

The Story of “KINDNESS” From Rural Alaska

A Model for Comprehensive Infant Feeding Support

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Introduction: *Breastfeeding peer-counseling programs have been shown to be successful across a variety of settings. This program description of the Kodiak KINDNESS Project adds to the body of evidence.*

Method: *KINDNESS offers a trusting relationship and individualized support on every aspect of infant nutrition to all families with infants living on Kodiak Island, Alaska.*

Results: *KINDNESS breastfeeding rates exceed the World Health Organization 2025 target of 50% exclusive breastfeeding at 6 months, demonstrating efficacy of a tailored, readily accessible, and comprehensive community program.*

Conclusion: *The unique geographical isolation and culture of Kodiak Island has allowed collection of a robust database documenting feeding patterns of 90% of births since 2006. One family at a time, KINDNESS has effectively changed Kodiak’s infant feeding culture and shown excellent results in breastfeeding duration rates.*

Keywords: program effectiveness; breastfeeding; peer support; infant nutrition; breastfeeding duration

Kindness in words creates confidence. Kindness in thinking creates profoundness. Kindness in giving creates love. –Tao Te Ching

Since the beginning of history, humans have been formally and informally helping each other birth and feed their babies. In modern times, organizations strive to find effective, systematic ways that support families to ideally nourish their infants. A 2017 World Health Organization (WHO) report found that no country in the world scores highly on breastfeeding policy and program indicators. Only 40% of infants worldwide are exclusively breastfed at 6 months, and just seven countries in the world allocate more than 5 USD per birth to support breastfeeding programs (WHO & UNICEF, 2017).

The way support is delivered to families varies widely; systematic reviews have evaluated different approaches to help identify the best strategies (Haroon, Das, Salam, Imdad, & Bhutta, 2013; Kaunonen, Hannula, & Tarkka,

2012). At least one meta-analysis showed that regardless of how support is delivered, merely the fact that support is available extends breastfeeding durations (Mott, Wirtz, & Nashelsky, 2015). Key factors that increase the reception of breastfeeding support are using “person centered” communication skills and establishing a trusting relationship (Schmied, Beake, Sheehan, McCourt, & Dykes, 2011).

The current body of evidence shows there are a variety of effective strategies for providing infant feeding support; however, every mother–infant pair, community, country, and healthcare system is unique. The story of the Kodiak KINDNESS Project is being shared to help others develop cost-effective, comprehensive, yet simple interventions that increase access to quality infant feeding support around the world.

Setting

Kodiak Island Borough comprises an archipelago of islands in the North Pacific, 400 km southwest of Anchorage, Alaska. Kodiak is the second-largest island in the United States and supports a population of 13,500, including 800 people who live in six Alaska Native villages inaccessible by road (U.S. Census Bureau,

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2017) and 1,100 active duty United States Coast Guard (USCG) personnel (KMXT News, 2018). Most of the land mass is a wildlife refuge for Kodiak brown bear and the primary economy is commercial fishing. Providence Health & Services Alaska (PH&SA) operates Providence Kodiak Island Medical Center (PKIMC), a 25-bed critical-access hospital, where an average of 180 infants are born annually.

Kodiak provides an ideal setting to implement and evaluate health and social welfare programs due to the tight-knit culture of our geographically isolated community, which has one hospital and a small network of connected clinics and services. There is wide ethnic diversity due to immigrant populations working in the commercial fishing industry and the large USCG presence, many of whom are young adults starting families. According to Census data, 21.3% are Asian, 12.7% are Alaska Native, 9.3% are Hispanic, and almost 19% of the population is foreign-born (U.S. Census Bureau, 2017).

How KINDNESS Started

Prior to KINDNESS, infant feeding support was available on a limited basis to families presenting with problems. These services were provided either through the United States Department of Agriculture (USDA) Women, Infants, and Children (WIC) supplemental nutrition program or by healthcare professionals with lactation support skills working at health clinics. In early 2000, the author was inspired to improve locally available services, especially after a neighbor offered her indispensable breastfeeding help late on a weekend evening.

Over the next 6 years the author researched community programs, attended trainings, established partnerships, fielded ideas, and tested systems. The goal was to establish a free, comprehensive, and proactive program accessible to all Kodiak families, regardless of income, how their infants were fed, or location of birth. On July 17, 2006, KINDNESS began offering services to every Kodiak family with an infant. Figure 1 shows highlights in the program's evolution.

