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Blending Qualitative, Quantitative, and Rhetorical Methods to Engage Citizens in Public Deliberation to Improve Workplace Breastfeeding Support

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SAGE Research Methods Case Submission for Consideration

Case Title: Blending qualitative, quantitative, and rhetorical methods to engage citizens in public dialogue to improve workplace breastfeeding support

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Relevant Disciplines: Communication, Rhetoric, Public Health, Public Affairs, Nursing, Women's Studies, Allied Health Professions

Academic Levels: Advanced Undergraduate

Methods used: Mixed-methods research
Survey research
Focus Groups
Qualitative data analysis
Partnership
Participation/Involvement
Rhetoric
Coding
Thematic content analysis

Keywords: women's health, breastfeeding, community-based participatory research (CBPR), collaborative research, health communication, communication, civic engagement, public deliberation, rhetoric

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Abstract

To improve breastfeeding support in local businesses in Brookings, SD, researchers from South Dakota State University partnered with Brookings Health System, the Brookings Area Chamber of Commerce, local breastfeeding advocates, and an expert public deliberation moderator to conduct community-based participatory research leading to a public deliberation event. The collaborative team took a mixed-methods approach, using qualitative, quantitative, and rhetorical methods to collect and analyze data across two phases of the project: formative research (Phase I) and implementation (Phase II). During Phase I, the team conducted focus groups and marketed the project. Results from Phase I shaped the conversations at the public deliberation event in Phase II. At the event, community members deliberated about the issue of breastfeeding support in Brookings businesses, and they identified action steps. Following that event, the community members delegated actions and the collaborative team disseminated results from the project.

This case study emphasizes the collaborative nature of community-based participatory research and the importance of clear communication throughout the process. In each stage of the project, every team member was meaningfully involved with the research process and had ownership of the products we produced. This level of collaboration was made possible through clear communication between team members that came from very different backgrounds, e.g., education, health, or business. Team members respectfully listened to each other's diverse perspectives and provided unique expertise; the team then modelled those same communication skills with the community as it sought community input and led a public deliberation event.

Learning Outcomes

By the end of this case study, students should be able to:

- Describe the key characteristics of community-based participatory research (CBPR);
- Identify the role of communication in the process of conducting collaborative research;
- Articulate the distinctions between rhetorical, qualitative, and quantitative research approaches;
- Explain the process of conducting mixed-methods community-based research from conceptualization through dissemination.

Project overview and context

Tucked away in Brookings, SD, a rural, Midwestern community, the obstetrics (OB) director at Brookings Health System (BHS) had a dream to see more women successfully breastfeed. She knew that breastfeeding has significant benefits for babies, including lower rates of respiratory infections, lower rates of obesity and diabetes, and a reduced risk of Sudden Infant Death Syndrome (SIDS) (American Academy of Pediatrics, 2012). Additionally, she knew that businesses that support breastfeeding experience reduced absenteeism to care for sick children, lower healthcare costs, and higher employee morale and loyalty (United States Breastfeeding Committee, 2015). However, she knew that women face barriers to breastfeeding, especially in returning to work. These barriers include struggling to balance work and breastfeeding, lack of support from friends and/or family, social stigma, and a lack of a space to publicly breastfeed and/or pump at work (Johnson & Esposito, 2007).

As she shared this dream with fellow nurses and community members, a passion for breastfeeding began to grow among these dedicated women. This small group began to educate themselves and others about the benefits of breastfeeding, to consider and implement best practices for hospitals supporting breastfeeding initiation, and to learn from community members about the barriers to successful breastfeeding. The hospital held informal focus groups to learn about community needs, barriers, challenges, and assets. Through these groups, they discovered that community mothers needed additional support for breastfeeding that began before birth and extended through their return to work. However, they knew that the hospital alone could not adequately assess or address the full community's needs.

