

**UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICES**

**USING LOVING SUPPORT TO BUILD A
BREASTFEEDING-FRIENDLY COMMUNITY:
INITIAL GRANT**

SITE

**Special Supplemental Nutrition Program for
Women, Infants and Children (WIC), Department of Family Health,
Rhode Island Department of Health, RI**

Erin E. Dugan, MPH, RI WIC Breastfeeding Coordinator

**FINAL REPORT
APRIL 1, 2005**

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**USING LOVING SUPPORT TO BUILD A BREASTFEEDING-FRIENDLY
COMMUNITY IN RHODE ISLAND: INITIAL GRANT FINAL REPORT**

SUMMARY OF INITIATIVES

(Sorted by lead agency)

METROPOLITAN REGIONAL CAREER AND TECHNICAL CENTER

Client and Family Outreach

Teen Mothers

PHYSICIANS' COMMITTEE FOR BREASTFEEDING IN RI

Developing Community Partnerships

Employers

Health Provider Outreach

Physician Education & Resources

Pharmacist Networking & Education

RI BREASTFEEDING COALITION

Developing Community Partnerships

Health Insurers

Mobilizing Staff

Provider Education

Client & Family Education

Postpartum Resources

Health Provider Outreach

RI Breastfeeding Resource Directory

Pocket Resource Guide

Baby-Friendly Hospital Initiative

Lactation Consultant Networking

Public Awareness

Potential Parent Outreach

Public Forums

RI DEPARTMENT OF HEALTH

Developing Community Partnerships

Child Care Providers

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Client & Family Education

Breastfeeding Brochures I

Breastfeeding Brochures II

Loving Support Branding

Public Awareness

Working Families

HEALTH Breastfeeding Website

RI STATE WIC AGENCY

Mobilizing Staff

WIC Staff Education

WIC Policies

Client & Family Education

Children's Books

Loving Support Video

WIC Breast Pump Program

VISITING NURSE AGENCIES

Health Provider Outreach

VNA Training & Referrals

WOMEN & INFANTS HOSPITAL OF RI

Developing Community Partnerships

Providence Family Van

KEY

BFHI = Baby-Friendly Hospital Initiative

HEALTH = Rhode Island Department of Health

PCBRI = Physicians' Committee for Breastfeeding in Rhode Island

RIBC = Rhode Island Breastfeeding Coalition

SBC = State Breastfeeding Coordinator

VNA = Visiting Nurse Agency

W & I = Women & Infants Hospital of Rhode Island

WIC = Women, Infants and Children Supplemental Food Program

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METROPOLITAL REGIONAL CAREER AND TECHNICAL CENTER

Client and Family Outreach: Teen Mothers	
Strategy Activities	<p>Promote breastfeeding among pregnant and postpartum teens</p> <ul style="list-style-type: none"> ▪ Research advantages of and barriers to breastfeeding among teens (Completed Fall/Winter 2004) ▪ Conduct breastfeeding survey with teens at the Met School (Completed Winter 2005) ▪ Summarize research, survey methods and results and presentation experience in thesis paper (Completed February 2005) ▪ Using research and survey results, develop a presentation on breastfeeding targeting teens and a companion evaluation tool (Completed Fall/Winter 2005) ▪ Conduct presentation for Teen Pregnancy Prevention Coalition and integrate feedback; identify potential target populations (Completed February 2005) ▪ Finalize power point presentation (Completed March 2005) ▪ Test presentation with select groups of teens and professionals (Spring 2005) ▪ Conduct and evaluate presentation with targeted teen groups (Spring 2005) ▪ Write addendum research paper to include presentation experience in thesis paper (May 2005?)
Leaders	Met Center High School
Community Partners	RI Department of Health, Teen Pregnancy Prevention Coalition; Adolescent Self-Sufficiency Collaborative; local secondary schools; local community groups targeting teens
Evaluation	<p>Completed> Completed survey results; completed Power Point presentation integrating feedback from presentation participants</p> <p>Pending> Record of presentations and participants; two completed thesis papers</p>

Outcomes

Jasmine, a Met High School senior, has carried out this project working one day a week under the mentorship of the State Breastfeeding Coordinator. In February, she shared her slide show with the Teen Pregnancy Prevention Coalition, generating a lot of interest and enthusiasm among the participating health and social service professionals. They left her with a list of potential teen groups that she could target for presentations. In March, she invited the contacts for these groups to observe her presentation when she shared it with students and mentors at her school. In April,

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she will report on her progress at the RIBC meeting and will guide a discussion on breastfeeding among teens at the Adolescent Self-Sufficiency Collaborative, a training forum for providers working with teens. During her remaining six weeks in this internship, she will try to schedule two more presentations with classes at her own school, integrate participant feedback into the presentation and complete her final paper. She will also provide recommendations for program continuation, possibly through the identification of a younger Met student to carry out the project after she graduates. Several other college and graduate student interns have expressed interest in becoming involved in this initiative, which will likely be expanded and rolled into the RIBC 2005 Strategic Plan.

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PHYSICIANS' COMMITTEE FOR BREASTFEEDING IN RHODE ISLAND

Developing Community Partnerships: Employers	
Strategy	Supporting and promoting breastfeeding through employers
Activities	<ul style="list-style-type: none"> ▪ Research community-based intervention programs for employer outreach to support breastfeeding mothers in the workplace ▪ Interview large RI employers to identify the best approach to encourage employers to support breastfeeding in the workplace ▪ Develop mechanism to recognize and promote breastfeeding-friendly worksites ▪ Develop materials for intervention program (e.g. sample policies and procedures, promotional and instrumental materials for breastfeeding rooms, funding information, training module) <i>plan to wait for MCH materials developed by Best Start</i> ▪ Test materials with community partners, employers and COCs ▪ Adapt materials for Rhode Island employers based on feedback ▪ Develop and implement plan to deliver intervention program to community partners and employers ▪ Produce and distribute materials, post on HEALTH website ▪ Partner with COCs to provide info to small businesses ▪ Provide breastfeeding education and access to relevant community resources to employers and their employees
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Spring 2004 (completed) ▪ Spring 2005 ▪ MCH materials available in Fall 2005 ▪ Fall 2005 ▪ Fall 2005 ▪ Fall 2005 ▪ Winter 2005 ▪ 2006 ▪ 2006
Leaders	PCBRI, HEALTH Communications Team
Community Partners	Employers, Chambers of Commerce
Evaluation	Completed> Compiled interview results Pending> Completed employer packet; distribution information

Outcomes

The employer initiative was developed to educate employers about and facilitate compliance with a workplace breastfeeding law that PCBRI successfully advocated for and passed in 2003. The Department of Health (HEALTH) completed about a dozen interviews with RI employers in

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the spring of 2004 and compiled the survey results. The project was tabled that summer because of staffing changes and time restrictions within the HEALTH Communications Unit that limited program development. PCBRI has since discussed the idea of utilizing or adapting the employer materials currently being developed by the federal MCH Bureau and Best Start Social Marketing Inc. and scheduled for release in the Fall of 2005. The key person developing these materials has indicated that the contents and approach are in line with the RI survey results. HEALTH has also established that they can buy these materials, use them in conjunction with their own materials, or plug the content of these materials into their own materials. Although the new materials will inevitably be stronger than what HEALTH could develop and their ultimate use will be in line with national recommendations, the choice to wait for them has compromised much of the momentum developed through the legislative process.