How KINDNESS Works

Finances and Community Outreach

Kodiak KINDNESS is a Community Benefit Program of PH&SA, meaning families are not charged for services, and PKIMC does not bill for reimbursement. KINDNESS receives donations, seeks periodic grant funding, and holds annual community fund-

raising and community awareness events. Examples of community outreach include an annual, stroller-friendly 5-km Milk Run; participation in the Quintessence Challenge (Quintessence Foundation, 2016); advocacy for workplace pumping rooms; and a weekly “weigh and play” support group. Donations are administered through the Providence Alaska Foundation, a philanthropic group established to support Providence's mission of providing care to the poor and vulnerable (PH&SA, 2018). Figure 2 shows how the cost per family served has changed over time.

Program costs were calculated by counting each family once per month of participation divided into program costs for that month, multiplied by number of months of participation. Only years with 12 months of data were included. Costs have increased due to employment of professional versus paraprofessional peer counselors starting in 2013, staff turnover, expansion of services, and a fluctuating number of volunteers. Even at the highest cost per family, at \$742.00 USD, KINDNESS shows excellent value considering it covers an entire year of timely, comprehensive infant feeding support and saves clinic visits for weight checks or feeding concerns. One uncomplicated well-child check for an infant at the Kodiak Community Health Center (KCHC) costs \$337.84 USD (V. Anderson, personal communication, August 3, 2018). The American Academy of Pediatrics (AAP) recommends seven well-child visits during an infant's first year (AAP, 2017), which without insurance would average \$2,365.00 USD in Kodiak.

Staffing

KINDNESS caregivers, comprised of PKIMC employees and volunteers, are trained with the USDA's Loving Support Through Peer Counseling curriculum including the BestStart 3-Step Counseling Approach (USDA, 2018) and the Center for Disease Control's (CDC) *Guide to Strategies to Support Breastfeeding Mothers and Babies* (CDC, 2013). Additional training is provided on bottle-feeding, ethical and proper use of formula, starting solid foods, and oral-motor as well as overall infant development.

Over time, KINDNESS has mentored a mixture of professional and paraprofessional peer counselors and volunteers, with focused effort on recruiting bilingual staff from a variety of ethnic backgrounds. Several team members trained by KINDNESS have applied their lactation skills in other health-related careers. One peer counselor, who previously worked at fast food restaurants, is now a

Figure 1. KINDNESS Timeline



^aJuly 2009. Community Connection; Ideas and Innovations for Hospital Leaders. American Hospital Association Newsletter. National publication intended to showcase successful community based healthcare initiatives. www.ahacommunityconnections.org/inccc/img/case_study/pdf/09commcnncaseex.pdf

^bOctober 2009. Outreach Lactation Program Podcast, Lactation Education Resources, LLC. 30-minute podcast; KINDNESS highlighted as an example of a community outreach lactation program for LER's Lactation Consultant Training Program. <https://www.lactationtraining.com/interviews-with-practicing-lcs>

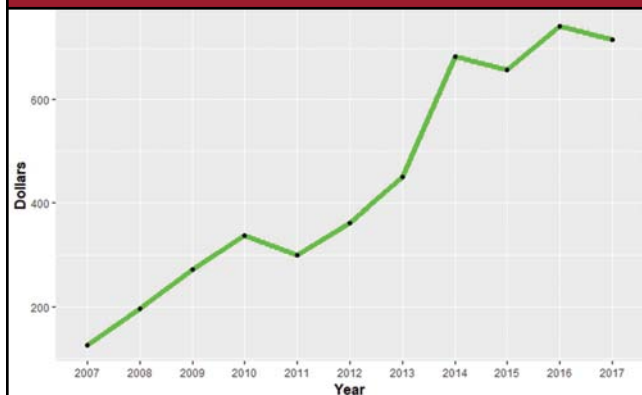
^cApril 2014. Alaska Rural Health Conference, Anchorage, Alaska. Recognition of significant contributions to the quality of safety of rural Alaskans, including evidence of improved outcomes or increase in health status indicators, number of rural Alaskans impacted, innovative approach to quality improvement and applicability to other organizations and communities.

^dOctober 2015. President's Award for Strategic Innovation, Providence Health and Services. Systemwide recognition for building enduring relationships with consumers. The President's Award aims to spread successful programs and initiatives among Providence Ministries. Film link (2 minutes): <http://bcove.me/n3fml9>

^eApril 2017. Providence "Hear Me Now," Providence Health and Services. Public posting of an interview between a KINDNESS caregiver and participant, modeled after NPR's StoryCorps program. Listen to the story (5 minutes): <https://www.providence.org/hear-me-now/all-stories/alaskastories>

^fJuly 2018. Became an IBCLC Recognized Breastfeeding Support Counsellor Organization—a designation that allows volunteers and employees to automatically use their hours working with KINDNESS toward their IBCLC certification. <https://ibclce.org/step-1-prepare-for-ibclc-certification/lactation-specific-clinical-experience/pathway-1/>

Figure 2. Costs per family served 2007–2017.



