

Layers of Diversity: Part II

A Knowledge to Practice Program



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Learning Objectives

By the end of this tutorial, you will:

- Understand the final two layers of diversity
- Have the skills to help women overcome the barriers to breastfeeding

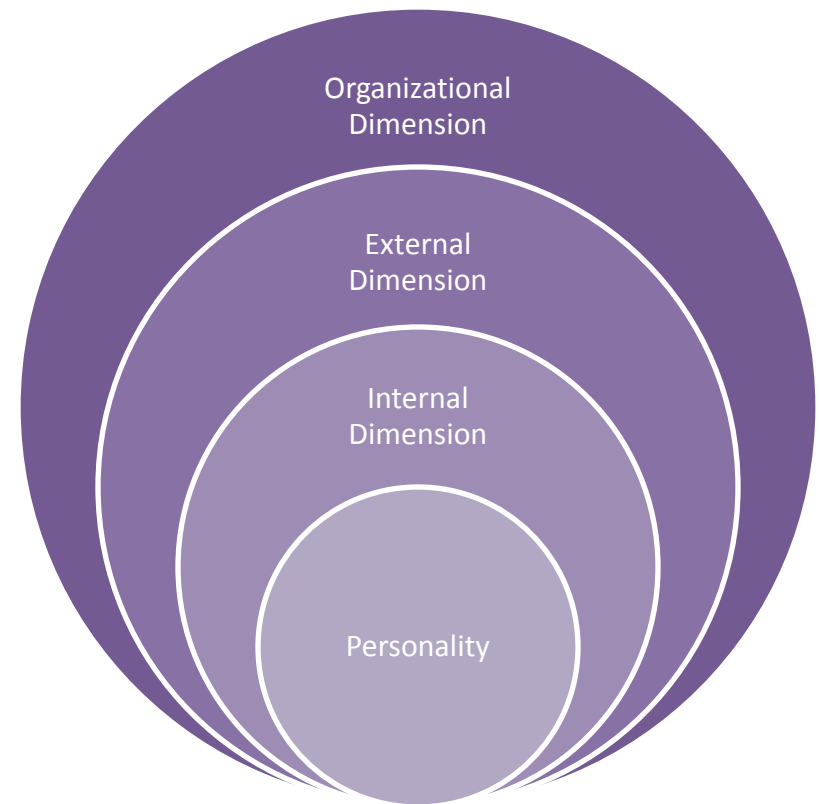
Outline

Throughout this tutorial, you will cover the following topics:

- The Final two layers of the Four Layers of Diversity Model
- Barriers to breastfeeding

So what is the Four Layers of Diversity Model?

In case you don't remember from the tutorial *Layers of Diversity: Part I*, the Four Layers of Diversity Model was developed by Lee Gardenswartz and Anita Rowe (1994) in order to describe individual's potential differences and their effect on how we see the world.





This is a more detailed version of the model.



**Let's start by looking at the External
Dimension.**



The External Dimension

- Includes aspects of our lives which we have some control over, which might change over time.
- Includes geographic location, income, personal habits, recreational habits, religion, educational background, work experience, appearance, parental status, and marital status.

Let's take a closer look at marital status, geographic location, educational attainment, and income and how these things affect breastfeeding rates.



Maternal Marital Status

	Ever breastfeed	Breastfed at 6 months	Breastfed at 12 months
Married	81.7	51.6	27.5
Unmarried	61.3	25.5	11.9

As you can see, married women are more likely to breastfeed their children than unmarried women.



Geographic Location

	Ever breastfed	Breastfed at 6 months	Breastfed at 12 months
MSA, Central City	75.5	43.9	24.4
MSA, Non-Central City	77.9	45.3	22.3
Non-MSA	66.4	35.0	17.4

Women who live in MSA's (Metropolitan Statistical Areas), which are areas with relatively high population densities, are slightly more likely to breastfeed their children than women living in non-MSA's.

Educational Attainment

	Ever breastfed	Breastfed at 6 months	Breastfed at 12 months
Not a high school graduate	67.0	37.0	21.9
High school graduate	66.1	31.4	15.1
Some college	76.5	41.0	20.5
College graduate	88.3	59.9	31.1

Women with a higher educational attainment are slightly more likely to breastfeed their children than women with a lower educational attainment.