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Health Provider Outreach: Physician Education and Resources	
Strategy	Provide breastfeeding education and outreach to pediatricians, obstetricians and family practitioners
Activities	<ul style="list-style-type: none"> ▪ Medela / Loving Support sponsored roundtable discussion for pediatricians on strategies for breastfeeding problems with continuing education credits ▪ Provide copies of Thomas Hale’s “Medications and Mother’s Milk” and training to key MDs at Community Health Centers ▪ Integrate breastfeeding information into HEALTH pre-natal materials packet (includes lead screening, immunizations, etc.) for distribution to patients through their perinatal providers ▪ Reward identified physicians and practices that support breastfeeding with letter and certificate of recognition ▪ Provide feedback and support to clinicians who provide inaccurate breastfeeding guidance
Timeframe	<ul style="list-style-type: none"> ▪ September 14, 2004 (completed) ▪ Spring 2005 (in progress) ▪ Spring 2005 (in progress) ▪ Ongoing ▪ In discussion
Leaders	PCBRI
Community Partners	RIBC, HEALTH Communications Team
Evaluation	<ul style="list-style-type: none"> ▪ Completed> 42 MDs, nurses and other providers attended and completed positive evaluations; RIBC materials and information distributed ▪ Completed> Books received March 2005 Pending> Completed letter to CHCs; brief training guidelines; record of completed presentations and book distribution ▪ Pending> Completed sample packet (cost of breastfeeding brochure = \$1950/year for 13,000 mothers) ▪ Completed> Letters and certificates of acknowledgement sent to several providers in August in conjunction with WBW 2004; no feedback reported Pending> Ongoing acknowledgement of supportive providers ▪ Pending> Record of identified MDs and feedback sent

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Health Provider Outreach: Pharmacist Networking and Education	
Strategy	Network with pharmacists to educate them about breastfeeding
Activities	<ul style="list-style-type: none"> ▪ Invite URI pharmacy students to Thomas Hale lecture ▪ Develop connections with pharmacy professionals through professional organizations, hospitals and retail pharmacies ▪ Identify point person at URI School of Pharmacy ▪ Work with URI to take on problem as a clinical project ▪ Procure and provide URI with copy of January 2004 Thomas Hale Grand Rounds video, “Medications and Mothers’ Milk” guide and online breastfeeding pharmacology resources ▪ Seek funding from CVS Headquarters to provide and distribute “Medication and Mother’s Milk” books to all CVS pharmacies
Timeframe	<ul style="list-style-type: none"> ▪ March 19, 2004 (completed) ▪ In progress ▪ June 23, 2004 (completed) ▪ In progress ▪ In progress ▪ In progress
Leaders	RIBC has taken this initiative over from PCBRI
Community Partners	W & I Hospital, URI Pharmacy School, CVS
Evaluation	<p>(See Outcome below)</p> <ul style="list-style-type: none"> ▪ Completed> 2 students attended Hale lecture March 19, 2004 ▪ Pending > Summary of pharmacy contacts and feedback ▪ Completed> Identified URI professor Celia MacDonnell, who teaches about pharmacology during pregnancy and lactation ▪ Pending> Evidence of integration of info into URI curriculum ▪ Completed> Hale video received by HEALTH April 2004; video mailed to Celia June 2004; Hale book mailed November 2004; Celia acknowledged receipt of both; letter to Hale ▪ Pending> Confirmation that Celia has reviewed Hale resources; delivery of “Medications and Mothers’ Milk” in Palm Pilot format to URI; evidence of URI utilization of Hale resources ▪ Pending> Record of correspondence with CVS; evidence of CVS utilization of Hale resources

Outcomes

RIBC members found that local pharmacists are currently using the Physician’s Desk Reference as a primary resource for breastfeeding pharmacology, despite the fact that it contains unreliable and incomplete information on this topic. Local pharmacists are not aware of the Hale resources and have no comprehensive, concise source of information about breastfeeding pharmacology. RIBC members drafted a letter to Hale inquiring about plans for marketing digital resources to pharmacy chains and universities with pharmacology, medical and nursing schools. RIBC has

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contacted CVS corporate headquarters to find out who is in charge of educational development for the pharmacists and is examining procuring a copy of Hale resources for all store computer systems. RIBC will also form a small task force that includes nursing, physicians, pharmacists, and clinical students and instructors to develop ways to ensure that health professionals obtain accurate breastfeeding pharmacology information.

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RHODE ISLAND BREASTFEEDING COALITION

Developing Community Partnerships: Health Insurers	
Strategy	Conduct outreach with health insurers to identify and enhance health insurance benefits for breastfeeding services and equipment
Activities	<ul style="list-style-type: none"> ▪ Identify and meet with point person for breastfeeding information at each major insurer in Rhode Island (BCBSRI, NHPRI, United) ▪ Identify what type of coverage is provided for breastfeeding ▪ Develop and implement plan to distribute benefit info to health care providers, including local WIC agencies ▪ Identify and enhance ways that insurers notify consumers and providers about benefits (e.g. subscriber education packets, subscriber newsletters, magazines, MD bulletins) ▪ Establish RIBC and PCBRI as experts for consultation on breastfeeding issues ▪ Encourage and provide support for insurers to provide additional breastfeeding coverage ▪ Maintain relationships and update benefit criteria annually
Timeframe	<ul style="list-style-type: none"> ▪ April 2004 (completed except United) ▪ Spring 2004 (completed) ▪ On hold ▪ Fall 2004 (ongoing) ▪ Fall 2004 (ongoing) ▪ 2005 / 2006 ▪ Ongoing
Leaders	RIBC
Community Partners	Health Insurance Providers
Evaluation	<p>(See Outcomes section below)</p> <ul style="list-style-type: none"> ▪ Completed> Point person names and contact info ▪ Completed> Completed insurance grid for each major Rhode Island insurer (see binder) ▪ Ongoing> Insurance grid distribution information ▪ Ongoing> Evidence of breastfeeding information distribution to subscribers ▪ Ongoing> Integration of RIBC and PCBRI input into breastfeeding issues ▪ Ongoing> Evidence of adoption of additional benefits ▪ Ongoing> Insurer attendance at RIBC meetings; open communication between insurers and RIBC

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Outcomes

The first two bullets of this initiative have been completed and have created a solid connection between RIBC and both BCBSRI and NHPRI (also fulfilling the "maintaining relationships" charge in the 7th bullet). RIBC will pursue United Health Care now that they are scheduled to take over the State Employees health insurance contract. The information collected through this process has been distributed to providers through RIBC and WIC breastfeeding peer counselors. RIBC will discuss additional ways to distribute this information.