Certified Nursing Assistant (CNA) and has applied to obtain her nursing degree. Others became childbirth doulas, obtained IBCLC credentials, and incorporated enhanced lactation knowledge into their medical practices. Any infant feeding program that trains volunteers or staff not only helps participant families, but creates job opportunities and expands the lactation knowledge base across a variety of sectors.

Service Delivery

Every family that delivers at PKIMC is visited by a KINDNESS caregiver within 24 hours of birth; families with infants born elsewhere are referred by health clinics, WIC, or word-of-mouth. Parents are provided with a noncommercial gift bag, offered individualized education, and invited to enroll in KINDNESS for continued support through their infant's first year. Participants have no obligation to make appointments or leave their homes to receive services. Anticipatory guidance on all aspects of infant feeding is provided through a minimum of eight proactive telephone calls made to families at defined benchmarks after birth when infant feeding concerns tend to emerge: 3 days; 1, 2, and 6 weeks; and 3, 6, 9, and 12 months.

Early calls are made by the same caregiver who enrolled the family, to nurture a trusting caregiver-participant relationship. Following BestStart protocol (USDA, 2018), KINDNESS caregivers ask open-ended questions to elicit the mother's concerns, give affirmation of her feelings, and then provide targeted education and related anticipatory guidance. Appendix A details the education points that may be provided at each particular age, after the mother's specific concerns are addressed.

More than 60% of families receive home visits and additional calls until particular feeding concerns resolve. At home visits, caregivers provide emotional support, weigh infants, loan breast pumps, assist with latching or supplemental feeding, educate on healthy bottle-feeding (including proper mixing of formula), and screen for developmental readiness for solids. Parents can call the KINDNESS "warm line" cellphone, which is attended by staff 24 hours per day, and same-day home visits are often provided. Referrals are made when needed to primary care providers, infant development specialists, WIC, physical or occupational therapists, or social services.

KINDNESS also provides education on starting solids, infant nutrition, and transition to cup drinking. Families who cannot attend nutrition classes are emailed or mailed information, or provided individualized education by phone or home visit. KINDNESS curriculum has mirrored major changes in infant nutrition guidelines over the years, especially regarding food allergies and using developmental guideposts versus age-based recommendations (AAP, 2018). Recently, KINDNESS started emphasizing the difference between "tasting" and "eating," and promotes early tasting of a wide variety of foods based on evidence supporting better food acceptance with early exposure to flavors (De Cosmi, Scaglioni, & Agostoni, 2017).

Cultural Sensitivity

In addition to recruiting bilingual peer counselors with Filipino and Hispanic backgrounds (the two largest immigrant subsectors in Kodiak), all KINDNESS caregivers and volunteers are trained in cultural awareness and sensitivity. Specifically, caregivers are trained to respect culturally influenced convictions about breastfeeding or infant feeding, provided there is no proof of harm, such as beliefs about certain foods helping or hindering milk supply. KINDNESS caregivers provide evidence-based education to all participants equitably, explain the rationale for recommendations, and respect each family's choices without judgment.

KINDNESS services are provided in any language, using PKIMC's contracted interpreting service (INDEMAND, 2018) or by peer counselors fluent in Tagalog or Spanish. Further efforts are made to accommodate participants' needs based on cultural preferences. For example, after noticing that Filipina mothers rarely attended nutrition classes or support groups despite expressing interest over the phone, suggestions from Filipina peer counselors and mothers were solicited. KINDNESS caregivers

learned that many Filipina mothers might feel intimidated by coming to a class at the hospital, particularly if they thought they would be the only Filipina in attendance. Based on this feedback, KINDNESS now offers “mini-classes” at a Filipina’s home, inviting just two or three participants who are related or otherwise know each other.

In this setting, Filipina mothers attend and participate with full engagement. KINDNESS has witnessed repeatedly how the mere act of mothers helping mothers is itself a powerful equalizer that transcends cultural barriers. KINDNESS caregivers have been welcomed not only into many culturally diverse homes, but even into bedrooms and right onto the mother’s bed to help her learn to nurse lying down. Cultural differences seem easily overcome when the driving force is a mother’s desire to nurture her baby.

Key KINDNESS design elements include inclusivity, proactivity, timeliness of service, and incorporating all aspects of infant nutrition. Communitywide acceptance of public and extended breastfeeding now prevails in Kodiak, arguably through KINDNESS’s confidence-building with individual families regardless of feeding method, concerted efforts to overcome language and cultural barriers, cooperation among service providers, and community outreach designed to normalize breast feeding.