Meanwhile, researchers at South Dakota State University (SDSU) were interested in finding ways to improve women's health through communication efforts such as *public deliberation* and dialogue, as well as through the development of workplace policies and community-based support. SDSU researchers reached out to the hospital to learn about the community's health needs and establish a university-hospital *partnership*. As the now collaborative team began discussing the need for breastfeeding support, we determined that our efforts needed to expand beyond the health and education sectors—we needed to reach out to the economic sector to get support from local businesses. Team members from the hospital then reached out to the Brookings Area Chamber of Commerce (BACC), who enthusiastically joined this collaborative effort. The collaborative team also included three International Board Certified Lactation Consultants (IBCLCs), one of whom was a Nursing faculty member at SDSU. Once our team decided to pursue a public deliberation focus, we also added an expert public deliberation moderator to the team. We received support for the project from a Community Innovation Grant through the Bush Foundation, the charitable organization of 3M.

Consistent with the National Institutes of Health's (n.d.) definition of *community-based participatory research (CBPR)*, we created a *collaborative team* where each member brought unique expertise, and all team members worked together throughout the process to make decisions concerning conceptualization, design, data collection, data analysis, and dissemination of results. Our team included the following members:

- **Communication Researchers** from SDSU with expertise in research design; grant-writing; rhetorical, qualitative, and quantitative data collection and analysis; and dissemination of research;
- **Health Practitioner (OB Director and Nurse)** from the hospital with expertise in maternal health, infant health, nursing, and breastfeeding;
- **Breastfeeding Advocates** from the community with expertise in nursing, breastfeeding, lactation consulting, and community organizing;
- **Marketing and Public Relations (PR) Professional** from the hospital with expertise in PR, marketing, social media, and branding;
- **Professional Moderator** from Wabash College with expertise in public deliberation and dialogue, civic engagement, and implementing community conversation events; and
- **Economic Leaders** from the BACC with expertise in the local economic climate, local policies, workplace policies, and connections to local business owners.

Research Practicalities

The diverse composition of the research team allowed for an innovative approach to conducting this research project. The early stages of the project included conceptualization, planning and promotion, and training.

Conceptualization

Before we conducted any research, our team met together multiple times in order to *conceptualize* the project. To conceptualize a CBPR health project, a research team must agree on the central community health need and then generate a plan for conducting research that will respond to the need and involve the community. *Communication* is central to the process of team-based conceptualization, because each team member must clearly express his/her perspectives, respectfully listen to other's perspectives, and participate in shared decision-making.

In order to conceptualize the project, our entire team discussed the overall problem that needed to be addressed. At our team meetings, the health experts shared that, although hospital practices were helping more women begin breastfeeding, many women were not able to continue breastfeeding until the recommended six month mark. For example, in 2014, only 15.9% of mothers were exclusively breastfeeding for six months in South Dakota (National Center for Chronic Disease Prevention and Health Promotion, 2014). The breastfeeding advocates explained that the women they support in the community often encountered challenges with continuing to breastfeed when they returned to work. The BACC representative noted that many businesses in our community might be unaware of the needs of breastfeeding employees or customers, and as such, may not have specific policies to support those women. The communication researchers suggested that there may be a need for businesses and breastfeeding mothers to share their perspectives with one another, so that they can learn from one another. As the team members listened to each other's perspectives and ideas, we discussed appropriate responses to the issue, and arrived at an approach that synthesized our diverse areas of expertise while addressing the community needs. We developed a two-phase project: 1) Conduct focus groups with mothers and business leaders to learn more about current needs and community strengths; and 2) Hold a community-wide public deliberation event

where all interested community members could share their perspectives on the issue, discuss and weigh different approaches to addressing the problem, and identify and prioritize possible actions.

Planning and Promotion

Once we had conceptualized the project, we discussed how the plan would be accomplished and assigned specific responsibilities to team members. Even in cases where specific team members took the lead on accomplishing an action, the full team still reviewed materials and provided assistance whenever needed, demonstrating the importance of *interpersonal communication* in this process.