As BCBSRI and NHPRI have become more aware of and involved with RIBC through the discussion of benefits and regular attendance at RIBC meetings, these conversations have resulted in some concrete changes in breastfeeding coverage and how this information is provided to consumers. NHPRI has since examined how they provide breastfeeding benefit information to their subscribers and has modified their prenatal packet to display breastfeeding information more prominently and to include information about coverage for lactation consultant visits. NHPRI has also included questions about breastfeeding intention, initiation and duration in their prenatal and postpartum client phone surveys. In addition, NHPRI is expanding their breastfeeding coverage to include reimbursement for private lactation consultants. BCBSRI created a breastfeeding policy and room for employees in their own organization and plan to include a feature about breastfeeding in the August 2005 issue of their subscriber magazine and on their cable access television show. The insurers have naturally taken the lead on these changes and have requested and utilized RIBC input on the process and the language for each transition. This has already been a very successful initiative for both RIBC and the partner insurers.

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Mobilizing Staff: Provider Education	
Strategy	Provide didactic and clinical breastfeeding education for VNA and birthing hospital nurses, multicultural and translation services health care agency staff, and other Rhode Island health care providers
Activities	<ul style="list-style-type: none"> ▪ Coordinate training date and location ▪ Coordinate training agenda with RIBC and Best Start ▪ Identify target training participants at each hospital and VNA ▪ Produce and distribute training and promotional materials ▪ Conduct training and provide certificates of completion
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Summer 2004 (completed) ▪ Early fall 2004 (completed) ▪ Early fall 2004 (completed) ▪ December 2, 2004 (completed)
Leaders	SBC, RIBC, Best Start Team
Community Partners	Birthing hospitals, VNAs
Evaluation	Completed> Over 100 health care providers, predominantly hospital and VNA nurses, attended and submitted very positive evaluations; increased attendance at RIBC meetings and involvement in grant initiatives (see program brochure in binder)

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Client and Family Education: Postpartum Resources	
Strategy	Provide resources for postpartum moms at hospital discharge
Activities	<ul style="list-style-type: none"> ▪ Collect existing resource lists and breastfeeding logs ▪ Develop standardized breastfeeding resource list and feeding log including red flags to distribute at hospital discharge ▪ Translate materials into Spanish and possibly Portuguese ▪ Research and identify best method of distribution to clients ▪ Coordinate handout production and distribution with all birthing hospitals and WIC sites ▪ Produce materials
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Spring 2004 (completed) ▪ Summer 2004 (Spanish completed; do Portuguese?) ▪ Summer 2004 (completed) ▪ Summer 2004 (ongoing) ▪ Summer 2004 (ongoing)
Leaders	RIBC, HEALTH Communications Team
Community Partners	PCBRI, birthing hospitals, other agencies providing referrals
Evaluation	<p>Completed> Materials produced and given to birthing hospitals and VNAs for distribution to breastfeeding moms at hospital discharge (see binder for brochure); HEALTH tracks distribution; feeding log in revision to reflect new AAP guidelines and will be distributed to all direct service partners upon completion; follow-up phone and in-person contacts indicate that agencies are distributing materials and find them useful; HEALTH will continue to track distribution and evaluate materials through verbal feedback</p> <p>Pending> Possible Portuguese translations; feeding log revisions</p> <p>Ongoing> Distribution of materials to community service providers and distribution monitoring</p>

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Health Provider Outreach: RI Breastfeeding Resource Directory	
Strategy	Update and distribute RI Breastfeeding Resource Directory (BRD)
Activities	<ul style="list-style-type: none"> ▪ Survey BRD distribution list members to evaluate directory effectiveness and format preferences ▪ Compile and enter survey data ▪ Update information contained in directory ▪ Reformat and print new version of directory ▪ Distribute and promote use of directory among health care providers and community partners
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Summer 2004 (completed) ▪ Summer to early Fall 2004 (completed) ▪ Late Fall to Spring 2004 (in progress) ▪ May 2005
Leaders	RIBC, SBC, HEALTH Communications Team
Community Partners	Rhode Island breastfeeding resource providers
Evaluation	Completed> formatted BRD draft Pending> Completed 2005 BRD edition; distribution information

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Health Provider Outreach: Pocket Resource Guide	
Strategy	Distribute pocket resource guide to nurses and other identified health care providers at partner birthing hospitals and organizations
Activities	<ul style="list-style-type: none"> ▪ Select a model guide for use (Women & Infants Pocket Guide) ▪ Contact publisher and get permission and specifications for cover and content modification and replication ▪ Solicit quantity requests from organizations / hospitals and develop provider distribution list ▪ Edit guide to meet RIBC criteria ▪ Clear edits with W & I ▪ Revise and produce guide ▪ Distribute guides
Timeframe	<ul style="list-style-type: none"> ▪ April 2004 (completed) ▪ May 2004(completed) ▪ June 2004(completed) ▪ Summer/Fall 2004 (completed) ▪ Fall 2004 (completed) ▪ Winter 2005 (completed) ▪ Winter 2005 (ongoing)
Leaders	RIBC
Community Partners	PCBRI, Women & Infants Hospital
Evaluation	<p>Completed> Completed RIBC pocket guide (see binder); distributed directly to hospitals, VNAs, WIC and other providers</p> <p>Pending> may mail to private MDs and CNMs with breastfeeding resource directory; possible future reprints and updates</p> <p>Ongoing> Distribution of guides to providers through RIBC and community events</p>

