may:

• Have higher rates of smoking
• Smoke more heavily
• Face more challenges in stopping smoking
• Have higher rates of low birth weight
• Be at risk of very low birth weight

These higher risk populations may be viewed as "difficult to engage", since, in comparison with mainstream strategies, meeting their needs may be more expensive, may take more time, or because the solutions are not easy or clear.

Mainstream Approaches:
Strategies designed to reach a large mainstream population, often with lower levels of risk.

Higher Risk Approaches:
Strategies designed to reach a smaller sub-population that is at higher risk of having health problems, or may have more serious health problems.

Mainstream vs. Higher-risk Approaches

Mainstream approaches are strategies that are designed for large, low-risk populations. In mainstream populations such as pregnant women, timely and appropriate information may be enough for many women to make significant health changes, for example, avoiding kitty litter and eating foods high in calcium. An example of a mainstream approach on the topic of nutrition in pregnancy is an awareness campaign for all pregnant women with information about eating from the four food groups, avoiding fish that is high in mercury, taking prenatal vitamins etc.

Mainstream approaches may not meet the needs of higher risk populations. This can be due to underlying factors such as social norms, peer pressure, poverty, isolation, language or discrimination. Strategies for mainstream populations and for higher risk groups need to recognize and address the underlying factors for their health behaviors, the characteristics of the population and the barriers to change. Higher risk populations may need different types information, additional services, or more comprehensive assistance, in order to be ready to make positive health changes. A higher risk approach to nutrition in pregnancy is to provide nutritious food and prenatal vitamins to pregnant women who are unable to make healthy food choices due to very low incomes.

Which is More Important?

Think about what people need to improve their health. In the example of healthier eating in pregnancy, some women need access to information about healthy food choices and others need access to healthy food.

> "I don't need to learn five ways to cook a chicken. I need the chicken."

A comprehensive approach to nutrition and pregnancy includes both mainstream approaches and strategies tailored for specific, well-defined sub-populations that are at higher risk. While mainstream approaches are able to reach large numbers of people, higher risk approaches can meet the needs of populations with higher rates of health concerns, or more serious health concerns. Mainstream and higher risk approaches are complementary, and one is not more important than the other.

Due to your funding source and/or mandate, you may be restricted to either mainstream or to higher risk approaches. You can still recognize, connect with, encourage or advocate for complementary or supportive approaches in your community.

Low Birth Weight (LBW) by Age of Mother
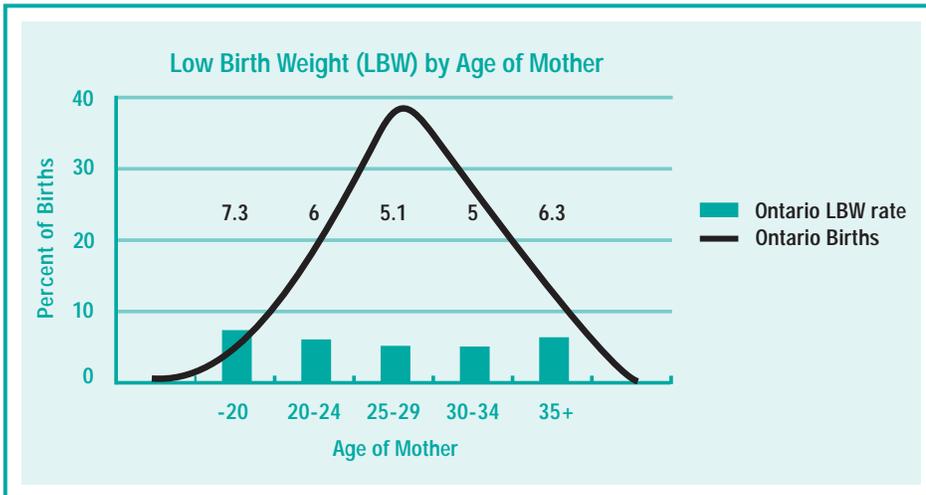
In the above diagram, you can see that young women and older women are at higher risk of having low birth weight babies. A higher risk approach would address low birth weight in younger and/or older women, reaching smaller numbers of women, at higher risk for low birth weight. A mainstream strategy would address low birth weight in women aged 20-35 years of age, reaching a larger number of women that are at lower risk for low birth weight.

What is Different?

The steps for working with small higher risk populations are the same as for addressing mainstream issues. Whether you are working with mainstream or higher risk groups, it is important to know the population, find out about their needs and barriers, and involve them in selection and design of initiatives, and to be flexible and responsive.

Most service providers work regularly with mainstream populations, and their knowledge and comfort levels with these populations have developed and strengthened over time. Service providers will likely have a good sense of the type of strategies that are most likely to work with mainstream populations. Some service providers may come to see these approaches as "effective strategies" or "better practices", and may be surprised when these strategies don't work with higher risk populations.

> **"Strategies that are effective with one population may alienate a different population."**

When working with a new group, the process of learning about the population and about suitable strategies must start over again. The steps to working with higher risk populations are not new, although the strategies you choose may differ. There can also be a difference in the degree of required effort. When working with higher risk groups, change can take longer. The service provider must build relationships, learn about a new population of interest, and identify the best strategy to reach this group. In addition, the process of change may be slower because it is challenging to address underlying socio-economic factors for health. Higher risk groups may need comprehensive supports in order to make health changes. Service providers may need to exert extra efforts when working with higher risk populations, over a longer period of time, before they see signs of success.

Key Steps

1. Identify the specific population at higher risk.
2. Find out about their strengths and risks.
3. Ask about health needs and barriers to change.
4. Involve the population of interest in discussing and defining strategies.
5. Think outside the box.
6. Involve partners, access needed funding and support.
7. Implement strategies.
8. Celebrate small successes.
9. Ask for feedback on strategies.
10. Use this information to refine future initiatives.
11. Build on your initial strategy.
12. Share information about what worked and what didn't work.

Why Focus on Higher Risk Populations?