A recent standout example was the public recognition shown to a single mother at the 2018 KINDNESS Milk Run. About 100 attendees applauded the mother, who works seasonally at one of Kodiak’s fish processing plants while her infant is being raised by relatives in California. With KINDNESS support, she succeeded in her goal to breastfeed by pumping and shipping her frozen breast milk to California in fish boxes provided by her employer for her baby to take by bottle.

Information Management

In addition to addressing families’ infant feeding concerns, KINDNESS collects a myriad of infant feeding data at each contact point, including infant milk type, feelings about breastfeeding, breastfeeding problems, bottle and formula usage, work status, social support, and feeding milestones (e.g., starting solids). Information is managed using Act! CRM (Customer Relationship Management) software, released in 1987 and intended for businesses to keep track of clients and sales opportunities (www.act.com). Customized tables in an Act! CRM

add-on program allow multiple infant feeding parameters to be tracked based on the infant’s age (<https://www.toplinerresults.com/topline-add-ons>). KINDNESS has accumulated robust data on almost 90% of Kodiak infants over the past 12 years that can be used to analyze trends and allocate resources for the future.

KINDNESS Outcome Measures

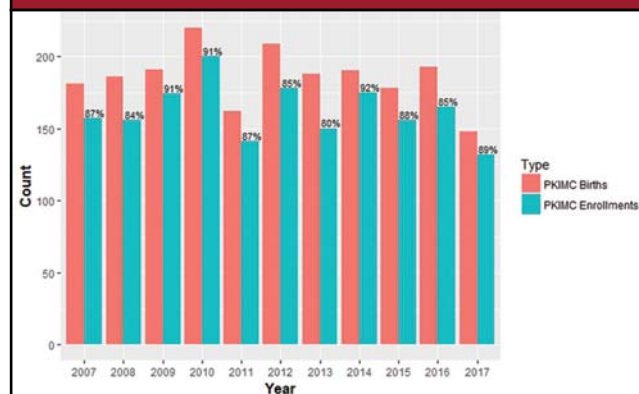
Participation, Declined Enrollments, and Dropouts

KINDNESS has serviced over 2,100 families since its inception through November 2018 when this article was submitted; this includes 88% of PKIMC deliveries. KINDNESS works with community partners such as WIC, local midwives, the USCG, and the Providence Alaska Medical Center Neonatal Intensive Care Unit, located in Anchorage, to reach out to families with infants born elsewhere, averaging about 10% of total enrollments. Figure 3 shows PKIMC enrollments compared to PKIMC births, and Figure 4 shows selected parameters of KINDNESS service utilization. Where applicable, only data from full calendar years are included.

Overall, 12% of families delivering at PKIMC declined KINDNESS enrollment before hospital discharge; half of those who declined said they felt confident about feeding their babies and one-third had previously participated in KINDNESS.

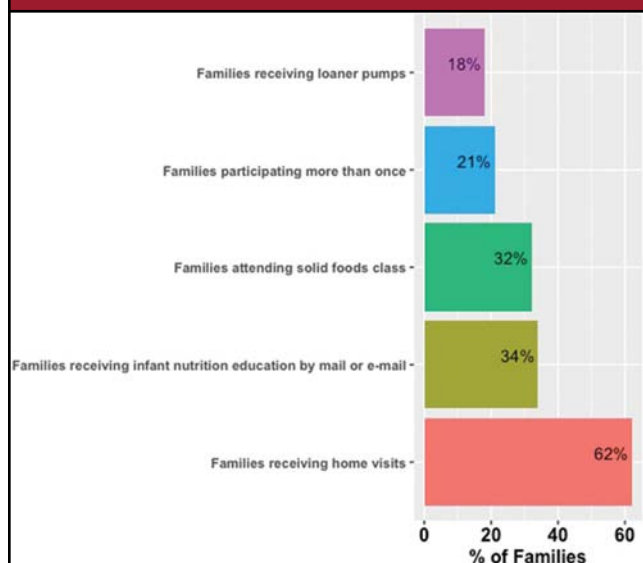
Data were separated by complete and incomplete participation to evaluate when and why participants drop out.

Figure 3. Families enrolled at PKIMC compared to total PKIMC births: 2007–2017.



Note. PKIMC = Providence Kodiak Island Medical Center.

Figure 4. Utilization of KINDNESS services: Cumulative data.