Phase I (Formative Research)

Action	Responsible Parties
<ul style="list-style-type: none"> • Create discussion guide for focus groups • Create promotional recruitment messages • Recruit breastfeeding women from community • Recruit business representatives • Moderate focus groups • Analyze focus group data • Create community survey • Analyze community survey • Create a public deliberation event discussion guide based on focus group data 	<ul style="list-style-type: none"> • Full team • Marketing & PR professional • Breastfeeding advocates, OB director • Economic leaders • Communication researchers • Full team • Communication researchers • Communication researchers • Full team

Phase II (Implementation)

Action	Responsible Parties
<ul style="list-style-type: none"> • Promote public deliberation event • Speak with local organizations about event • Train student and community facilitators • Moderate the public deliberation event • Participate in public deliberation event • Facilitate a follow-up meeting with community • Create a report from public deliberation event and follow up 	<ul style="list-style-type: none"> • Marketing & PR professional • Communication researchers • Professional moderator • Professional moderator • Full team • Full team • Communication researchers

As our team discussed promotional efforts, we decided it would be important to *brand* the project, or give it a specific identity throughout marketing efforts (Basu & Wang, 2009). Because our entire team felt it was important to provide a comprehensive, unified, community-based image for the project, we discussed different possible names and eventually agreed upon the moniker *Brookings Supports Breastfeeding*. Our marketing and PR professional then capitalized on this identity by creating a unique logo and through social media, by creating a Facebook page



(www.facebook.com/brookingsupportsbreastfeeding). Through this page, we were able to have ongoing communication directly with the community and continually promote our research efforts. Our project was also featured in numerous media outlets, including [Inside KELOLAND](#) (a program that reaches approximately 30,000 people across SD, MN, and IA), [Eye on KELOLAND](#), [KSFY News](#), the [Brookings Register](#), [KELOLAND News](#) online, [Prairie Doc Radio](#), the online publication [Pollen](#), and [Livability.com](#). Communication researchers also spoke to local organizations, including the City Council and the Brookings Economic Development Corporation, and one researcher gave a [TEDxBrookings](#) talk about breastfeeding-friendly communities—while breastfeeding her son on stage. These promotional efforts may seem outside the scope of a traditional research project, but for CBPR leading to a public deliberation event, it is essential to communicate about the project to the community and facilitate ongoing community conversations.

Training

For Phase II, our team recruited college students and community members to help facilitate conversations at the public deliberation event. Our professional moderator led a three-hour training session that covered the background and basic components of public deliberation, best practices for facilitating small group discussions, and skill-building exercises that allowed facilitators to practice before the public deliberation event.

Research Design

Our team used a *mixed-methods* research design for the project. A mixed-methods research design incorporates multiple methods of data collection and analysis. In this case, we used qualitative, quantitative, and rhetorical methods by using focus groups, public deliberation, and surveys to collect and analyze data on challenges, assets, and possible actions to enhance breastfeeding support in Brookings businesses.

Focus Groups. In Phase I, our team wanted to learn more about challenges, community assets, and possible actions to improve breastfeeding support in businesses from breastfeeding mothers and local business representatives. In order to do this, we used *qualitative data collection* by conducting *focus groups*. Qualitative data collection focuses on gathering deep insights about particular phenomena by eliciting open-ended responses from participants (Cresswell, 2014). In focus groups, multiple participants come together for a guided discussion on a particular topic. Focus groups were preferable to individual interviews, because we wanted participants to interact with each other and “piggy-back” off of others’ ideas (Krueger & Casey, 2008). We developed *moderator guides* for the focus groups that included general questions as well as suggested probes, or follow-up questions. The moderator guides for the mothers groups included five major questions covering breastfeeding motivations, breastfeeding experiences, breastfeeding support, breastfeeding challenges, and ideas for local actions to improve breastfeeding support. The moderator guides for the business leaders included six major questions covering perspectives on breastfeeding, experiences with breastfeeding in the workplace, workplace support for breastfeeding, challenges faced by breastfeeding employees, possible actions for improving workplace breastfeeding support, and community assets unique to Brookings.