Social problems associated with poverty, lack of education or training, mental illness, power inequities, and impeded opportunity undermine the health and quality of life for many. Often, mainstream approaches do not reach individuals who are most impacted by these social problems. As a result of their circumstances, these individuals may be at higher risk of poor health.

Despite these challenges, communities everywhere are addressing an impressive range of mainstream issues. Topics include nutrition, physical inactivity, cardio-vascular disease, substance abuse and smoking, infant health and cancer screening. Health promoters, educators, and practitioners have dedicated themselves to reducing risks and improving health status.

In so doing, they are learning that a "one-size-fits-all" approach is not for everyone. Consider, for example, that:
- Not every culture holds the same attitudes and beliefs about parenting
- Not every group of adolescents agrees that smoking is undesirable
- Not all women find it easy to stop drinking during pregnancy

These and similar realities become barriers that impede engagement and the likelihood of positive impact. By definition, affected groups are at increased risk for associated health problems. In response, health communicators need to remove barriers and develop messages and interventions that engage higher risk populations and extend the reach of broad mainstream approaches.

Sender and Receiver Barriers

Higher risk populations may be seen as hard to reach. It may be more meaningful to define these populations by barriers to access as well as service provider challenges in meeting their needs, as barriers can originate from both the sender and the receiver. Recognizing the roles of sender and the receiver in the messaging is a critical step in connecting with the intended population. Service provider barriers can include lack of time, lack of funding, preconceived notions about the audience or lack of information or skills in meeting the needs of a specific population. Barriers to change in the population at higher risk may include low income, lack of access to transportation, lack of affordable childcare, isolation, low literacy, language barriers, etc.

> "Access is a two-way street. Think about your barriers in reaching higher risk populations, as well as their barriers to accessing your services."

There is growing support for the position that the central issue is not that the population is "hard-to-reach", but rather that the strategy for reaching them has not been implemented or developed. If health promoters and programmers view each population as a unique entity defined by a set of specific attributes, then, through the discovery of these attributes, health promoters and communicators learn how to better engage members of such groups and improve levels of impact.

There is an inclination toward characterizing "unreached" sub-populations as resistant or willfully choosing not to be engaged, implying that the members themselves are somehow at fault. Then, when programs and messages fall short of the intended impact, comments such as, *"They're just unmotivated"* or, *"She's lazy"* reinforce the belief that the recipient is responsible for the break-down. Here is an alternate interpretation: people would be less resistant, and more able to make health changes, if the approaches were appropriate.

> **"People would not be resistant if the approaches were appropriate."**

Perspectives of Sub-populations

Sub-populations that are at higher risk may have negative perceptions of government, health promotion and health services. They may feel that health promotion is preachy, intruding on areas of personal choice. Their inability to address the underlying factors for their health concerns can result in feelings of anger or frustration. Individuals in higher risk populations may have a history of difficult contacts with government agencies, and may be suspicious and untrusting of government funded services. Mainstream messaging about smoking, drinking and driving, and eating healthier foods, may further alienate sub-populations that are at higher risk.

Responses to Inappropriate Strategies

Use of inappropriate strategies can result in negative consequences. Individuals may react by not reading your messages, by not believing your messages, or through anger at your organization. Some examples of negative consequences as a result of inappropriate strategies are:

- Resistance *("They can't make me stop smoking. I have my rights.")*
- Denial *("FASD is only a problem for pregnant women who are alcoholics.")*
- Anger *("Why don't you mind your own business?")*
- Rationalizing *("I know lots of people who did not take folic acid and all of their children are fine.")*
- Avoidance *(changing the subject, ignoring messages)*

These are all normal responses to the stress of feeling unable to address a serious concern, such as a health risk. We all respond in a similar way to this tension between fear of a specific negative consequence, and inability to do something about it.

> **"It does not make sense to keep trying to push a square peg into a round hole. Don't try harder, try differently."**

Stories from the Field

This section includes stories about organizations that have a variety of experiences working with and learning from populations considered outside the mainstream, and at higher risk for preconception, prenatal or child health concerns. These stories represent a range of higher risk populations, the risks they face, and the service provider strategies that were used to meet their needs.

Elgin-St. Thomas Health Unit:
Tobacco Prevention in Tobacco Country

Elgin County is located on the north shore of Lake Erie, between the cities of London and Chatham, Ontario. It is home to approximately 80,000 residents, with the majority living in the city of St. Thomas. The county has a thriving economy, affordable living standards and a moderate climate. The county economy is driven in part by an agricultural tradition of tobacco production, particularly in the east end of the county.

Elgin-St. Thomas Health Unit is active throughout the county in a variety of programs to positively influence prenatal and child health through strategies such as smoking prevention, cessation and protection.

Clearly, the issue of tobacco and smoking prevention is a sensitive one. Working on smoking issues in Elgin County requires an understanding of the population, its potential challenges, and possible areas for intervention. This is especially true for staff who worked within the tobacco production economy in the past and staff who have family within the tobacco industry. The health unit is having success in raising awareness and creating support for its tobacco mandate. Almost 75% of residents support the concept of smoke-free restaurants and more than 75% of homes are smoke-free. The work of the health unit was successful due to its strategic and simple steps to involve the community in addressing tobacco use.

For example, since tobacco production drives a segment of the local economy, the health unit took care to ensure that they did not malign or blame tobacco farmers for the negative impact of tobacco on individual or community health. At the same time, their prevention efforts did not cease, simply because there might be resistance to the health unit messages or programs. The health unit chose their terminology carefully. For example, they use the term "smoke-free" rather than "tobacco-free" in their messaging. This is a subtle, yet powerful distinction that works well for them.

For more information on Elgin-St. Thomas Health Unit see, www.elginhealth.on.ca

Advice from Elgin-St. Thomas Health Unit:

- Be sensitive to the economic drivers, while being clear about the health issues.
- Recognize that approaches used in other communities may not be directly transferable to areas where tobacco production is key to the economy.
- Be respectful in public debates and forums. Use language that does not alienate.
- Be patient. You may have to wait for larger social change (such as provincial tobacco legislation) to stimulate local change around some issues.
- Be satisfied with little steps.
- Start where the community is, and respect community priorities.