Complete participation is defined as contact through the infant's first birthday. Due to the program's proactive design, almost 63% of families enrolled at birth "graduate" from KINDNESS around the 1-year mark. Firm conclusions about breastfeeding duration rates or participation bias between these groups cannot be drawn due to low numbers and unknown breastfeeding durations after participants leave the program. Kodiak has a highly transient population due to USCG transfers and seasonal commercial fishing. Many of the families in the "unknown" category in Figure 5, which shows reasons for incomplete participation, likely moved without notifying KINDNESS. Although KINDNESS offers continued phone support after families move, many phone numbers become disconnected.

Figure 6 shows that most dropouts occur after the 3-month milestone. This is useful for developing program retention strategies.

Breastfeeding Duration

KINDNESS data were reported directly by participants by phone, email, or in person. In preparation for analysis, narratives from participant-caregiver interactions in each mother's record were reviewed and cross-checked with data fields and customized tables before being exported to Excel. Further data processing was completed using the R statistical environment, including the reshape2 package (R Core Team, 2017, Wickham, 2007).

Figure 5. Reasons for incomplete participation in KINDNESS: Cumulative data.

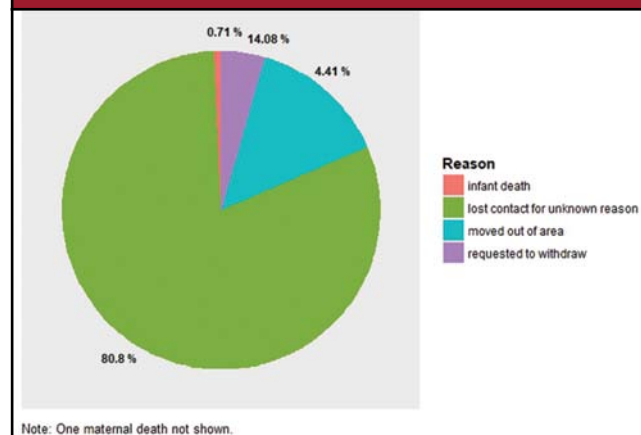
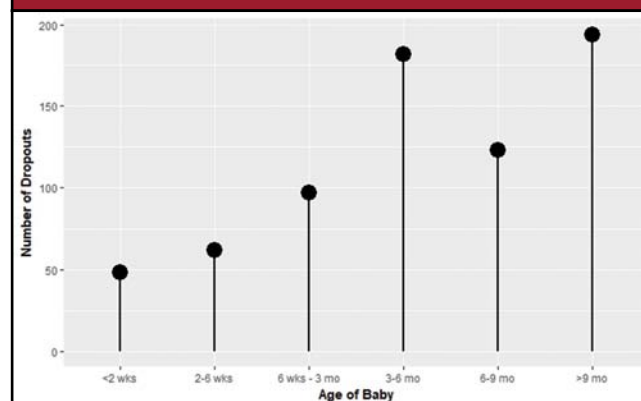


Figure 6. When families drop out of KINDNESS: Cumulative data.



Data visualizations were created using the ggplot2 package in R (Wickham, 2016).

KINDNESS breastfeeding initiation and duration rates of healthy, term infants are above Alaska averages at all ages, and surpass the U.S. Department of Health and Human Services (DHHS) *Healthy People 2020* breastfeeding objectives and WHO 2025 targets (CDC, 2018; DHHS, 2010, WHO, 2014). Two particularly meaningful outcomes are (1) 53% of KINDNESS infants were exclusively breastfed at 6 months, and (2) 44% were not given formula at all during the first year. Figures 7-9 show cumulative KINDNESS data compared to CDC U.S. national and Alaska breastfeeding rates, as well as *Healthy People 2020* goals and WHO 2025 targets.

In an effort to establish a baseline comparison, information was requested from the state of Alaska's WIC

Figure 7. KINDNESS breastfeeding rates at birth compared to Alaska and U.S. rates and recommended targets.

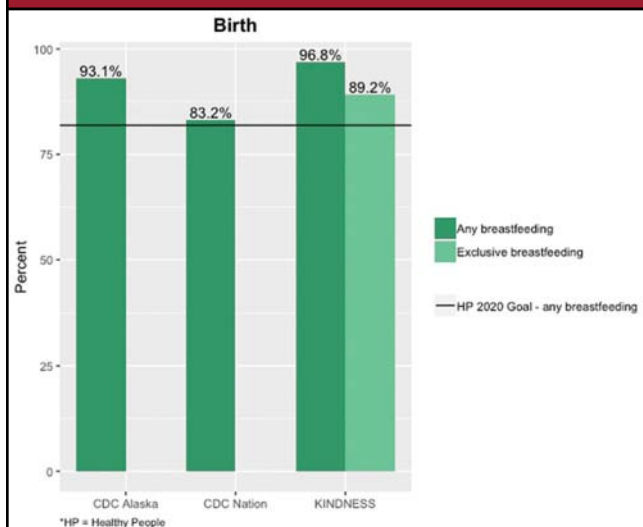


Figure 9. KINDNESS breastfeeding rates at 12 months compared to Alaska and U.S. rates and recommended targets.