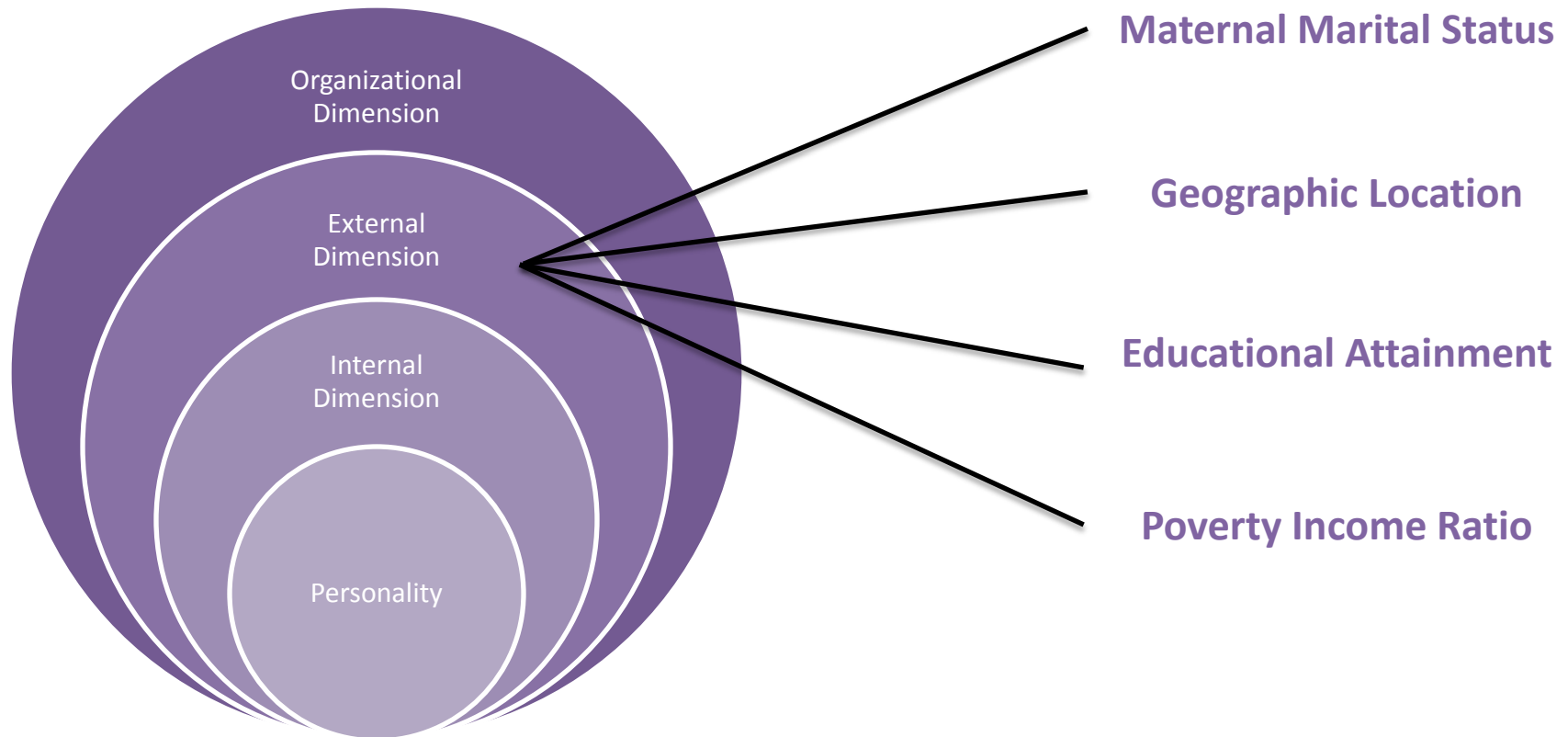


Poverty Income Ratio

	Ever breastfed	Breastfed at 6 months	Breastfed at 12 months
<100%	67.0	34.7	19.0
100% - 184%	71.2	36.9	18.9
185% - 349%	77.7	45.0	23.9
≥350%	84.4	54.0	26.7

Women with a greater family income are slightly more likely to breastfeed their children than women with a lower family income.