Prostitutes Empowerment Education and Resource Society:
Sex Trade Workers Address Maternal Health

PEERS (Prostitutes Empowerment Education and Resource Society) is a non-profit organization established by ex-prostitutes and community supporters. PEERS works to create a safe, respectful, and healthy environment for women who have worked in the sex trade. PEERS managed a three year FASD National Networking project in the communities of Victoria, Vancouver, Edmonton, Winnipeg, Toronto, Moncton and Halifax.

Some sex workers are at risk of unplanned pregnancies, and pregnancies complicated by substance use and other health concerns. As a result they are at higher risk of having children with physical and cognitive disabilities. Many of the women who come to PEERS have a history of alcohol and drug use. Some have children, some have lost their children, and others are pregnant when they arrive. Many are passionate about keeping their children and becoming drug-free. However, services are often limited, or limiting. Beds may not be available when the client is ready for treatment, clients may not meet treatment criteria, or services may not be accessible locally.

PEERS operates within a three-phased approach. In phase 1, the crisis is addressed, support is provided, and participants receive basic life skills training through one-on-one intervention. In phase 2, once the substance use has been addressed and the woman is clean/sober, PEERS works with the woman to find an apartment, employment, clothes, and opportunities for recreation or socializing. This phase may take from 6 months to a year. In phase 3, the woman is offered volunteer opportunities at PEERS such as reception or office jobs. Assistance is provided on résumé preparation, looking for paid work, and participants are supported in getting ready to graduate from the program.

PEERS started a group several years ago for mothers who have given birth to a child with FASD (i.e. birth mothers). The program offers support to women who are pregnant and using substances. The group began with five members, none of whom knew each other. All were in various stages of addiction to different

substances, all had children in care, and none intended to quit using.

PEERS staff and volunteers realized that making abstinence a condition of participation wasn't going to work. Consequently, there was no rule that mothers had to be clean/sober in order to participate.

Fetal Alcohol Spectrum Disorder (FASD):
An umbrella term used to define the range of harm that can result from prenatal alcohol exposure.

For more information on PEERS, see www.peers.bc.ca

Advice from PEERS:

- Realize what the real crisis is. It is not necessarily drinking or drug use during pregnancy. More likely candidates are housing or access to treatment for the mother.
- Look for the resources to eliminate the crisis.
- Focus on one person at a time. Don't try to change or help everyone at once.
- Take the time to find out what each individual needs and create a system of support.
- The greatest impact comes from working one-on-one.
- Art therapy is a powerful tool for communication, self-expression, and healing.
- Focus on listening, supporting, not judging, welcoming and retaining flexibility.

The group met once a week, led by an Art Therapist and birth mother who was well aware of the shame and stigma that could go along with having a child with FASD. Throughout their time together, the group met informally, simply to be a place of safety, warmth, and support. Child care was provided, allowing the mothers to have some personal time. Opportunities for communication through art were available for those who felt comfortable expressing themselves through that medium. Participants were paid an honorarium for attending.

Over time, the birth mothers began to feel a sense of trust and acceptance. The group members came to define what they most needed and how they wanted to interact. They started to move from denial that their children had FASD, through to the realization that at least one of the mothers herself had FASD. The bonds within the group became closer and increasingly supportive.

PEERS realizes that reaching higher risk women such as sex trade workers and birth mothers is difficult work. The staff learned that women who access their organization are unique individuals who require a tremendous amount of understanding and empathy, provided in a supportive and non-judgmental environment. If the staff does not respond to the participants needs as they define them, the participant won't be back. Nor will they tell others about the program.

School's Cool:
Early Intervention for Children who are Unready for School
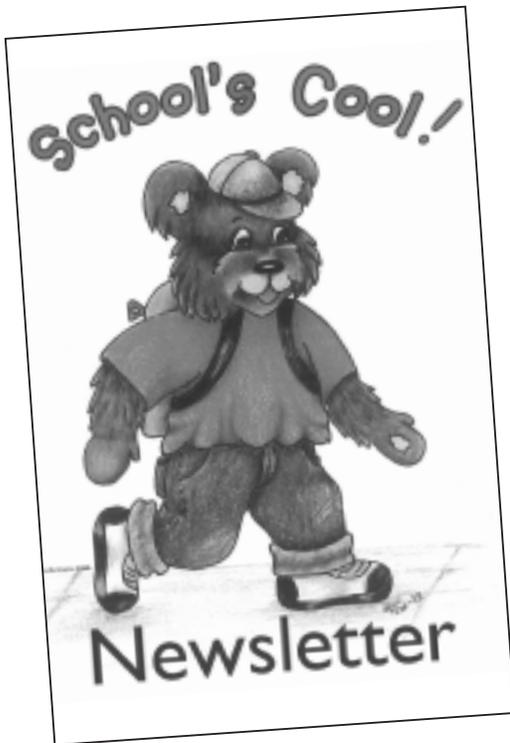
School readiness is a key factor in a child's potential for success in school. It may be difficult to identify children who have developmental delays before they are in the education system. Across Ontario, the School's Cool program is demonstrating amazing results with children who are not yet in the classroom.

School's Cool is a 72-hour curriculum designed for children aged 3-5 who have been assessed as "unready" for school. The purpose of the program is to provide preschool children with additional skills prior to school entry. It is largely play-based in its activities and focuses on outcomes that are identified for each child. This program was designed by SIRCH Community Services & Consulting, an organization that provides services that encourage and support individuals, families and communities through a variety of programs and interventions.

Here is a success story about one child who participated in the program:

Jamie was assessed as developmentally delayed. He was scheduled to begin school in September but his mother was informed that he was not ready for Junior Kindergarten. It was suggested that she keep him home for another year. Jamie's mother heard about School's Cool and decided to enroll him in the program. He began in the summer, attending four mornings a week over a six-week period. At the end of the program, he was reassessed for school readiness and was allowed to enter Junior Kindergarten.