During Spring 2014, we held three focus groups with mothers and three with business representatives. The focus groups were audio recorded and transcribed. Then, during Summer 2014,

we used *qualitative data analysis* to uncover the key themes in the focus groups. First, all team members read through the transcripts individually. Then, the communication researchers used a *grounded thematic content analysis*, where we allowed themes to emerge from the data—rather than having predetermined themes in mind during analysis. To derive themes, the researchers used a *constant comparative* method of *coding*. In this method of analysis, the researcher generates themes based on the data, and then with each new piece of data, the researcher considers whether to place that data into already-created themes, or create a new theme (Bryant & Charmaz, 2007). Other team members simply took notes on the themes they saw in the transcripts. Our team then met for a full day of discussion about the data and themes. The communication researchers summarized this discussion in a report that was used to guide the community-wide public deliberation event.

Public Deliberation. In Phase II, our team held a community-wide public deliberation event during Fall 2014. Public deliberation is public talk, typically done in small groups with a facilitator, where participants from a community “thoughtfully consider” and analyze a significant public problem, weigh potential actions and approaches, and work towards actions or solutions that are “agreeable” and “high-quality” (Nabatchi, 2012, pp. 6-7). Public deliberation is a type of CBPR, because the process of researching, creating, convening, and reporting on a public deliberation event often involves university researchers collaborating with community partners to address pressing issues in the local community. At the public deliberation event, trained facilitators led small groups of community members in discussions that were based on the findings from Phase I. Notetakers also recorded brief descriptions of the small group discussions. The small groups began by discussing their experiences with breastfeeding in Brookings, then they considered approaches to the problem, prioritized the approaches, and considered how those approaches could be enacted, and by whom. They brainstormed group actions as well as individual actions for after the event. The communication researchers used the notes from each table to create a report from the public deliberation event that was used at a smaller, follow-up meeting in January 2015. The discussions were also audio recorded and transcribed.

Our team is currently working to analyze the public deliberation using *applied rhetorical criticism* (Condit, 2013). This method employs critical-interpretative methods to analyze public texts for the purposes of improving communication and addressing public issues (Asen et. al 2011; Asen et. al, 2013). Both qualitative and rhetorical methods describe and interpret communication behavior. However, in contrast to qualitative methods that view transcripts as data, in rhetorical methods, the transcripts are considered a “text” to be analyzed as an example of public discourse. Because the text is an example of public discourse, it allows the rhetorical critic(s) to make arguments about how that particular text, and the rhetorical strategies within that text, are used to persuade audiences and shape our larger social norms, values, and even ideologies within a particular cultural context. In this case, the researchers will use *close textual analysis* (Leff, 1986), a method where the critic(s) analyses the text line by line, and notes patterns of language, style, and possible rhetorical strategies for persuading an audience. Based on this close reading of the transcripts from the event, the rhetorical critic(s) then develop an interpretation of this discourse that makes an argument for how and why that particular choice of language and style might have been persuasive to audiences. Details in the text shed light on the larger context and larger themes present in the discourse.

Surveys. In both phases, our team used *quantitative data collection* through *surveys* to measure important *variables* and provide *triangulation* with other data collection methods. Quantitative data collection is focused on collecting numerical data from a large number of participants in order to observe trends in the sample and then generalize from those findings (Cresswell, 2014). Surveys are comprised of individual questions that measure demographics (e.g., age, race, sex) and *scales*—which are made up of multiple items that all measure one variable. A variable is any factor in a study that can take on different values. For example, the variable of gender can take on at least two values: male or female. Triangulation of data refers to collecting data about the same phenomenon using multiple methods (Cresswell, 2014). For example, in our case study, we can triangulate quantitative measures of workplace support for breastfeeding with the qualitative focus group data and public deliberation discourse on that issue.

During Phase I, our team created an *online survey* through the website QuestionPro.com. The survey was distributed online during Summer 2014 and measured demographic variables, as well as key variables. We included previously established scales that measured civic engagement (Andolina, Keeter, Zukin, & Jenkinsd, 2003); workplace breastfeeding support—including subscales to measure organization support, manager support, co-worker support, time, and physical environment (Green, Wolfe, & Olson, 2008); job satisfaction (Ironson, Smith, Brannick, Gibson, & Paul, 1989), work/life balance (Netemyer, Boles, & McMurrian, 1996), and value-expressive communication (Anderson & Lapinski, 2013). We also created measures for infant feeding practices and barriers to breastfeeding. During Phase II, our team created a *self-administered paper survey* that participants completed before and after the public deliberation event in Fall 2014. This allowed us to have *pre-* and *post-test* measures of important variables, so that we could observe whether participation in the event caused changes in those variables. These surveys measured demographic variables, attitudes toward breastfeeding, beliefs about breastfeeding support in Brookings, civic engagement, value-expressive communication, and behavioral intentions. Survey data will be analysed with the statistical software package SPSS. Our team will examine the links between communication behaviors (e.g., civic engagement or value-expressive communication) and one's attitudes toward breastfeeding or intentions to support breastfeeding.