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Health Provider Outreach: Baby-Friendly Hospital Initiative	
Strategy	Promote the evidence and the steps of the Baby-Friendly Hospital Initiative (BFHI) to hospitals and affiliated providers in RI
Activities	<ul style="list-style-type: none"> ▪ Obtain names and addresses of all birthing hospitals in RI without the Baby-Friendly designation ▪ Investigate relevance of “Stark Laws” to BFHI ▪ Provide hospital LCs with BFHI surveys and process information ▪ Draft a cover letter endorsed by Department of Health and RIBC with Dr. Nolan’s signature encouraging BFHI (cite “Stark Laws”) ▪ Assist interested hospitals in initiating the Baby-Friendly process and providing 18-hour course for staff; involve hospital administrators as needed for approval and support, utilizing administrators from South County and Newport Hospitals; encourage Women & Infants Hospital to consult with Dr. Bobbie Phillips from Boston Medical Center about BFHI process
Timeframe	<ul style="list-style-type: none"> ▪ September 2004 (completed) ▪ September 2004 (completed) ▪ December 2004 (completed) ▪ Winter 2005 (completed) ▪ Ongoing ▪ On hold
Leaders	RIBC
Community Partners	Newport Hospital, South County Hospital, other RI birthing hospitals
Evaluation	<ul style="list-style-type: none"> ▪ Completed> List of hospitals that are not Baby-Friendly ▪ Completed> Stark Laws not applicable to formula distribution ▪ Completed> Surveys distributed at December 2, 2004 LC Sharing Day along with Power Point presentation of local BFHI successes ▪ Ongoing> Provision of technical support to interested hospitals ▪ Completed> Draft letter reviewed and revised by RIBC ▪ Pending> Record of key conversations and visits; completed certificates of intent for BFHI; conferral of BFHI status for RI birthing hospitals

Outcomes

Lactation consultants from Newport and South County Hospitals made a presentation to 46 other lactation specialists during the December 2, 2004 Lactation Consultant Networking Event. The presentation highlighted the experiences of becoming Baby-Friendly at the two Baby-Friendly hospitals in RI. The presentation was very informative and made the Baby-Friendly certification process seem very accessible to the participants. Westerly Hospital has received encouragement from its administration to initiate the Baby-Friendly process and has contacted Newport Hospital for guidance and to set up a site visit. Several key postpartum nurse managers from Women & Infants Hospital have joined this initiative. The Medical Director of the Division of Family Health has advocated for encouraging local hospitals to adopt Baby-Friendly standards.

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Health Provider Outreach: Lactation Consultant Networking	
Strategy	Provide an opportunity for local lactation consultants to network
Activities	<ul style="list-style-type: none"> ▪ Identify event date and location ▪ Plan LC networking event agenda ▪ Conduct LC networking event
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Summer 2004 (completed) ▪ December 2, 2004 (completed)
Leaders	RIBC
Community Partners	Community and hospital-based lactation consultants
Evaluation	<p>Completed> 48 IBCLCs, CLCs and PCs attended and provided positive feedback (event invitation and agenda in binder)</p> <p>Pending> Future LC event during IBCLC week in March 2005</p>

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Public Awareness: Potential Parent Outreach	
Strategy	Potential Parent Outreach
Activities	<ul style="list-style-type: none"> ▪ Research and purchase ads in movie theaters, busses and McCoy Field for display during WBW ▪ Spring/Summer 2004 (completed)
Timeframe	
Leaders	RIBC
Community Partners	HEALTH
Evaluation	Completed> Completed contracts; three movie theatre ads (one each for Caucasian, Spanish and African-American audiences) rotated into pre-movie slide show on 75 screens in RI and MA daily from August 6 to September 2, 2004; 240 bus cards (1/2 English and 1/2 Spanish) posted in busses statewide in August 2004; full-page, full-color ad printed in McCoy Field souvenir program for second half of 2004 baseball season plus 10-word scoreboard message flashed once on screen during final 20 home games (all ads included in binder)

Public Awareness: Public Forums	
Strategy	Provide Breastfeeding Information at Public Forums
Activities	<ul style="list-style-type: none"> ▪ Identify all relevant public forums in RI (LS partners notify SBC) ▪ Link w/ HEALTH to receive information about upcoming events ▪ Identify available personnel, resources and distribution materials ▪ Distribute breastfeeding information at public forums in RI
Timeframe	Ongoing
Leaders	SBC
Community Partners	All LS partners
Evaluation	Completed> RIBC representatives have attended a number of events and distributed breastfeeding information (see Table 1 next page) Ongoing> Attendance at future public forums

Table 1: RI Breastfeeding Outreach Activity Tracking Log

Date	Name	Organization	Description	Evaluation	
3/8/04	Laura Viehmann	Mill River Pediatrics	March 17, 2004 Grand Rounds at Pawtucket Memorial Hospital "How Does a Physician Support Breastfeeding?"	6 attendees (snow day)	√
5/8/04	Gail Van Reen (Sandi Gabriel)	EBCAP EHS	Health-oriented clinical and commercial "Baby Shower" event for pregnant moms: RIBC table display with prenatal and early postpartum breastfeeding resource handouts	Good attendance, resource distribution	√
5/8/04	Elaine DeSisto	RIBC	Breastfeeding table at Women's Health Fair: Warwick Mall with breastfeeding information display and resources	20-25 table visitors, resource distribution	√
7/26/04-7/28/04	Denise Fenick and others	RIBC	Table at LLLI Physicians' Conference to provide info about breastfeeding advocacy in Rhode Island	PCBRI + RIBC group sign-ups, resource + material distribution	√
8/3/04	Janet Gutierrez	BVCHC WIC	Veggin' Out event in Central Falls plus breastfeeding info		√
8/14/04	Elaine DeSisto	Tri-Town WIC	Veggin' Out event at Broad Street Farmer's Market plus breastfeeding information		√
9/8/04	Susan Farrell	Childrens Friend & Srvc	1 hour Breastfeeding Workshop on breastfeeding promotion in the community and with pregnant women; plans to do additional workshops in the future. Posting photos of breastfeeding women in clinical group room	Attendance sheet	√
9/14/04	Erin Dugan	Brown University	1.5 hour presentation for MDs and other health care providers on strategies for solving breastfeeding problems plus RIBC and NBAC displays with material distribution	Evaluation summary, sign-ups for RIBC, materials distributed	√
12/1/05-12/2/05	Erin Dugan	DOH Breastfeeding Trainings/Events	Table with RIBC and NBAC displays plus resource and distribution	Sign-ups for RIBC, materials distributed, questions	√
	Erin Dugan & Jasmine Randle	Teen Pregnancy Prevention Coalition	Overview of teen breastfeeding presentation and brief discussion of importance of breastfeeding among teens	Signed up attendees interested in bringing show to agencies	√
3/17/05-3/18/05	Erin Dugan & RIBC members	W & I Best Beginnings Conference	Table with RIBC and NBAC displays plus resource and material distribution	Sign-ups for RIBC, materials distributed	√
4/13/05	Kara Caron & Sue Farrell	School Nurse Teachers Conference	Table with teen breastfeeding info plus resource and material distribution		
4/27/05	Erin Dugan & Jasmine Randle & Julie Frew	Adolescent Self-Sufficiency Collaborative	Use teen breastfeeding presentation as launch pad for questions from teen services providers; outline benefits and barriers to teens breastfeeding		

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RHODE ISLAND DEPARTMENT OF HEALTH