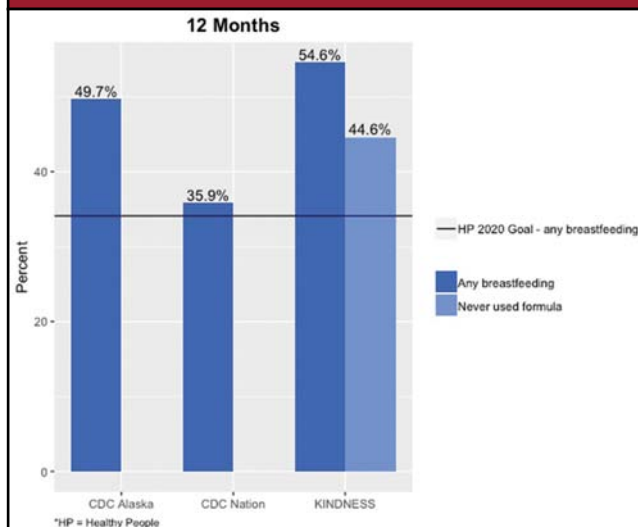
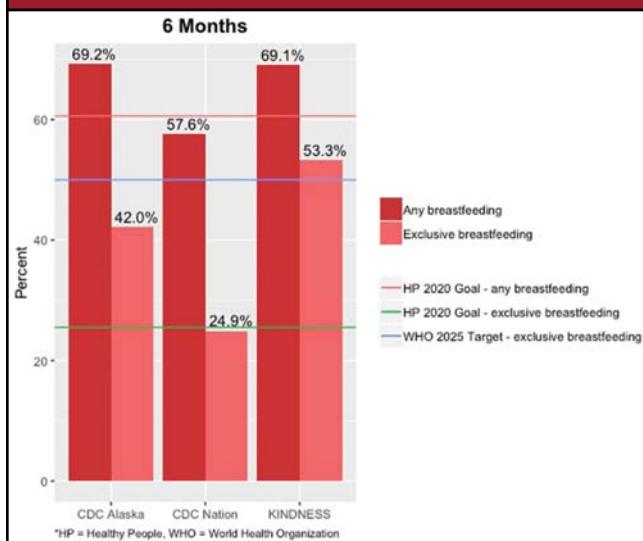


Figure 8. KINDNESS breastfeeding rates at 6 months compared to Alaska and U.S. rates and recommended targets.



highest breastfeeding duration rates of all WIC programs in Alaska. Alaska's WIC breastfeeding coordinator reported that the "Kodiak WIC program is the only WIC program in the state meeting the *Healthy People 2020* goals that WIC tracks, including breastfeeding initiation, breastfeeding at 6 months, and at 1 year. Kodiak KINDNESS has collaborated with the WIC program over the years and is a strong partner in WIC's breastfeeding support efforts and their success" (D. Kent, personal communication, December 10, 2015).

The Bottom Line

The WHO urges all countries to strengthen health systems and support mothers, particularly through strong linkages between facility- and community-based strategies and peer-to-peer counseling and communication campaigns tailored to the local context (WHO & UNICEF, 2014). KINDNESS meets this challenge by providing services to all families before hospital discharge and continuing support throughout their infant's first year. A recent study identified the need to incorporate ways of addressing parents' concerns about infant nutrition as a corollary to breastfeeding support (See, Smith-Gagen, Hollen, White, & Christiansen, 2018). KINDNESS fulfills this by offering classes on introducing solid foods and offering education on all aspects of infant feeding at each contact point.

KINDNESS has made cost-effective, comprehensive infant feeding support accessible to the entire island

program specific to Kodiak before KINDNESS started. Kodiak WIC mothers are also serviced by KINDNESS, but WIC data are based on fiscal year and WIC only serves families that meet federal low-income thresholds. Due to low numbers, difficulty verifying WIC mothers within the KINDNESS database, and different time frames, conclusive comparisons could not be made between the two data sets. However, in 2010 the Kodiak WIC program was recognized for having the

community of Kodiak and exceeded the WHO 2025 target for 50% exclusive breastfeeding at 6 months. Weaknesses include losing contact with 37% of families before their infants' first birthdays, missing enrollments of infants born elsewhere, and relying on self-reported data. It cannot be proven that participation in KINDNESS lengthens breastfeeding duration without a baseline comparison group. Moving forward, the founder plans to further investigate internal program parameters and identify which components have statistically or clinically significant impacts on infant feeding practices. For example, do women who receive home visits breastfeed longer? Does attending a class versus getting a packet of emailed information affect whether families follow current guidelines?