“Method” in Action

After conceptualizing and planning the project, we embarked on the project. In Phase I, we conducted focus groups and used those findings to frame the conversations at the public deliberation event in Phase II. In Phase II, we held a public deliberation event that clarified the issue and generated possible actions. Following Phase II, we held a follow-up meeting and *disseminated*, or shared, what we learned about Brookings breastfeeding support and the process of conducting CBPR on this issue.

Formative Research (Phase I)

Our formative research (Phase I) included focus groups with mothers ($n = 28$) and business leaders ($n = 23$), as well as an online community survey ($n = 87$). We also gathered informal data through conversations with community members and presentations at various community groups. The rich data from our formative research allowed us to create a *Community Conversation Guide* that informed our public deliberation event. The *Guide* outlined the benefits of breastfeeding and provided a snapshot of the issue in Brookings. Brookings has useful breastfeeding resources, such as

breastfeeding support groups and IBCLCs. However, we also identified, based on formative data, five major aspects of the problem of breastfeeding support in our community:

1. Lack of proper environment to pump at work or breastfeed in public;
2. Non-supportive breastfeeding culture in Brookings businesses;
3. Lack of formal awareness, education, and policies among employers;
4. Discomfort talking about breastfeeding; and
5. Difficulty juggling demands of work and breastfeeding.

Next, we outlined three approaches to the problem. These approaches were based on a synthesis of the various solutions that community members suggested during Phase I data collection. For each approach, the *Guide* provided arguments for the approach, possible actions, and potential concerns.

1. Approach 1: Prioritize Education. In this approach, our community would prioritize developing and disseminating local informational resources to parents, community members, and business leaders.
2. Approach 2: Develop Business Resources. In this approach, our community would prioritize creating resources that deal with workplace breastfeeding support and create them specifically for businesses, business leaders, and breastfeeding employees.
3. Approach 3: Create a More Supportive Culture. In this approach, our community would prioritize developing proactive ways to provide visible support to breastfeeding mothers in Brookings.

Implementation (Phase II)

