Colorado Breastfeeding Logic Model for Community-Based Change

**Outputs**

**Resources**

- **Local Contributions**
  - Staffing, community-based project coordinator, program evaluator, volunteers, partnerships (business community, health organizations, local public health)
  - Financial resources: locally received grants
  - Support for infrastructure: meeting sites, training sites, means for communication, evaluation resources
  - Commitment from employers, hospitals, community advocates

- **Financial resources (CDC funding through Colorado Physical Activity and Nutrition Program, Livewell community grants; Colorado Breastfeeding Coalition pooled resources)**

- **Supporting literature and research (best practice and evidenced: based practices)**

- **Breastfeeding data (PRAAMS, Padf2X, CDC, Child Health Survey, npF2X, CDC report card)**

**Activities**

**Communities form breastfeeding coalitions to:**
- Assess existing coalitions for feasibility of addressing breastfeeding
- Post resources
- Meet regularly, network, communicate
- Build a mission
- Perform strategic planning on local breastfeeding issues
- Assess and prioritize community needs (e.g., survey pregnant and postpartum women, hospital staff, health care providers – pediatrics, family practice, obstetricians; employers, child care providers, local political partners)
- Plan activities considering key initiatives below.

**Worksite/Intervention/Employer Outreach (education/training)**

Communities reach out to employers by:
- Hosting regional workshops for employers
- Offering suggestions to Human Resources organizations to provide employers with samples of standard written policies
- Educating about or disseminating the toolkit “Business Care for Breastfeeding”
- Identifying model programs and highlighting to media and other employers
- Recognizing and/or awarding local breastfeeding friendly workplaces.

**Maternity Care Practices (education/training)**

Communities support their local hospital/birth centers by:
- Hosting the Colorado Can Do 5! presentation at the hospital/birth center if presentation has not yet been given.
- Offering technical assistance to hospitals (such as disseminating model policies, clinical protocols, sharing best practice information)

**Professional Support (education/training/communication)**

Communities provide training opportunities for local health care providers by:
- Assessing types of training required focusing on needs based on provider level of promotion and intervention and maternal population served (prenatally, early postpartum, later postpartum)
- Reporting provider preferred training methods (on-line, self paced, seminar, etc.)
- Offering and/or recommending lactation trainings and breastfeeding curricula available in Colorado and surrounding states
- Selecting and offering trainings to make better progress toward ensuring sufficient numbers of language and cultural competencies among providers (e.g., ensure that Spanish speaking staff receive training)

**Community Support (resources/training)**

Communities develop breastfeeding resources for its members by:
- Disseminating clinical protocol with providers regarding recommended follow-up for the breastfeeding newborn
- Organizing a support group(s) for breastfeeding mothers
- Developing community breastfeeding resource lists that include where to get help, purchase breastfeeding supplies, who to call with questions
- Investigating current resources for breast pumps rentals and evaluate whether all income levels have access
- Investigating ways to provide breastfeeding support services (e.g., electric, pump rentals) through unique settings (e.g., health care providers)
- Providing training to child care providers on appropriate infant feeding, and why and how to be a baby friendly child care center

**Short-term Outcomes**

- Number of coalition members representing the following entities: primary health care providers, hospitals, lactation experts, businesses, WIC, midwives, doula, mothers, fathers, grandparents, charity organizations, schools (head start) child care providers, food banks, churches, synagogues, community centers or
- Name of an existing maternal-child health-focused group (e.g., early primary care council) adopts advancing breastfeeding issues as a part of their mission
- Coalition name, mission and annual strategic plan established.
- Annual list of target activities created.
- Number of coalition meetings and meeting minutes produced.

**Goals**

- Breastfeeding duration rates at 6 and 12 months achieve HP2020 goals (60.5%, 34.3%, respectively).
- Exclusive breastfeeding rates at 3 and 6 months achieve HP2020 goals (44.3%, 23.7%, respectively).
- 75% of hospitals achieving the Colorado Can Do 5! by 2015.
- By 2015, 40% of employers have worksite lactation programs.
- By 2015, fewer than 15% of breastfed newborns receive formula supplementation within the first 2 days of life.
- By 2015 community has access to referral site(s) with skilled support available for women in the early and exclusive and continued breastfeeding.

**Long-term Outcomes**

- Breastfeeding
- Outpatient clinic and lactation program exist
- lactation consultation is affordable
- Breastfeeding support services are affordable
- Providers are able to support breastfeeding problems and concerns
- Community lactation experts are working toward becoming International Board Certified Lactation Consultants (IBCLC)
- Culturally and linguistically appropriate breastfeeding support services.