What has the program accomplished? In the last three years, with over 2000 pre-post evaluations, the program shows an average increase of 50 weeks of age development for those participating in School's Cool. According to one teacher who had 17 students in her class, at least 5 students in her class would not have made it through the fall without School's Cool. Two students were identified with vision problems that had not been previously recognized and were able to receive support through the Canadian National Institute for the Blind (CNIB).

For more information on Schools Cool see www.schoolscool.org

Advice from School's Cool:

- Provide a strong training program for instructors.
- Focus on clear outcomes that need to be achieved within the program.
- Emphasize the child's assets and build on them.
- Use an evaluation design that focuses on assets rather than deficits.
- Involve parents through a newsletter and personal/phone contact.
- Match your communication style with the literacy level of the parents.

The MotherCare Experience:
Substance Use in Pregnant Women and New Mothers

MotherCare is a drop-in program for pregnant women and new mothers with babies up to six months of age. It resulted from the Best Start Barrie program in 1993 and is a thriving example of a collaborative community-based effort to provide needed supports and services. The women in the MotherCare program want their growing families to be happy and healthy, but may find it difficult to do so due to isolation, poverty and other issues. Each woman brings a wealth of personal experience, many strengths and some health concerns. Many participants in this program are at higher risk of complications in pregnancy and poor outcomes such as low birth weight.

MotherCare addresses a multitude of risk factors, giving the women a better chance to have a successful birth outcome, and strengthening attachment, health and development in the first few months of life. MotherCare has become increasingly focused on the need to address substance use in pregnancy. Given the stigma and sensitivity around this topic, staff and volunteers knew that reaching the population and addressing substance use during pregnancy would be challenging.

Counselors with expertise in substance use in pregnancy are part of the team of people that provide support to the women at MotherCare. They provide this service as an in-kind contribution. Some of the counselors at MotherCare have a degree of "street savvy" which often translates into credibility with the women in the program. Once it was

clear that the atmosphere was one of acceptance and a sincere desire to help rather than judge, word got out that this was a program with potential. As a result, program participation increased dramatically in a short period of time. Participation was also increased through outreach, meeting higher risk women where they were, on the street or in shelters.

Substance use counselors ask pregnant women and mothers how they have been impacted by the substance use of their partner or other family members. This often leads to a discussion about the mother's own use, which can then turn into a real learning/awareness raising opportunity.

Another strategy that seems to work in discussing substance use during pregnancy with this group is to strive for open communication. MotherCare staff asks questions about other aspects of the participants' lives, including questions about quality of life and about difficulties that they may be facing. They use questions such as

"What is tough in your life right now?" and "What's not working right now?" The responses can reveal a lot about the situations that the women are living in, which is key to selecting appropriate approaches to possible substance use.

Substance use counselors conducted awareness sessions in hairdressing schools with students on the subjects of folic acid, sexual health and substance use during pregnancy. The information was not simply for the women in the program. More significantly, the information could be passed from the students to clients as they began working in the industry. To emphasize the key messages, posters were placed in the restrooms of hair salons and hair dressing schools.

Advice from MotherCare:

- Open up discussion with encouraging questions and general conversation.
- Look for advocates or partners in unusual places such as hairdressing salons.
- Expect that participants will be wary and withdrawn at first.
- Be welcoming and non-judgmental.
- Learn to match your body language to your words.
- Listen attentively and respectfully.
- Let the participants determine the pace of the discussion and learn to be comfortable with silence, both yours and theirs.

Algoma Best Start:
Addressing Social Norms around Smoking

ARE YOU A QUITTER?

Algoma Best Start is looking for people who have quit smoking for at least 6 months. Articles about how local people successfully stopped smoking can help others who want to quit.

HELP SOMEONE ELSE BE A QUITTER!

Gift Certificates for a meal at the Wawa Motor Inn will be given to participating quitters. For more information please call 856-2997.

ALGOMA BEST START "Mno Wii Dookdaadaa"

Algoma is a large northern district in Ontario, with Sault Ste Marie as its largest, and central community. Employment is primarily resource-based, focussing mainly on tourism, mining, logging and wood by-product industries. In the northern communities of Algoma, with high levels of unemployment and frequent shut downs of major businesses, smoking was seen as a way to cope, and a social expectation.

Algoma Best Start was funded to address low birth weight through community development. There were several main issues of concern including alcohol use, teen pregnancy and nutrition. In many of the communities in the district of Algoma, the most serious concern was the high rate of smoking and subsequent higher risk for low birth weight. For example, in one major workplace, 71% of the workers smoked. Smoking was a social norm in many areas, and community members would find it inconceivable to refuse to let someone smoke in their home, or to anticipate that community events might be smoke-free. In addressing smoking, Algoma Best Start clearly had a long way to go, and did not want to further alienate the very population they wanted to reach.

One community in Algoma had an early opportunity to address smoking policies in a local mall. They quickly moved to take advantage of this opportunity, and the level of resistance became clearly apparent. A swastika was painted on their office door, and threatening messages were left on the answering machine. It became very obvious that careful strategizing was necessary, in order to make any progress.

Algoma Best Start started by setting up local working groups to address smoking. They included participants from key health agencies, municipal staff, as well as people who smoked. The guidance from people who smoked was critical. The working groups decided that it was important to offer quit smoking programs and self help cessation packages, although they recognized that few people were ready to use these services. The working groups also felt it was important to provide information sessions about smoking in local schools. Along side these basic strategies, Algoma Best Start planned innovative approaches to bring forward the voices of local people who had made changes, or who had opinions they wanted to share.