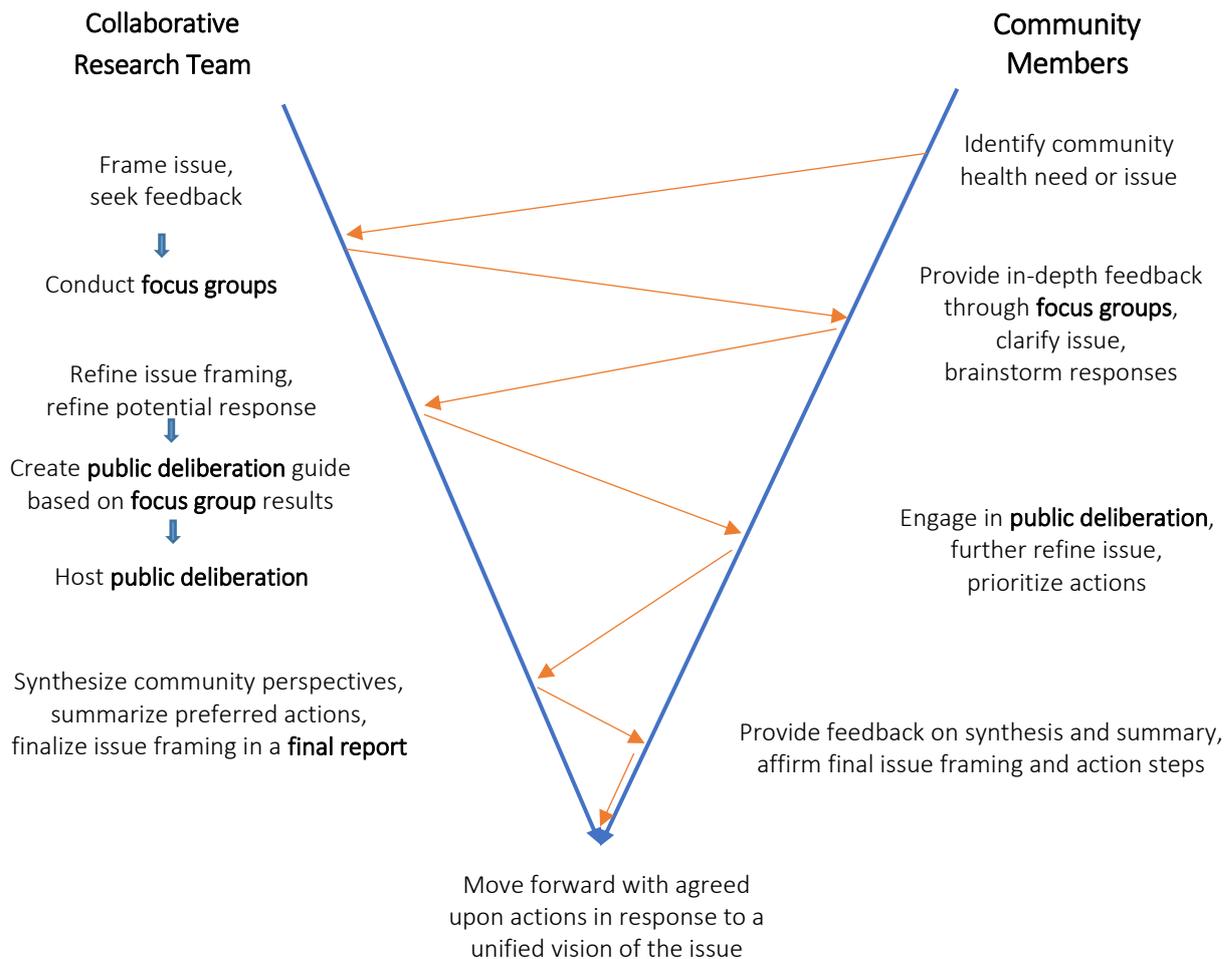
We implemented a public deliberation event on November 1, 2014, where members of the community came together to discuss different aspects of the problem of a lack of breastfeeding support, deliberated the three approaches to solving this issue in our community, and identified group and individual actions that community members could complete after the event. Approximately 70 people attended the event, including the Mayor of Brookings, the SDSU Provost, and SDSU Vice President for Human Resources. The event also attracted local physicians, nurses, faculty members, mothers, fathers, public health practitioners, and local business representatives. As discussed above, community members attending the event participated in directed small group discussions and also completed pre- and post-test surveys. Based on open-ended responses on the surveys, and notes from the note-takers, the communication researchers created a *Community Conversation Report* that highlighted the major themes in the deliberative conversations.

First, across discussion groups, we discovered three major aspects of the problem that resonated with participants:

1. Business owners and managers seem unaware of breastfeeding benefits (for children *and* employees);
2. Non-breastfeeding community members (including employers, friends, family, etc.), do not seem to share a concern for breastfeeding challenges; and
3. There is a lack of local advertising or public awareness that demonstrates the benefits of breastfeeding.

These themes shared some elements of the problem that were identified during focus groups, but they framed the problem in different ways and highlighted different components of the issue than what occurred during focus groups. This spotlights the iterative, dialogic process inherent in a CBPR project that uses public deliberation to address community health needs. Figure 1 illustrates this process.