Developing Community Partnerships: Child Care Providers	
Strategy	Increase breastfeeding awareness among child care providers and administrators through education and program development
Activities / Timeline	<p><u>June 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Introduce Loving Support goals and activities to Child Care Health Consultants as part of a child care health consultant training <p><u>Summer 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Identify and engage community partners ▪ Identify who currently provides training to child care providers <p><u>June 2004 / Ongoing (completed)</u></p> <ul style="list-style-type: none"> ▪ Send information breastmilk handling and storage information to all child care providers and provide additional breastfeeding information on an ongoing basis <p><u>Fall 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Adapt child care training modules to be included in trainings already being conducted ▪ Begin working with community partners around strategies to promote breastfeeding within the child care community ▪ Prioritize providers for attendance at December training <p><u>Fall 2004 (on hold)</u></p> <ul style="list-style-type: none"> ▪ Incorporate breastfeeding guidelines into new child care licensing regulations <p><u>December 2004 (ongoing)</u></p> <ul style="list-style-type: none"> ▪ Conduct breastfeeding support and promotion training for child care providers <p><u>Winter 2005 (on hold)</u></p> <ul style="list-style-type: none"> ▪ Create recognition program for child care facilities that support and promote breastfeeding
Leaders	HEALTH Child Care Liaison
Community Partners	<ul style="list-style-type: none"> ▪ Healthy Child Care Rhode Island ▪ Child Care Support Network ▪ CHILDSPAN (Infant/Toddler Academy and Work Group) ▪ Successful Start (Early Care and Education Work Group) ▪ Child Care Directors' Association ▪ Family Child Care Homes of RI ▪ Department of Children, Youth, and Families (licensing)
Evaluation	List of community partners; training priority list; training attendance sheet; training pre- and post- tests using Toddler Environment Rating Scale; post-training evaluation; revised child care modules and licensing regulations; recognition program evidence

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Outcomes

Spring 2004

- Through RIBC and HEALTH Communications Unit, developed two breastfeeding posters to distribute to child care providers (see binder). One poster outlines instructions for the proper storage, heating, and feeding of breastmilk. The second poster describes ways that child care providers could support breastfeeding mothers. Both posters are available in English and Spanish.
- Incorporated Loving Support Child Care Presentation in a Child Care Health Consultant Training. Twelve child care health consultants attended the training.

Summer 2004

- Began disseminating breastfeeding posters to child care providers through multiple trainings.
- Began coordinating breastfeeding training for child care providers to include in the Loving Support technical assistance visit in December 2004.

Fall 2004

- Continue planning for a child care provider training in December 2004.
- Mailed black and white child care posters to all infant care providers through DCYF.
- Incorporated breastfeeding materials and training component into the Health and Safety curriculum for an Infant/Toddler Academy offered by CHILDSPAN, the state's early care and education training system.

Winter 2004/2005

- Conducted two sessions on Supporting Breastfeeding in Rhode Island Child Care Agencies on December 1, 2004 as part of the Loving Support technical visit. Thirty child care providers—mostly nurses, infant room directors and center directors—attended and submitted positive evaluations.
- Met with CHILDSPAN Infant/Toddler Work Group to plan educational activities for administrators of centers serving infants and toddlers. Group agreed that efforts needed to include training and information about supporting breastfeeding.
- Plan to include an article about supporting breastfeeding in the Spring issue of Helping Hands, a Child Care Support Network (CCSN) newsletter.

Future Plans

- Continue to include breastfeeding training as part of child care health consultant training curriculum.
- Continue to include breastfeeding presentation in CHILDSPAN Infant/Toddler Academy curriculum.
- Increase collaboration with early childhood projects like CCSN and Healthy Child Care RI.
- Continue to disseminate BF posters and other informational materials to child care providers.

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Client and Family Education: Breastfeeding Brochures I	
Strategy	Develop culturally relevant breastfeeding brochures for WIC and community distribution
Activities	<ul style="list-style-type: none"> ▪ Conduct research with WIC mothers to identify important target populations and issues (i.e., teens, families, working moms) ▪ Conduct research with target populations to identify strategy ▪ Develop culturally relevant brochures addressing these populations and issues
Timeframe	Indefinitely on hold (not likely to happen in grant timeframe due to the barrier of undertaking this size of a project with the HEALTH Communications Unit, but possible for future development)
Leaders	SBC, HEALTH Communications Team
Community Partners	RIBC, PCBRI
Evaluation	Pending> Completed brochures; client testing during development

Client and Family Education: Breastfeeding Brochures II	
Strategy	Distribute Loving Support breastfeeding brochures to clinicians
Activities	<ul style="list-style-type: none"> ▪ Purchase and restock supply of Loving Support brochures ▪ Distribute brochure order forms to clinicians with Breastfeeding Resource Directory and at other events targeting clinicians
Timeframe	<ul style="list-style-type: none"> ▪ Winter 2004 (completed) ▪ Spring 2005
Leaders	SBC, HEALTH
Community Partners	RIBC
Evaluation	<ul style="list-style-type: none"> ▪ Completed> Purchase and restock of Loving Support brochures ▪ Pending> Distribution record

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Client and Family Education: Loving Support Branding	
Strategy	Incorporate “Loving Support” brand into BF education materials
Activities	<ul style="list-style-type: none"> ▪ Incorporate “Loving Support” brand into state-produced breastfeeding education materials ▪ Encourage partners to incorporate brand into their own materials (use must be approved by Best Start)
Timeframe	<ul style="list-style-type: none"> ▪ Ongoing ▪ Ongoing
Leaders	SBC, HEALTH Communications Team
Community Partners	All community partners
Evaluation	<p>Completed> Integrated logo into resource brochure, feeding log, technical visit training brochures and pocket guide (see binder)</p> <p>Pending> Plan to include logo in other relevant future publications</p>

Public Awareness: Working Families	
Strategy	Outreach to working families on breastfeeding laws
Activities	<ul style="list-style-type: none"> ▪ Develop brochure for distribution to working families through local health care organizations and providers ▪ Develop poster on laws for provider / employer distribution ▪ Develop card on laws for provider / employer distribution ▪ Develop distribution plan for breastfeeding law materials
Timeframe	<ul style="list-style-type: none"> ▪ Hold for WIC brochure development; two PCBRI med student interns have compiled text ▪ Hold for distribution of employer promotion materials ▪ Winter 2005 (completed Spanish and English cards) ▪ Provider card distribution ongoing; employer distribution on hold
Leaders	SBC, HEALTH Communications Team
Community Partners	RIBC, PCBRI
Evaluation	<p>Completed> Draft brochures; completed English & Spanish cards (see binder); distributed to direct service partners</p> <p>Pending> Completed brochures; completed posters; brochure and poster distribution; employer card distribution</p>