Perhaps the most important KINDNESS impact is captured in the unique relationships forged with participants. Participating families say they felt supported and respected regardless of feeding outcome. Many say they felt reassured just *knowing* that KINDNESS was going to call them. Participants appreciated being followed by the same KINDNESS caregiver, which validates "person centered" communication skills and establishing a trusting relationship. See Appendix B for a sampling of participant feedback received over the years.

Conclusion

Would KINDNESS work in larger population centers or in places not as geographically isolated as Kodiak Island? The only way to find out is to continue trying, to continue learning from the families we serve as well as from projects implemented elsewhere. It is daunting to create systems that reach entire populations, especially at times when national, political, or commercial interests are at odds with the irrefutable facts of what is best for human health (Jacobs, 2018). However, KINDNESS shows that it is possible to achieve communitywide results by helping one family at a time. Just as the KINDNESS founder will never forget the neighbor who reached out to help with her first baby, she herself was recently recognized at a neighborhood gas station by a woman who had just moved back to Kodiak after a decade living off-island. The stranger burst out, "I know *you*. I will never forget you. You came to my house 12 years ago and helped me feed my baby!"

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Christiana Hawn, MPH, MS, was a KINDNESS participant in Kodiak, Alaska, who volunteered her time and expertise in epidemiology/statistics for the completion of this article. After serving as a USCG officer for 6 years, Hawn completed her MPH at Johns Hopkins Bloomberg School of Public Health and worked as a cancer collaborative coordinator to build networks and capacity in northeast Florida. Hawn completed her MS in statistics at Texas A&M in May 2019. She is currently working as a statistician in Rockville, Maryland. In her free time, she loves hiking, biking, and enjoying the outdoors with her husband and three daughters.

Appendix A

Anticipatory Guidance Offered at Scheduled KINDNESS Contact Times

Age of Infant	Examples of Anticipatory Guidance for Normal-Term Infants
Birth–48 hours Before discharge from hospital (or at a home visit for infants not born at PKIMC)	Face-to-face visit: Consent and enrollment, initiation of breastfeeding/bottle-feeding and what to expect the first few days, direct assistance with latching, avoidance of formula and artificial nipples, plans noted for return to work or school, OR healthy and gravity-neutral bottle-feeding (for nonbreastfeeding families).
2–3 days	Call: How mom is feeling/social support, how to manage milk coming in, infant stool and urine output, infant weight gain/loss, comfort of breasts and nipples, avoidance of formula and artificial nipples, AND/OR formula tolerance and gradually increasing volumes, healthy and gravity-neutral bottle-feeding, home visit offered if red flags raised.
1 week	Call: How mom is feeling/social support, infant stool and urine output, infant weight gain, comfort of breasts and nipples, avoidance of formula and artificial nipples, AND/OR formula tolerance and volumes, healthy and gravity-neutral bottle-feeding, home visit offered if red flags raised.
2 weeks	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, avoidance of formula and artificial nipples, AND/OR formula tolerance and volumes, healthy and gravity-neutral bottle-feeding, home visit offered if red flags raised.
6 weeks	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, initiation of pumping and introduction of breast milk bottles if desired, healthy and gravity-neutral bottle feeding, vitamin D recommendations, AND/OR formula tolerance and volumes, home visit offered if red flags raised.
2 ½ months	Email: Invitation to KINDNESS infant nutrition class.
3 months	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, pumping and breast milk bottles/return to work or school, healthy and gravity-neutral bottle-feeding, vitamin D recommendations, tasting versus eating information, invitation to KINDNESS infant nutrition class AND/OR formula tolerance and volumes, home visit offered if red flags raised.
6 months	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, pumping and breast milk bottles/return to work or school, healthy and gravity-neutral bottle-feeding, invitation to KINDNESS infant nutrition class, introduction of solid foods and cup drinking, AND/OR formula tolerance and volumes, home visit offered if red flags raised.
9 months	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, pumping and breast milk bottles/return to work or school if applicable, healthy and gravity-neutral bottle-feeding, how infant is progressing with solids, texture, table foods, and cup drinking, AND/OR formula tolerance and volumes, home visit offered if red flags raised.
12 months	Call: How mom is feeling/social support, infant weight gain, comfort of breasts and nipples, weaning from bottle to cup, weaning from formula if applicable, toddler breastfeeding or breastfeeding weaning goals, introduction of toddler milk (whole cow, soy, almond, or other), how infant is progressing with table foods, graduation from KINDNESS, or continued follow-up if needed.
12–18 months	Call: Individualized follow-up on weaning from breast or bottle, progression with solids, infant growth, or other related concerns.