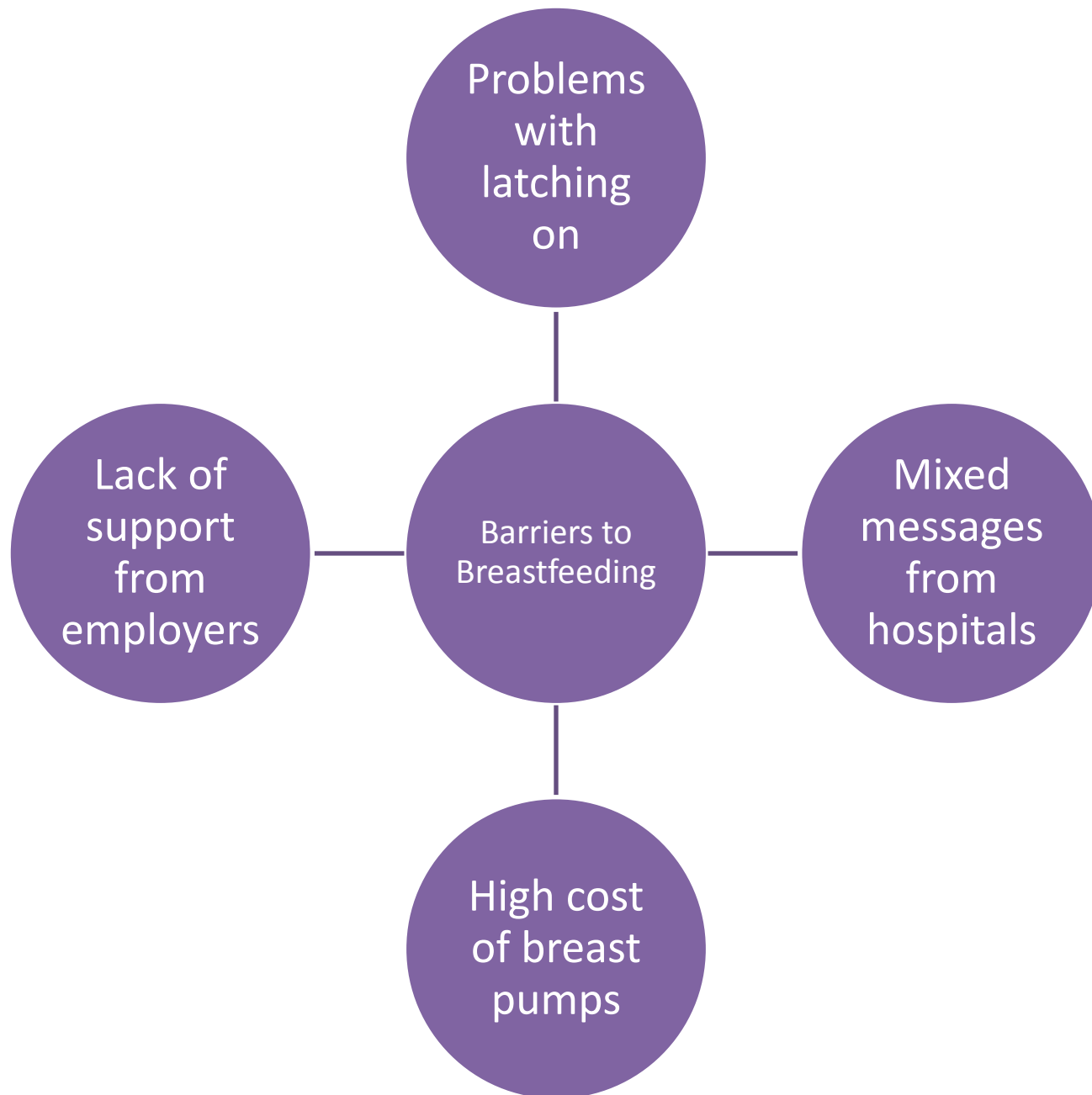
All of these socio-demographic factors are part of the External Dimension, which we have some control over and might change over time.



But changing some of these factors might be hard to do, and they might end up becoming barriers to breastfeeding.

Watch this video and note some of the barriers that are discussed.

<http://www.youtube.com/watch?v=rjjVVMkW5L8>



How might the aspects of the External Dimension contribute to some of these barriers?



Marital Status:

- If a woman is not married, she might not have someone encouraging her to keep trying to breastfeed.

Geographic Location:

- If a woman lives in a rural area, she might not have access to a baby-friendly hospital that would help her breastfeed.

Educational Attainment:

- If a woman has lower educational attainment, she might not be aware of the benefits of breastfeeding.

Income:

- If a woman does not have a high income, she might not be able to afford a breast pump or might have to return to work where she can't pump.

**Now, let's move on to the
organizational dimension.**

The Organizational Dimension

- Includes the aspects of culture found in a work setting, such as work location, work content field, seniority, etc.
- While much attention of diversity efforts is focused on the internal dimensions, issues of preferential treatment and opportunities for development or promotion are impacted by the aspects of this layer.