The main focus of their smoking prevention work was a series of six media campaigns, highlighting local people. The working groups started with a "Quitter" campaign featuring local people who had successfully quit smoking. The articles included a photo, and focussed on the individual's story, why they quit smoking, how they quit smoking and any related humorous situations or details. The articles also talked about benefits that the individual had seen as a result of quitting smoking, and their advice to others about smoking. The articles were well read in the communities, and the use of stories allowed Algoma Best Start to share significant information about smoking cessation in a non-threatening manner.

Following the success of this initial campaign, Algoma Best Start planned and successfully initiated subsequent

campaigns featuring local smoke-free businesses, smoke-free homes, voices of young children, and teens who had chosen not to smoke. The final campaign was about considerate smokers, for example people who stepped outside to smoke at community events, grandparents who did not smoke when their grandchildren came to visit, smokers who helped other smokers quit smoking etc. Through these campaigns, local success stories were shared in a respectful and persuasive manner. Evaluation results showed an increase in awareness about the risks of smoking, an increase in the number of women who tried to quit smoking, and an increase in the number of women who said they would quit or cut back on their smoking if they were to become pregnant.

For more information on Algoma Best Start, see www.beststart.org

Advice from Algoma Best Start:

- Recognize that social norms are hard to change.
- Look for paths of least resistance.
- Involve smokers in choosing and defining strategies.
- Involve the media to highlight the progress that the community has made.
- Use the voices of people in your community. Remember that people like to read about people. Raise the profile of early adopters and provide local heroes.
- Use humor and personal stories to share important health messages.
- Avoid preaching.

Porcupine Health Unit:
Promoting Breastfeeding through Grandparents

Grandparents and Breastfeeding: A Winning Combination

Marilyn F. Heath   Lactation Consultant   Porcupine Health Unit

Porcupine Health Unit serves one of the most northern areas in Ontario, from the highway 11 E corridor, through to the James Bay and Hudson Bay coastline. The central office of this health unit is located in Timmins. In this district, breastfeeding rates have traditionally been low. Most new grand-mothers have not breastfed themselves, and grandparents can be unsupportive of breastfeeding. They do not have the information or experience to support breastfeeding. In their concern for their new grandchildren, they may reinforce myths about breastfeeding such as, *"The baby is not getting enough milk"*, or *"The baby is hungry, and would gain more weight with formula"*. As a result, new mothers often choose not to breastfeed, or stop breastfeeding prematurely.

Recognizing the many health benefits to the mother and the baby, the Porcupine Health Unit wanted to increase the rate and duration of breastfeeding. Health unit staff believed that if grandparents were provided with appropriate information, they could be a significant factor in helping new mothers choose to breastfeed, and in supporting the continuation of breastfeeding.

The Porcupine Health Unit, in partnership with the Canada Prenatal Nutrition Program, developed an attractive guide called "Grandparents and Breastfeeding: A Winning Combination". The guide includes sketches of grandparents and new infants, and provides basic information about how grandparents can support their daughters and daughters-in-law in breastfeeding their infants. The resource includes sections that recognize the value of grandparents, the need for support in breastfeeding, the benefits of breastfeeding, and what grandparents can do to make a difference. It specifically addresses common myths about breastfeeding, including concerns about the quantity and quality of the breast milk. The resource also identifies where to get help with breastfeeding.

The draft resource was tested with grandparents. They provided considerable advice about content, wording and images, and their input resulted in significant changes. The resulting guide was well received by grandparents and has been used for several years. It is now being updated to make it as supportive as possible of breastfeeding, and to include newer information, such as introducing solid foods at six months.

Porcupine Health Unit developed the guide for grandparents as part of a broader strategy to promote breastfeeding. They had also developed a pocket guide for health care providers, which was further updated in 2005. They designed a poster to increase general awareness of the need for breastfeeding support. In addition, the health unit implemented a breastfeeding awareness campaign, including a "wall of fame", or bulletin board of photos of proud grandparents holding their breastfed grandchildren.

For more information on the Porcupine Health Unit, see www.porcupinehu.on.ca

Advice from Porcupine Health Unit:

- Identify the barriers to change.
- Dispel myths.
- Recognize that grandparents want the best for their new grandchildren. Provide them with the information they need to encourage and support breastfeeding.
- Include tools for health care providers in the overall strategy, as well as tools for community awareness.
- Test the resource with the population of interest.

Our Sisters' Place:
Reaching Out to Women with Postpartum Mood Disorders

Our Sisters' Place, based in Toronto, is a support network for women who are dealing with mood and hormonal changes, at any stage in life. They provide important information and supports around postpartum mood disorders.

Postpartum mood disorders create serious concerns for the health and well-being of the mother, and can have impacts on infant bonding, learning and development as well as the partner and other children.

Women with postpartum mood disorders can be hard to reach. They may feel depressed, anxious, and in more serious circumstances women may think about harming themselves or their baby. Women can feel embarrassment, shame, fear or guilt about the thoughts that they are having. The emotions may seem overwhelming.

Women with postpartum mood disorders may find it hard to access needed services because:
1. They are too depressed or fatigued to get out.
2. They are ashamed of how they feel and don't want to admit it.
3. They don't want to admit to themselves or their family that they need help.
4. They may not feel understood by family or their health care provider.
5. They may have transportation and child care issues.

Our Sisters' Place felt that online services, in addition to a welcoming location, would engage women with postpartum mood disorders.

Our Sisters' Place envisioned a warm, welcoming venue for women, loved ones, and service providers who are struggling with these issues. They wanted to provide valuable, relevant information and address ignorance, discrimination, and stigma. Staff and volunteers provide peer support, public education and training for health care providers, and their website shares fact sheets, links to additional services, personal stories etc.

Staff and volunteers at Our Sisters' Place know that women's feelings are real and treatable and that help is available for postpartum mood disorders. They recognize that many different types of services are needed

and they offer support, information and education as a complement to traditional and alternative therapies. Staff and volunteers strive to make their services as flexible and relevant as possible. They have a lending library of current literature, journals and audio/visual materials. They produce fact sheets and other educational materials and resources. Their aim is to build a resource-rich, inclusive, respectful community for women struggling with hormonal changes and mood disorders both online and off.