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Public Awareness: HEALTH Breastfeeding Website	
Strategy	Develop and launch HEALTH Breastfeeding Website
Activities	<ul style="list-style-type: none"> ▪ Develop website ▪ Launch website ▪ Promote website
Timeframe	<ul style="list-style-type: none"> ▪ Summer/Fall 2004 (completed) ▪ November 2004 (completed) ▪ Ongoing
Leaders	SBC, HEALTH Communications Team
Community Partners	RIBC, PCBRI
Evaluation	<p>Completed> http://www.health.ri.gov/family/breastfeeding/index.php posted November 2004 (see binder); promoted at public forums and through patient and provider education materials; received positive verbal feedback</p> <p>Ongoing> Website promotion and content updates</p>

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RHODE ISLAND STATE WIC AGENCY

Mobilizing Staff: WIC Staff Education	
Strategy	Provide technical and advocacy skills in breastfeeding for WIC staff that provides relevant tools and multicultural resources
Activities	<ul style="list-style-type: none"> ▪ Coordinate training date and location ▪ Coordinate training agenda with RIBC and Best Start ▪ Conduct training and provide certificates of completion
Timeframe	<ul style="list-style-type: none"> ▪ Spring 2004 (completed) ▪ Summer 2004 (completed) ▪ December 1, 2004 (completed)
Leaders	SBC, Best Start Team
Community Partners	Local WIC agencies
Evaluation	Completed> 42 WIC nutritionists and support staff attended and submitted positive evaluations (see program brochure in binder)

Mobilizing Staff: WIC Policies	
Strategy	Develop WIC Breastfeeding Infrastructure
Activities	<ul style="list-style-type: none"> ▪ Research state WIC breastfeeding policy in other states ▪ Develop state WIC breastfeeding policy in Rhode Island ▪ Guide local agencies in developing breastfeeding policies ▪ Provide WIC staff with information on becoming IBCLCs ▪ Encourage establishment of breastfeeding-friendly clinic environments including space for mothers to breastfeed
Timeframe	<ul style="list-style-type: none"> ▪ Spring/Summer 2005 ▪ Spring/Summer 2005 ▪ 2005/2006 (in progress) ▪ 2004/2005 (in progress) ▪ Ongoing
Leaders	SBC, State WIC
Community Partners	Local WIC agencies
Evaluation	<p>Completed> Distributed IBCLC informational memos to WIC staff on several occasions; discussed IBCLC process at March 10, 2005 PC meeting</p> <p>Pending> State and local agency breastfeeding policy research and development; compile IBCLC information for WIC staff</p> <p>Ongoing> Assisting agencies with development of PC Program policies; support of pursuit of IBCLC certification by WIC staff members; support establishment of breastfeeding-friendly clinics</p>

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Client and Family Education: Children's Books	
Strategy	Distribute children's books with breastfeeding content to prenatal mothers with other children through Americorps doulas at PCHC
Activities	<ul style="list-style-type: none"> ▪ Identify and purchase breastfeeding storybook ▪ Develop distribution partnerships and strategy ▪ Distribute books to target sites ▪ Monitor distribution
Timeframe	Winter 2004 / Spring 2005
Leaders	SBC, Reach Out and Read Rhode Island
Community Partners	Providence Community Health Centers
Evaluation	<ul style="list-style-type: none"> ▪ Winter 2004 (completed) ▪ Winter 2004 (completed) ▪ Winter 2004 (completed) ▪ Ongoing

Outcomes

The Rhode Island State WIC Office has sponsored the purchase and distribution of 550 copies of the children's book "We Like to Nurse" in English and Spanish in collaboration with Reach Out and Read Rhode of Island (ROR/RI). ROR is a national movement in pediatric literacy that links literacy and health by incorporating books and literacy guidance into well-child visits between 6 months and 5 years of age. This is the first time ROR/RI has targeted families during the prenatal period. The book was written by Chia Martin, illustrated by Shukyo Lin Rainey and published by Hohm Press. It depicts and describes a variety of mammals nursing their babies, including a human mother and child. The colorful images emphasize to a mother and her children how normal it is to nurse a baby.

Americorps doulas (women who help other women through childbirth) working at the Providence Community Health Centers will distribute the books as part of their prenatal education to moms with young children who plan to breastfeed or who are on the fence about breastfeeding to encourage them to breastfeed their new babies. The books include a sticker with the "Loving Support" logo on the inside front cover to link them to the USDA "Loving Support" campaign.

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Client and Family Education: Loving Support Video	
Strategy	MS WIC video distribution
Activities	<ul style="list-style-type: none"> ▪ Distribute MS WIC video to WIC clinics, clinics, hospitals, and other community locations
Timeframe	<ul style="list-style-type: none"> ▪ Winter 2005; Ongoing
Leaders	State WIC agency
Community Partners	Local WIC agencies, Loving Support team
Evaluation	<p>Completed> 250 copies of LS video received on December 2, 2004; 50+ distributed at December 2 training; additional copies distributed through WIC, PCBRI and RIBC meetings and by eliciting requests through online listserv</p> <p>Pending> Will continue to promote and distribute on request</p>

Client and Family Education: WIC Breast Pump Program	
Strategy	Research and develop WIC breast pump program in Rhode Island
Activities	<ul style="list-style-type: none"> ▪ Research WIC breast pump rental programs in other states ▪ Develop draft breast pump program policies and protocols and training materials for WIC staff and pumping clients ▪ Identify and bid on contracts with pump providers ▪ Provide local agencies with equipment required for program ▪ Train local WIC agency staff on pump distribution and education
Timeframe	<ul style="list-style-type: none"> ▪ Summer 2004 (completed) ▪ Spring/Summer 2005 ▪ Summer/Fall 2005 ▪ Fall/Winter 2005 ▪ Fall/Winter 2005
Leaders	SBC, State WIC agency
Community Partners	Local WIC agencies
Evaluation	<p>Completed> Data collection on programs in other states</p> <p>Pending> Completed policies and guidelines for pump program; contractual agreement with pump provider; completed training of WIC staff; ongoing client pump use logs (the State WIC Nutrition Coordinator will begin working on this project in 2005)</p>