Figure 1. Iterative Process of Community-Based Participatory Research Using Public Deliberation



Next, we identified themes from discussions about each approach to the issue, and highlighted concerns for each approach. Themes from Approach 1 (Prioritizing Education) included the need to prioritize this approach as a first step for any effort to improve breastfeeding support and to specifically target business owners and managers with educational efforts. Themes from Approach 2 (Developing Business Resources) included a need for both top-down and collaborative approaches to making and sharing resources and the desire to increase visible support through signage in local businesses. Themes from Approach 3 (Create a More Supportive Culture) included working to make breastfeeding more ‘normalized’ through promotional efforts and breastfeeding-friendly business designations, and creating comprehensive, collaborative, and continuous support for breastfeeding throughout the community. Across approaches, community members were

concerned about costs, materials, specifics of implementation, public communication (marketing) about efforts, interpersonal communication about breastfeeding, addressing diverse needs, and remaining sensitive to community members who either use formula (exclusively or to supplement) or are otherwise not engaged in breastfeeding.

This final report was shared with the community, and was specifically engaged at a “Next Steps” meeting in early January 2015. At this meeting, dedicated community members who participated in the public deliberation event came together to establish working groups and delegate actions. At the outset of the meeting, we engaged in *member validation*, where we asked those participants to review our presentation of the findings and comment on their accuracy. The participants at the event suggested minor wording changes and then affirmed a finalized version of the report.

In addition to the findings generated from the event, the event itself part of the process of *deliberative inquiry*. Deliberative inquiry is a somewhat cyclical process (similar to Figure 1) that integrates policy and issue analysis, partnerships with the community, public deliberation events, facilitation, reporting out, and, sometimes specific public actions or another round of public conversations and campaigns (Carcasson & Sprain, 2015). Public deliberation events, specifically, typically result in three outcomes related to civic engagement: 1) educational gains, 2) motivating actions, and 3) democratic, participatory problem-solving (Carcasson, 2009). In our case, we observed the following civic engagement outcomes from the public deliberation:

- 1) Educational Gains: community members learned more about breastfeeding support, participants and trained facilitators gained democratic participation skills;
- 2) Motivating Actions: each participant committed to taking specific actions to improve breastfeeding support in Brookings businesses; and
- 3) Democratic, Participatory Problem-Solving: community connections were fostered through deliberation between diverse stakeholders; community action steps were identified.

Dissemination

In addition to the community reports generated from this project, the research team also disseminated project findings in scholarly outlets and maintains a social media presence. For instance, our team published an article in the *Journal of Human Lactation* about the importance of interpersonal communication about breastfeeding in the workplace, using data from the business leaders’ focus groups (Anderson et al., 2015). Additionally, the research team was invited to publish an article on the importance of health communication and rhetoric collaborations in making rhetorical studies of health visible to the public (Kuehl, Drury, & Anderson, 2015, forthcoming). The communication researchers also presented on the importance of involving students, as facilitators and notetakers, in the process of public deliberation through education training in civic engagement (Drury & Kuehl, 2015). At the National Communication Association’s annual convention, the communication researchers plan to lead sessions on conceptualizing CBPR while maintaining one’s scholarly identity, writing competitive grant proposals, and engaging in deliberative community problem-solving. Finally, the Brookings Supports Breastfeeding team continues to update the Facebook page to remain connected to community members and to continuing actions related to this community issue.

Practical Lessons Learned

Our team learned two important lessons from this project: the importance of clear communication to a successful collaborative project and the benefits and limitations of promoting a CBPR project to community organizations. These lessons are discussed next.

Clear Communication is Essential to Collaborative Research

CBPR can be quite messy. This is especially true when three team members give birth to their first babies during the project! But clear communication between all team members during each stage of the research process can help the team respond to special circumstances with ease and grace. Our experiences highlight the unpredictable nature of life and community-based research, as well as the power of truly collaborative work that extends beyond a solitary researcher or expert and truly taps into the social capital of a collaborative team.