For more information on Our Sisters' Place, visit www.oursistersplace.ca

Advice from Our Sisters' Place:

- Don't let seemingly insurmountable barriers stop you from developing new programs to address serious concerns.
- Recognize the value of peer support.
- Listen to women.
- Help women find the words to talk with their family and doctor.
- Work with community partners to provide an integrated community service.
- Produce fact sheets and other educational materials and resources.
- Provide women with exciting and rewarding volunteer opportunities.
- Make use of the Internet to share important information.

Working with Populations at Higher Risk

The following tips are helpful to keep in mind when working with groups at higher risk for preconception, prenatal or early childhood concerns. Many of these tips are also applicable to mainstream populations. Some of the strategies relate to involving the population, and others speak to specific interventions. You may need to use a combination of both to be successful:

• Ask questions and listen carefully to the answers, rather than focusing on what you have to tell the population.

• Meet people on their terms and time, and in their space. Sometimes institutional settings and 9-5 time-tables don't work for the intended population.

• See this as an opportunity to collaborate, not to lead.

> **"Do it with the group, not to the group."**

• Include members of the group in every aspect of the program, including planning, implementation and evaluation.

• Be patient. Sometimes you will have to try more than one approach before you find the right mix.

• Learn all you can about the population, such as their beliefs, practices, fears and joys. Find out their perspectives on the issues of concern that you are trying to address.

• Be dependable and build trust.

• Examine your own biases.

• Collaborate with non-traditional partners.

• Use lay health advisors in addition to health professionals.

• Recognize the power of peers in promoting your program and messages to the population of interest.

• Be flexible. Progress comes in many forms. Be open to changing your plans.

• Know that methods of communication appeal differently to certain groups. Some will prefer face-to-face communication, while others respond better to mass media or Internet.

• Program delivery style may require flexibility. Some people respond more favourably to one-on-one vs. group sessions.

• Recruit members from within the population to act as peer leaders, trainers or program delivery agents. Provide training or coaching on content and group process. This approach is especially useful when there is wide divergence between those sending the message and those who are intended to receive it.

• Choose strategies that address self-efficacy and social support. When people believe the recommended action will reduce the risks and when they feel capable of accomplishing the action, success is likely. The challenge is to find strategies that address self-efficacy through recommendations that are realistic and achievable.

• Use listservs and networks to find out what other people have tried, tested and learned.

> **"Strive for understanding rather than to be understood."**

Things that Isolate, Things that Connect

Connecting with the population of interest is important, during planning, implementation and when considering next steps. You want the population to feel comfortable with your approach, program, initiative or resource. This chart contrasts the things that isolate or connect, in programs designed for pregnant women or new parents.

THINGS THAT ISOLATE…	THINGS THAT CONNECT…
• Calling sessions "classes"	• Calling sessions "drop-ins"
• Rows	• Circles
• Sign-in sheets	• Name tags
• Lab coats, professional dress	• Jeans, dressing for comfort
• Lectures, overheads, pamphlets	• Interactive games, quizzes, activities
• Giving people information; assuming that people don't have knowledge or skills	• Providing opportunity for people to share and build on their existing knowledge, skills and experience
• Diagnosing people's needs for them	• Responding to what people say they need
• Noticing differences in your life experiences	• Noticing similarities in your life experiences
• Expecting people to reach your predetermined goals for them according to your timeline	• Respecting each person's individual goals for themselves and their own timeline
• Making sure that each minute is "programmed"	• Building in time for people to make connections with each other
• 30 minutes of information on one topic	• 15 minutes of attention on one topic, plus time for discussion and sharing
• Communicating with every person in the same style (your style)	• Mirroring the communication style of each individual
• Referring to people as "clients"	• Referring to people as "participants"
• Questions that box into a corner: "Do you plan to breastfeed your baby?"	• Questions that open a discussion: "How have you decided to feed your baby?"
• Focussing on people's deficits	• Focussing on people's strengths; celebrating all their accomplishments
• Expecting people to fit the program	• Making the program fit the people
• Judgement and 'zero tolerance' toward drinking, smoking, drugs	• Understanding and "harm reduction" approaches to drinking, smoking, drugs
• Seeing yourself as a "professional" and different from people	• Seeing yourself as a person and identifying with people
• Single–discipline approach	• Multidisciplinary teams
• Hunger	• Food

Adapted with permission from Healthy Start for Mom & Me, Winnipeg

Tips for Specific Populations

The key to working well with higher risk populations is to take the time to get to know as much as possible about the group's values, beliefs, fears, practices, and customs, and to involve them in the process of change. With this knowledge you can create a more complete picture of the group. This picture will assist in adapting your core message or program in ways that will have greater meaning and impact.

1. Tips for Working with Lower-Income Populations

When working with lower income populations, it is of primary importance to recognize the underlying factors for health concerns. Women may smoke because they are stressed, and this gets them through the day. Families may not eat enough fruits and vegetables because they are expensive. By recognizing the reasons for health concerns, you can consider strategies that may be respectful and effective. In addition:

• Encourage word-of-mouth promotion.

• Consider television, especially daytime shows.

• Use vignettes and stories attached to products/intended behaviours.

• Make and share food together.

• Be aware of basic needs such as housing, food, clothing, baby supplies. Develop a list of key services such as low-income housing, legal aid, food banks, tenants rights organizations etc. that can be shared with participants.

• While information on developing a budget may be helpful to some participants, recognize that the key issue is insufficient income, not irresponsible use of income.

• Provide advice that is revenue neutral (i.e. these two types of fruit cost the same, but this type has more folic acid) or cost saving (i.e. it costs less to make your own cleaning products, and they are safer) or no cost (i.e. you can get free prenatal vitamins at this program).

