

Colorado Breastfeeding Logic Model for Community-Based Change



Goals

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 (PRAMS, PedNSS, CDC, Child Health Survey, mPINC, CDC report card)

Activities

- Public Awareness (communication, program planning)**
Communities form breastfeeding coalitions to:
 - Assess existing coalitions for feasibility of addressing breastfeeding
 - Pool 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 - pediatricians, family practice, obstetricians; employers, child care providers, local political positions)
 - 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 highlight 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 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)
 - Researching 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 protocols 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 pumps rentals) through unique settings (e.g., health care providers)
 - Providing training to child care providers on appropriate infant feeding, and why be and how to be a baby friendly child care center

Outputs

- Public Awareness**
 - Number of coalition members representing the following entities: primary health care providers, hospitals, lactation experts, businesses, WIC, midwives, doulas, mothers, fathers, grandparents, charity organizations, schools (head start) child care providers food banks, churches, synagogues, recreation and cultural centers OR
 - Name of an existing maternal/child health- focused group (e.g., early childhood 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.
- Worksite/Employer Outreach**
 - Number of workshops held for community employers.
 - Number of workshop participants and names collected.
 - Number and names of employers receiving packets of information (policy samples, toolkit) on how to support breastfeeding employees.
 - Number and names of local employers receiving an award and/or media attention for being baby friendly.
- Maternity Care Practices**
 - Number and name of hospitals who have received the *Colorado Can Do 5!* presentation in community.
 - Number of hospitals who have received technical assistance.
 - Number of hours and type(s) of technical assistance provided.
- Professional Support**
 - Report of summary of training needs by provider type completed.
 - Training resources evaluated based on content, method, and price.
 - Number of trainings offered; and number and type (job type) of participants at each training collected.
- Community Support**
 - Name and number of providers receiving clinical protocols.
 - Name of group leaders and number of support groups established.
 - Resource list created and distributed. List and number of recipients maintained.
 - List of situations where mothers are unable to access breastfeeding support and services.
 - Number of child care trainings provided and number and names of participants collected.

Short-term Outcomes

- Alliances created among public and private to:**
 - Share evidenced-based useful information on breastfeeding
 - Improve communication among entities
 - Remove stereotyping & preconceptions
 - Improve breastfeeding support practice
 - Reduce duplication of efforts
 - Raise political clout on breastfeeding awareness among policy decision makers.
- Employers know:**
 - Colorado laws
 - Benefits of breastfeeding to businesses
 - Where to get help
 - They are supported and recognized by organization and community
- Hospitals and birth centers have:**
 - Breastfeeding friendly maternity care infant feeding practices
 - Staff who know how to support the breastfeeding dyad
 - Administration who highlights baby friendly initiatives
 - Staff who receive annual breastfeeding training
 - Culturally and linguistically appropriate breastfeeding support services.
- Outpatient clinics 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 (IBCLCs).
 - Culturally and linguistically appropriate breastfeeding support services.
- Community wide effort results in informed health care providers and community organizations of local sources for breastfeeding support.
 - Child care providers know how to support the breastfed infant and welcome the breastfed infant.

Long-Term Outcomes

- Breastfeeding duration rates at 6 and 12 months achieve HP2020 goals (60.5%, 34.1% 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 early, exclusive and continued breastfeeding.
- By 2015 communities have at least one designated lactation expert (preferably an IBCLC) for each 1,000 live births.

- ★ Breastfeeding is practiced and accepted as the normal way to feed infants and is a part of health care to families.
- ★ Community partnerships with resources to protect breastfeeding.
- ★ Reduced adversity in the childhood experience by providing the best start through breastfeeding.
- ★ Lower acute and chronic diseases for mothers and infants.
- ★ Employers optimally accommodate nursing mothers/employer.
- ★ Hospitals practice (institutionalize) baby friendly breastfeeding supportive practices.
- ★ Families receive balanced information and consistent messages about infant feeding.
- ★ Families have resources in the community for lactation support
- ★ Health care providers attain core competencies to promote exclusive breastfeeding to women prenatally.
- ★ Health care providers attain core competencies to support exclusive breastfeeding to women in the early postpartum period.
- ★ All health facilities are designated baby friendly and actively support exclusive breastfeeding (0-6 months)
- ★ Child care providers are supportive of breastfeeding.