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VISITING NURSE AGENCIES

Health Provider Outreach: VNA Training and Referrals	
Strategy	Develop VNA training and referral mechanisms
Activities	<ul style="list-style-type: none"> ▪ Conduct breastfeeding training with VNA Bristol & Newport ▪ Meet to initiate planning process with VNA coordinators ▪ Develop recommendations to ensure appropriate breastfeeding training for all newly hired visiting nurses at each VNA agency ▪ Develop recommendation for ongoing training for all VNA nurses ▪ Develop plan for VNA referrals to Lactation Consultants ▪ Promote referral plan to participating hospitals and organizations ▪ Elicit VNA participation in Loving Support technical visit ▪ Contact health insurers to explore payment for home LC visits and integrate information into RIBC insurance grids ▪ Develop plan that will promote home LC visits ▪ Develop plan with hospital coordinators for possibility of extended EMD visits for mothers of newborns in NICU ▪ Promote LC and EMD visit plans to participating hospitals and organizations
Timeframe	<ul style="list-style-type: none"> ▪ April 29, 2004 (completed) ▪ May 25, 2004 (completed) ▪ May 25, 2004 (completed) ▪ Spring 2005 (completed) ▪ Spring 2005 (completed) ▪ Winter 2004 (completed) ▪ December 2, 2004 (completed) ▪ Spring 2004 (completed) ▪ March 2005 (ongoing) ▪ March 2005 (on hold) ▪ Spring 2005 (completed to fullest extent possible)
Leaders	Loving Support VNA representatives
Community Partners	VNA agencies, birthing hospitals, RIBC
Evaluation	See summary below

Outcomes

4/04 **Conduct breastfeeding training with VNA Bristol & Newport.**
Sandy Gabriel of Newport Hospital led a one-hour training on 4/29/04.

5/25/04 **Meet to initiate planning process with VNA coordinators**
This was done at the 5/25/04 Family Outreach Program (FOP) coordinators meeting and included Kristine Campagna of VNA Care New England, Candy

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Powell of VNS of Newport and Bristol Counties and Kathy Rubenstein of VNS Home Health Services. Deb Minogue and Rebecca Minus were the presenters. Overall, the group was very positive about developing ways to train new staff and keep their current staff up-to-date. VNA CNE and VNS HHS were more receptive to involving all the FOP staff together. VNS NBC felt that the recent training done by Sandy Gabriel should be sufficient for now. They all felt that monthly handouts on different subject areas, during team meetings, might be effective. The December training program was something that VNA CNE and VNS HHS were interested in but VNS NBC felt as though their training had been so recent that there was no true need for this.

Intervention to complete initiative: Deb and Rebecca will meet to develop tools that may be used by the coordinators to refresh and improve the knowledge of the nurses in the homes. **See below “Develop recommendations for training for VNA nurses”**

5/25/04

Develop recommendations to ensure appropriate breastfeeding training for all newly hired visiting nurses at each VNA agency

This initiative was also discussed at the 5/25/04 FOP meeting. It was decided that each group had their own resource for this training. NVA CNE has Women & Infants hospital Lactation Consultants come to quarterly meetings for a two-hour breastfeeding demonstration. Women & Infants also conducts a full-day program that can be utilized for new hires. VNS HHS has access to good training through South County Hospital. VNS NBC will contact Sandy Gabriel at Newport Hospital for breastfeeding education for her new hires.

8/6/04

Develop recommendation for ongoing training for all VNA nurses

Deb and Rebecca meeting: Late August or early September team meetings at VNA of Care New England and VNS Home Health Services will include time to ask the clinicians from MCH and FOP programs what topics in breastfeeding would be useful to them. Becky and Deb will ask about the more challenging and /or common problems that clinicians have found difficult to manage. They will mail the manager of VNS NBC sample questions they plan to ask and will invite her to do the same and get back to them with VNS NBC teams responses. Deb and Becky will discuss the results and use their current list of resources found in the Breastfeeding Resource Directory to compliment their search for appropriate information to present. They will then distribute that information to the three VNAs and encourage each to set aside 30 minutes or more quarterly to discuss a designated topic. Recognizing the fluidity of the process, they will encourage and be supportive of ANY breastfeeding topic that seems appropriate/timely at any given meeting.

3/1/05

Deb and Rebecca meeting: No feedback received from Candy Powell. The plan will be to make use of the Breastfeeding Resource Directory, new research and literature and useful information from the Department of Health Breastfeeding listserv as resources for topics to deliver quarterly. Each agency already has access to these resources and will choose the information that seems most appropriate for them at that point in time.

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- 3/1/05 **Develop plan for VNA referrals to Lactation Consultants**
VNA nurses will refer for LC visits as they see the need and by utilizing the red flag alerts in the breastfeeding resource brochure as a guide. Each agency has access to the brochure and will use this information as a guide for referrals.
- Winter 2004 **Promote referral plan to participating hospitals and organizations**
RIBC breastfeeding brochure finalized and distributed.
- 12/2/04 **Elicit VNA participation in Loving Support technical visit**
The December training program was something that VNA CNE and VNS HHS were interested in but VNS NBC felt as though their training had been so recent that there was no true need for this. HEALTH sent conference information to all agencies. 28 VNA CNE nurses attended (15 half day and 13 full day), 3 VNS HHS nurses and 2 VNS NBC nurses attended the December 2, 2004 training. These participants were particularly enthusiastic about the program and the information they received.
- Spring 2004 **Contact health insurers to explore payment for home LC visits**
Information collected from NHPRI and BCBSRI in Spring 2004 and integrated into RIBC insurance grids.
- 8/6/04 **Develop plan that will promote home LC visits**
Deb and Rebecca meeting: Rebecca discussed the possibility of home LC visits through VNA CNE. A VNA CNE staff member is an LC so the possibility exists that she may be interested in doing home LC visits through the VNA, which would be the start of home LC visits through the VNA. The home LC visits done through the hospital or a VNA or any individual that is a provider for the major insurance companies are the most desirable because more families will have the option of a home visit if their insurance pays for it. A list of Lactation Consultants in private practice is available in the resource directory and FOP/MCH staff will be reminded of this valuable resource for the families who are able to afford this option.
- 3/1/05 **Meeting with Deb and Rebecca:** VNS HHS is also working on this goal. As it stands right now, both agencies will use the list from the resource directory as a guide for those LCs available for home visiting as the directors of each program further explore the possibility of LC visits through the VNAs.
- 3/28/05 State Breastfeeding Coordinator notified VNAs of changes in NHPRI coverage for private LCs, expanding opportunities for home visits for VNA clients.
- 8/6/04 **Develop plan with hospital coordinators for possibility of extended EMD visits for mothers of newborns in the NICU**
This goal may already be met to its fullest extent. These moms are usually a difficult group to reach because they are traveling back and forth to the hospital so much. They may want the visit but when asked when a good time would be they

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don't seem to have a spare moment and usually end up declining the visit anyway. When all other goals are met, we may revisit this goal.

- 8/6/04 **Promote LC and EMD visit plans to participating hospitals & organizations**
Deb and Rebecca meeting: Deb M. will explore the possibility of visiting South County Hospital and I will explore the possibility of visiting Kent County Hospital to see if more referrals can be gained. We will discuss results in the fall.
- 3/1/05 **Deb and Rebecca meeting:** VNS HHS is exploring ways to work with South County Hospital in a closer partnership for referrals. VNA CNE has a promotion team who can explore a similar partnership with Kent County Hospital as the program grows to bring in more referrals.