For more information on strategies to address pregnancy and poverty, see Reducing the Impact, www.beststart.org

2. Tips for Working with Multi-cultural Populations

Whether you work in a northern or southern location, in an urban, rural or remote setting, a respect for and understanding of the range of cultural groups is an important part of work on preconception, prenatal and early childhood health. Here are some tips to work effectively with multi-cultural populations:

• Access multicultural resources such clip art packages, food models, infant and breastfeeding models and posters for the walls.

• Compile an inventory of culturally specific information about pregnancy and parenting, food, holidays and spiritual practices.

• Be aware of culturally specific prenatal and parenting programs.

- Learn about and respect cultural values and expectations such as eye contact, personal space, and touch. Sometimes newcomers to this country use parenting practices that are not legal or accepted in Canada, for example physical discipline of children. In these cases, provide education to help ease the transition of the family to Canada.

- Don't make assumptions about culture. Within a cultural group there may be a wide range of cultural values, beliefs and practices, ranging from very traditional to non-traditional. Ask questions and provide options.

For more information on working with multi-cultural populations, see Attachment Across Cultures at www.phac-aspc.gc.ca/dca-dea/publications/attachment-toolkit_e.html

"If women perceive that service providers don't have a good understanding of the context of their lives, then they are less likely to act on suggestions or advice and more likely to perceive the interaction as negative."

3. Tips for Working with Populations with Language or Literacy Challenges

Low literacy is a health concern. Individuals with lower literacy levels have less access to important health information, and may feel alienated from health services. They are also more likely to live in poverty, which has negative impacts on health. Within the populations that we work with, there is a range of literacy levels, from high literacy, to an inability to understand written information. Many people are uncomfortable with written materials that are lengthy, use large or unfamiliar words, or long sentences. Completing complicated forms may be daunting. In addition, participants may not be comfortable with the language used in your program or service, further affecting the participant's ability to understand verbal and written communications. Here are a few tips to consider in populations with literacy or language challenges:

- Encourage parents to "story-tell" if they are unable to read to their children.

- Minimize the distribution of written materials in programs – instead leave them by an exit and allow people to take them if they wish.

- When creating written material, test it with the group prior to finalizing. It is not enough to do a plain language review and test for literacy levels.

- Determine alternate options for providing information in addition to existing written materials.

- Don't make assumptions about literacy and language. Provide choices. Show women low and higher literacy resources on the same topic and let them select the one that suits them. Reinforce that the same health information is provided in both resources.

- Translation is expensive. Find creative ways to make resources available in other languages. Program participants may be able to help. Ask if other organizations have already translated similar material.

- Design and use "visual messages" or images that describe a concept that you want to share. These can be used in workshops, or as posters.

- Use plenty of white space, fewer words, short paragraphs and sentences.

- Use pictures and familiar symbols to replace language.

- Ask if participants would like to fill out forms with a staff member, or if they would like to do it themselves.

- Strive to overcome language differences. Work with interpreters.

For more information on literacy, see Clear Writing and Literacy at www.on.literacy.ca/pubs/clear/cover.htm

4. Tips for Working with Pregnant Women who Use Substances

There are many reasons for addressing substance use. Substance use can result in health and social problems for the woman, more complications in pregnancy and increased risk of immediate and long-term concerns for the baby. It is important to address substance use in a supportive and non-judgmental way, considering the underlying reasons for substance use, and the role that alcohol or drugs play in the woman's life. To address substance use in pregnancy in a respectful way, consider the following:

• Focus on the whole woman, not just her substance use.

• Address underlying factors such as nutrition, housing and safety to improve her health and wellbeing and to help her be more able to address her substance use.

• Recognize the role of social support. Ask about the amount of social support that she has. Provide information about drop in programs for pregnant women and new parents. Encourage the partner, family and friends to support her in not using substances.

• Recognize that there is a lot that women can do to have a healthier pregnancy, even if they are unable to address their substance use.

• Include harm reduction approaches. Addressing substance use is not easy. Change can take time.

• Recognize small steps such as attending prenatal classes, or cutting back on smoking.

• Assess the need for services such as detox and treatment. Don't assume that you can meet all of her needs.

• Focus on strengths.

For more information on strategies to address substance use in pregnancy, see Nurturing Change, www.mothercraft.ca

5. Tips for Working on Preconception Issues

There are many things that men and women can do, well before conception, to increase the chances of having the healthiest baby possible. Most people have at least one preconception health risk. Couples planning a pregnancy need an understanding of the risks, prior to conception, that may impact fertility and the health of future children.

Here are a few tips on including preconception information in broader programs:

• Recognize that about half of all pregnancies are unintended. Preconception strategies need to increase understanding of the benefits of planning ahead, and making changes before conception, in addition to an understanding of specific risks.

• Be inclusive of both males and females. Prior to conception, there are factors for both men and women that can impact fertility, the pregnancy and the health of future children.

• Include information about lifestyle factors such as smoking, as well as risks in the workplace, from hobbies, the home environment and possible genetic concerns. If possible, think broadly and address community health factors such as pollutants.

- Emphasize that each small change makes a difference. There are an overwhelming number of preconception concerns. Some are not under individual control. By making a few small changes, men and women can increase the likelihood of having a healthy baby.

- Encourage men and women to learn more, to have a preconception health visit, and to make health changes, before pregnancy.

- Planning ahead is important. For example, it can take time to stabilize blood sugar levels, to address substance use, or to transition to safer medications.

For more information on preconception strategies, see Preconception Health: Research and Strategies www.beststart.org

> **"Listen more, talk less. Listening is the first step, the last step, and the most important step."**

6. Tips for Working on Prenatal Issues

Pregnancy is a time of change that may be accompanied by a range of feelings including fear, excitement and joy. It is a time when women need new information and care, and when women may be more open to making health changes. The information and care that is provided in pregnancy can make a significant difference in the progress of the pregnancy and the health of the baby. Within the prenatal population there are many higher risk groups that are at greater risk of pregnancy complications, loss during pregnancy and poor outcomes.

When working on prenatal issues:

- Recognize that pregnancy is not always a welcome event.