During Phase I of our project, our focus group expert (who had planned to moderate the focus groups) had a baby two months earlier than expected—at the same time that focus groups had already been scheduled to be conducted. Because of this, other team members had to jump in and lead, or moderate, the focus groups. While this change in plans was a surprise, the transition was extremely smooth, because all team members had played a role in developing the focus group moderator guides and had helped with recruitment. In this way, every person on the team already had buy-in and was able to contribute to data collection. Between Phase I and Phase II, our marketing and PR professional had a baby—right as we were hoping to ramp up promotional efforts for the event. However, since our team had taken a collaborative approach to developing the branding and promotional efforts for the project, other members of the team were able to lead the project’s promotional component. Team members updated the Facebook page and gave media appearances in the weeks leading up to the event. During Phase II of our project, our rhetorical methods expert (who had planned to cover event planning and execution details) had her baby—just a few weeks before the scheduled event. Again, our team was prepared to take on her responsibilities, because of the collaborative nature of our research process. Each member of the team was well aware of the event schedule and the planned discussion topics, because these were developed at the Summer 2014 full team meeting where we discussed themes from the Phase I focus groups. Because of this, the team members were able to keep moving ahead and put on a successful public deliberation event.

Promotion is a Double-Edged Sword

Our promotional efforts for the event were extremely successful. Our project was featured in various local, regional, national, and even international media outlets. Through our formal community presentations and informal interactions prior to the public deliberation event, we learned that many members of our community had been saturated with messages from “Brookings Supports Breastfeeding” and that they expressed a high level of awareness about the project and the issue. In fact, our efforts to build awareness were so effective that they prompted policy and practice changes at a handful of local businesses *before* the public deliberation event even took place. We are pleased that our promotional efforts sparked a broad community conversation that extended beyond our project parameters, and that those conversations prompted positive change in our community—these are some of the goals of CBPR.

However, because the issue garnered a lot of coverage, and because some high profile local businesses already began making changes before the event, we suspect that the public deliberation event itself lost some of its potential appeal. If community members' awareness of the issue was high, and if businesses were already aware of (and enacting) potential solutions, then the need to engage in public deliberation about this issue may not have seemed as necessary. We suspect this was particularly true for business owners who were making positive changes in their workplaces, but who did not attend the public deliberation event. Indeed, public deliberation attendees were primarily breastfeeding mothers who had direct experience with the issue. The outcomes from the public deliberation event might have been more robust with a more diverse group of participants. However, the successful marketing that decreased the diversity at the event might have actually increased overall community participation in a broader conversation about breastfeeding support in Brookings businesses. And this is a very positive outcome for a CBPR project like this one, where sustained change will only occur through the community—not through a research team.

Conclusions

The Brookings Supports Breastfeeding team took a mixed-methods, CBPR approach to discuss and enhance breastfeeding support in Brookings businesses. The project included two phases (formative research and implementation), during which all members of the team were meaningfully involved. Through focus groups, surveys, and a public deliberation event, the team gathered input from the community and facilitated the generation and prioritization of approaches to the issue. Finally, the team is disseminating findings from this study through academic journals, reports, and social media. Currently, community members are working on the next stages of building breastfeeding support in Brookings. One exciting opportunity includes Brookings serving as a pilot community for the South Dakota Department of Health's efforts to build comprehensive breastfeeding support in local businesses across the state. As Brookings continues to set itself apart as a breastfeeding-friendly community, hopefully other communities will follow their lead. In doing so, Brookings and these other communities will be exemplars in helping to realize that initial dream of seeing more women successfully breastfeed.

Exercise and Discussion Questions:

- 1) How were community health needs identified? What approaches did the researchers take to address these community health needs?
- 2) In what ways was communication central to the research process in this case study? Why is effective communication essential to CBPR?
- 3) Imagine a community who has identified "improving the nutrition of school lunches" as their primary health need. Outline a CBPR approach to addressing this health concern. Consider who should be part of the research team, what types of data should be collected and analysed, how the team will communicate with the community, what type of outcomes should be expected, and how the findings will be disseminated.
- 4) The steps of this research process included: conceptualization, planning and promotion, training, data collection and analysis, implementation and community problem-solving (holding the public

deliberation event), reporting, and dissemination. For each step in the process, a) describe the step, b) identify the type of methodologies used, c) describe how the collaborative team approached or accomplished the step, and d) explain the role of communication in accomplishing that step.

List of Further Readings:

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Links to any relevant web resources:

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