Appendix B

Samples of KINDNESS Participant Feedback and Media Coverage

Your program made it a wonderful place to nurture our family, here in "little" Kodiak. Better perhaps than what bigger towns and cities can offer! Thank you for your devotion and love!

Heather + Everybody
Kodiak Kindness @Kodiak Kindness -
You guys ROCK! I Love this Project & appreciate you & all the others that helped me have a great nursing experience this time around.
Thank you!

This little note comes with a personal touch just to say "Thank you...ever so much!"
Feeder is such a joy to be growing so fast. It's because I'm breast-feeding him.
It works! I couldn't have done it without you!!

First off, I can't describe how helpful this program has been. I have a pump on loan that I am ready to return. Also, I would like the program to keep the \$100 deposit as a donation.

Hi Heather and Kodiak Kindness Team!
Hannah is 6 months old and doing very well! I'm planning on starting her on solids soon, probably within a week or two. My plan is to prepare her food myself from fruits, veggies, and meats that I buy and then freezing whatever she doesn't eat right away for later meals. She's always been a great eater and I think she'll really enjoy being introduced to solids. I really appreciate the support I've gotten from you including the services you've offered (I really liked the infant nutrition workshop you gave, Heather!). Thanks so much for providing this service!

I wanted to thank you so much for everything your kindness program provided to me and my family during the past year. With your program's continued support and the use of the best breast pump around I was able to breast-feed my son for the whole year! This was much longer than I ever thought I would be able to do since I work full-time. You have a wonderful program and I am deeply appreciative to you! Please keep our deposit as a donation to your program! Thanks.

We appreciate you.

New moms are thankful for Providence Kodiak's 'kindness'

KINDNESS, breast-feeding may not have been possible for her.
At first, Finn was not properly "latching on" to Almandmoss and it took longer than normal for her to begin producing milk, she said. So Kodiak KINDNESS provided her with a device that helps to overcome both problems. The supplemental nursing system consists of a container for milk that hangs around the mother's neck and is connected to a tube. The infant sucks on the tube and the sensation is supposed to stimulate the production of breast milk.
It worked. Finn is now a healthy two-month-old and breast-feeding normally. "He's just a delight," she says. "He's smiling now, playing, cooing ...

Providence Kodiak Island (AK) Medical Center is well on its way to surpassing the Department of Health and Human Services' "Healthy People 2010" goal of increasing to 75% by 2010 the proportion of mothers nationwide who breast-feed their babies.

Race raises money for Kodiak Kindness program

By NICOLE KLAUSS
Mirror Writer

Kodiak's fitness class for moms and babies is hosting a fun run Saturday to raise money for the Kodiak Kindness program.
Kodiak Kindness is a non-profit supported by Providence Kodiak Island Medical Center, which works to help new moms learn about infant feeding and nutrition.
Brooke McLaughlin, owner of the Fit4Mom franchise in Kodiak, formerly known as Stroller Strides, said she decided to host the fundraiser because she used the services offered by Kodiak Kindness when she had her son, Kalsin.

moms.
"Being a new mom, it was such a huge resource to me," McLaughlin said. "I was able to call when I was at my wit's end."
McLaughlin hopes to raise at least \$500 for the program to thank the program leaders and provide continuing community support. She also hopes to make the run an annual event.
The 1-kilometer or 6-kilometer run is open to all ages. There will be balloons for kids and door prizes.

Many thanks to you & the kindness team in Kodiak! What a tremendous support service you provide to the moms & babies in Kodiak. Cecilia & I have certainly benefitted from your kindness. She's now a happy, busy 10 month old.
Thank you!

Kindness among mothers

Anonymous donation helps fund program to support infant nutrition

By DEANNA COOPER
Mirror Writer

Thank You

If it weren't for you we probably wouldn't be breast-feeding anymore. We really appreciate the time and attention you have taken to help us along. It has been so comforting to know that we have help. Thank you just doesn't seem like enough to express how truly appreciative we are.

Thank you for everything!

A SPECIAL THANK-YOU FOR ALL THE DILIGENT WORK YOU DO IN THE KINDNESS PROGRAM.

You are amazing!!

What your hospital has in this program is truly unique. Many of my friends who live in other states have expressed their frustrations with breastfeeding and the lack of support that is available to them. This has contributed to them being unsuccessful with breastfeeding and having to resort to formula. When I tell them about the Kindness Program and all that they have provided to me they say, "I wish we had a program like that here."

Thank you - from the bottom of our hearts!!