- Consider lifestyle factors, as well as broader concerns such as poverty, violence, workplace factors etc.

- Recognize that some changes may not be easy to make, or may be beyond the control of the individual. When possible, use advocacy, or look into policy changes.

- When providing advice about nutrition, cleaning products etc, use information that is suitable for a wide range of socio-economic situations. For example, you can include information about healthy food choices as well as information about food banks and prenatal nutrition programs.

- Be aware that this is a time of major transition. Pregnancy can bring stress in many areas, such as concerns about work, income, relationships and ability to parent.

- Assist with prenatal concerns, and with transition to parenting.

For more information on prenatal strategies, see Family-Centred Maternal and Newborn Care at www.phac-aspc.gc.ca/dca-dea/prenatal/fcmc1_e.html

7. Tips for Working with Parents of Young Children

Being a parent is one of the most important and rewarding jobs we will ever have, and one of the most challenging. Some parents will have additional needs on a short-term basis due to a crisis such as challenging child behaviours, loss of a family member, or loss of employment. Other families may be at risk on a longer-term basis due to complex underlying factors such as poverty, violence or discrimination. Supporting families is important – all parents need additional support and information at some point in time. When working with families that are at higher risk:

- Recognize the level of fatigue that comes from parenting young children. Caring for the parents will help them care for their children.

- Think about how participants will get to the program or service and who will ensure the safety of the children.

- Provide information in multiple ways, through websites, brochures, books that people can borrow, as well as through programs. Parents like to receive information in different ways. Some like to read, some like to interact with other parents, some like workshops.

- Have information to give to people who are unable to attend scheduled programs. It can be difficult for parents to consistently attend parenting programs, due to sick children, sleepless nights, changing schedules and challenges in getting to programs.

- Think of ways to ensure that your program and resources are inclusive of fathers.

- Respect family diversity.

For a wealth of information on ways to support parenting, see the Canadian Association of Family Resource Programs at www.frp.ca

What to Avoid

Experience can be a great teacher. However, we can also learn from the experiences of others. It is helpful to find out what other organizations have tried, and to ask your population of interest what works for them, or turns them off and tunes them out. Here is a sampling of behaviours and attitudes to avoid:

- ⊘ Being judgmental, i.e. using words or phrases that show your biases
- ⊘ Being negative, i.e. using using un-supportive words or body language
- ⊘ Separating yourself from the group, i.e. dressing in a way that alienates the group, or using language the group is unfamiliar with
- ⊘ Being inflexible or dogmatic, i.e. believing there is only one way to approach an issue
- ⊘ Focusing only on risks of a behaviour, i.e. assuming that the individual is able to change their behaviour based on information alone, neglecting to provide supports and services, not recognizing the role the behaviour plays in the individual's life
- ⊘ Lecturing, preaching i.e. talking too much, not listening to what the group wants to know
- ⊘ Attitudes that create barriers i.e. having negative beliefs, perceptions or assumptions about the population
- ⊘ Expecting them to come to you i.e. at your location, at your convenience

What is this all about:

- Recognizing underlying factors for health behaviors
- Learning about the population
- Determining barriers to change both for the sender and the receiver
- Defining a strategy that meets the populations unique needs
- Finding the funding, time, and support to implement the strategy

Final Comments

The mainstream approach will continue as a viable strategy for accessing a large proportion of the population. The planning steps are the same for mainstream and for higher risk populations. However, there are times when sub-populations do not identify with mainstream messaging and alternate strategies are required. This resource has identified strategies for reaching those who are outside the mainstream, in the context of preconception, prenatal and child health. A key consideration for programmers and health promoters is to try to see the issue from the viewpoint of the population they are trying to reach, to understand the motivators and the challenges from their perspective. Bolstered by the population's perspective – and their input, program activities and campaign messages can be tailored for greater impact.

Additional Reading

Best Start Resources,
www.beststart.org
- How to Work with Coalitions
- How to Build Partnerships with Youth
- How to Build Partnerships with Workplaces
- How to Build Partnerships with Physicians
- Reducing the Impact
- Insights from Best Start

PTCC Resources, www.ptcc-cfc.on.ca
- Understanding and Using Fear Appeals for Tobacco Control
- Understanding and Using the Transtheoretical Stages of Change Model
- Understanding and Using Audience Analysis & Segmentation
- Access is a Two-Way Street: The Challenge of Reaching Priority Populations

The Health Communications Unit Resources, www.thcu.ca
- Changing Behaviours: A Practical Framework
- Audience Analysis Data and Profiles
- Audience Analysis and Segmentation
- The Update, Special Issue on Hard-to-Reach Audiences

Weblinks
- Health Promotion 101, www.ohprs.ca/hp101/main.htm
- Social Inclusion, www.healthycommunities.on.ca/publications/ICO/index.html
- Community Toolbox, http://ctb.ku.edu

How to contact Best Start:

Best Start: Ontario's Maternal, Newborn
and Early Child Development Resource Centre
c/o Ontario Prevention Clearinghouse
180 Dundas Street West, Suite 1900
Toronto, Ontario M5G 1Z8

Telephone: 416.408.2249
Toll-free within Ontario: 1.800.397.9567
Fax: 416.408.2122
Email: beststart@beststart.org
www.beststart.org

About Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre

The Best Start Resource Centre supports service
providers across the province of Ontario who work
on health promotion initiatives to improve the health
of expectant parents and their young children.
Best Start is a key program of the Ontario Prevention
Clearinghouse, funded by the government of Ontario
to undertake activities in these areas: consultation,
training, information and resource development and
dissemination. The Resource Centre addresses a range
of topics from health before pregnancy, pregnancy,
maternal health and issues related to child health.

Please feel free to copy all or part of this booklet.

best start
meilleur départ)

Ontario's maternal, newborn and early
child development resource centre
Centre de ressources sur la maternité,
les nouveau-nés et le développement
des jeunes enfants de l'Ontario

Ontario
Prevention
Clearinghouse

Centre ontarien
d'information
en prévention