**Sometimes, it is hard to practice
healthy habits while working.**



<http://www.youtube.com/watch?v=S2XmUPpQsFc>

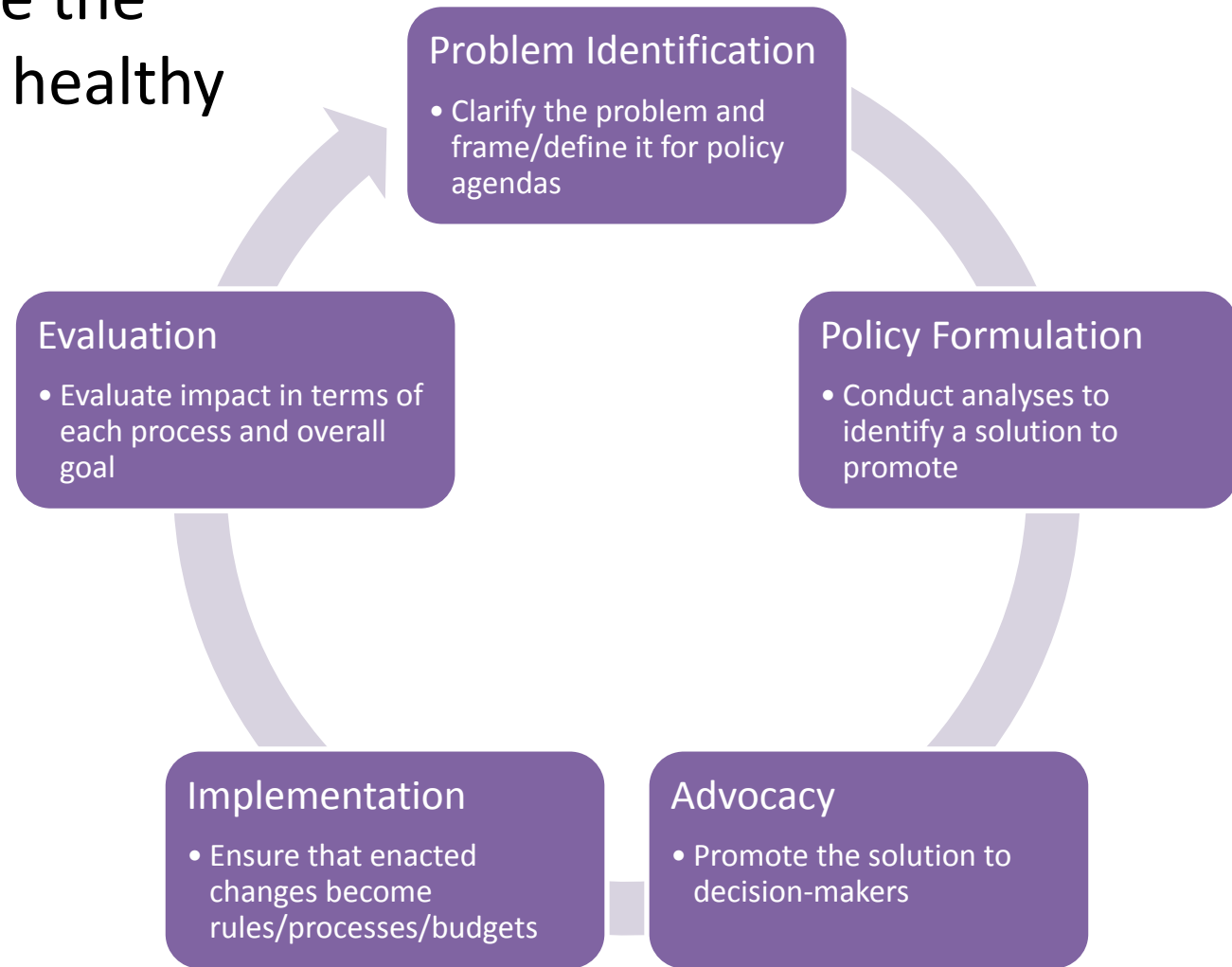


The United States Breastfeeding Committee has released an online guide to help employees understand their rights as breastfeeding moms in the workplace.

How might public health professionals help women overcome barriers to breastfeeding, especially those in the workplace?



Advocacy is a good way to promote the creation of policies that reduce the barriers to making healthy decisions.






The Directors of Health Promotion and Education (DHPE) offer a training program on Shaping Policy for Health.

This training curriculum was developed recognizing that health problems are influenced by policies and environments that either sustain healthy behaviors or fail to support them.



Making policies and laws requiring break time for nursing employees is just the first step.

Employers must be made aware of the new laws and sometimes might need help figuring out how to implement them in their unique workplace.




Accommodating Breastfeeding Mothers at Work IS THE LAW

Employers **MUST** support their breastfeeding employees at work. Under the law, employers must give breastfeeding women:

- *Time to pump breastmilk at work*
- *A private clean space that is not a bathroom*

This right is provided to hourly employees in the U.S. Patient Protection and Affordable Care Act. The law in Louisiana extends this right to public school teachers.

Compliance is possible in nearly every work setting, and there are many resources to help. It's an easy, worthwhile investment. Create a policy and talk to your employees.



See a sample policy at:
<http://womenshealth.tulane.edu/pages/detail/69/Louisiana-Workplace-Breastfeeding-Support-Program>

Conclusion

- The External Dimension is made up of factors that we have some control over, but might be hard to change (marital status, geographic location, educational attainment, income, etc.)
- The Organization Dimension is made up of factors that typically exist within a workplace
- Both of these layers play a role in how we make decisions regarding our health
- Advocacy is one way public health professionals can help minimize the barriers caused within these layers that prevent people from making healthy decisions

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