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WOMEN & INFANTS HOSPITAL OF RHODE ISLAND

Developing Community Partnerships: Providence Family Van	
Strategy	Collaborate with Providence Family Van to distribute breastfeeding information and services emphasizing family and community support to multicultural communities in Providence metro area
Activities / Timeline	<p><u>April 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Identify partners at Providence Family Van Program and The Health Education Center at Women & Infants Hospital <p><u>May 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ The Family Van Program will have access to a Breastfeeding Resource Directory and a Breastfeeding Pocket Guide for providers developed by Women & Infants Health Education LCs ▪ The Family Van will start planning for two health affairs in August 2004 focusing totally on breastfeeding awareness <p><u>June & July 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Develop agreement with Community Centers to provide Bulletin Boards on a monthly basis regarding breastfeeding awareness in different languages aproo to the ethnic groups that utilize that particular Community Center: West End Community Center, Elmwood Community Center, The Central Falls YWCA ▪ Produce poster boards on Breast feeding for the Van itself in: English, Spanish, Hmong and Portuguese <p><u>August 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Identify upcoming trainings and review materials to keep available to sustain program on Van <p><u>September 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Begin training of Family Van Staff and students, on basic breastfeeding by Lactation Consultants at Women & Infants ▪ Work with HEALTH to obtain educational materials for training and van programs <p><u>December 2, 2004 (completed)</u></p> <ul style="list-style-type: none"> ▪ Participation of Van staff in Statewide Training provided by the Rhode Island Breastfeeding Coalition or other designated entity <p><u>August 2005</u></p> <ul style="list-style-type: none"> ▪ Family Van staff ready to train Community Lay people via community organizations in breastfeeding awareness campaign
Leaders	Women & Infants Hospital, RI Family Van
Community Partners	HEALTH

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Evaluation	<ul style="list-style-type: none"> ▪ Completed> Robin Rodgers, Providence Family Van Manager; Maureen Pearlman, W & I Health Education Director ▪ Completed> Breastfeeding pocket guide for providers and HEALTH web link distributed to providers at local agencies Pending> Ongoing distribution of these resources ▪ Completed> 45 minute breastfeeding presentations at health fairs at Progresso Latino (10 participants) and International Institute (15 Liberian refugees) in July and August 2004 Pending> Repeated breastfeeding presentations at health fairs ▪ Completed> Bulletin boards posted at target agencies (highly visible to teens and childbearing population) in August 2004 and January 2005 Pending> Future posting of bulletin boards at target agencies ▪ Completed> Breastfeeding poster boards in different languages developed for van use and rotated based on population Pending> Ongoing poster board use and development of boards in additional languages ▪ Ongoing> Continuously integrating and updating new BF materials and info ▪ Pending> Family Van staff training by W & I LCs pending; training of interns ongoing ▪ Completed> Received educational resources from HEALTH Pending> Ongoing receipt of educational materials and resources ▪ Completed> Two Family Van staff attended December 2, 2004 breastfeeding training and provided positive feedback Pending> Family Van staff will participate in future breastfeeding trainings ▪ Pending> Future training of breastfeeding moms to provide mom-to-mom support; identify moms through women's support groups at International Institute and other agencies and health fairs; target mothers in communities demonstrating high need and interest
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Implications

The Using Loving Support to Build a Breastfeeding-Friendly Community training, planning and implementation process has been extremely successful in Rhode Island. It has brought together professionals working in different disciplines, enhanced the visibility of breastfeeding among health care providers and their organizations, and has established an enduring infrastructure to sustain grant activities and future breastfeeding promotion efforts. Participants in this process have included representatives of the Rhode Island Department of Health Division of Family Health, the state WIC agency, local WIC agencies, birthing hospitals, visiting nurse agencies, health insurers, Early Head Start programs, private physician practices, professional clinician groups, Community Health Centers, parent groups and other community agencies. The final report illustrates the high degree of collaboration between these diverse provider groups and health care agencies to achieve the objectives of this grant.

Two key breastfeeding advocacy groups in Rhode Island have played an instrumental role in implementing the Loving Support initiatives: The Rhode Island Breastfeeding Coalition (RIBC) and the Physicians' Committee for Breastfeeding in Rhode Island (PCBRI), two groups of health care professionals representing a broad range of local community agencies. Both groups served as advisory boards for the grant, and the monthly RIBC meetings provided the key forum for Loving Support initiative planning. Decision-making around grant spending has been extremely collaborative at all stages of the process. The State Breastfeeding Coordinator (SBC), who is also Project Coordinator, has actively maintained a strong link between RIBC and PCBRI activities and Loving Support initiatives throughout the process by attending monthly meetings, regularly communicating with group members via listserv and integrating group feedback into the Loving Support plan. These groups and individual members have, in turn, provided tremendous support to the SBC and on Loving Support activities.

The biggest impact of the Using Loving Support to Build a Breastfeeding-Friendly Community process in Rhode Island has been how it has stimulated the breastfeeding advocacy community to come together, grow and make things happen. Attendance at RIBC meetings doubled from eight to fifteen after the initial planning session in February 2004, remained consistently high and increased again after the December 2004 technical visit. Participants have diversified from primarily hospital-based LCs to include VNAs, WIC employees, parent groups, health insurance representatives and a variety of other partners. Many partners who attended the February 2004 training expressed excitement about connecting with advocates from a variety of health care disciplines and from across the state. Many partners became very engaged in the planning process and stimulated the leadership of their organizations to become more invested in local breastfeeding promotion activities, contributing to the increase in representation and at RIBC meetings.

The enthusiasm stimulated by the February and December 2004 trainings combined with the availability of funds to complete grant projects have helped sustain the investment of energy and time among community advocates. Participants in this process have been very satisfied with the results, have taken ownership of the projects and their outcomes and have been inspired to focus on further growing our coalition membership in 2005 to include even more diverse participants. Rhode Island has greatly benefited from this opportunity. The Using Loving Support to Build a Breastfeeding-Friendly Community grant has changed the landscape of breastfeeding advocacy

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in Rhode Island by allowing our advocates to acquire a sense of purpose and achievement in the advocacy realm and to build the skills and confidence to carry on additional activities beyond the grant term.

The 2005 RIBC Strategic Plan illustrates the momentum created by Loving Support grant activities. In developing the original grant implementation plan with the Steering Committee, RIBC prioritized the initiatives that they wanted to pursue during several strategic planning sessions. Building on that experience and the successes of the past year, RIBC has repeated this process and created a 2005 strategic plan that encompasses and expands on Loving Support grant activities. The 2005 strategic plan continues the health insurer and Baby-Friendly initiatives, lays the groundwork for a second lactation consultant sharing event/celebration of accomplishments and reinforces a commitment to promoting breastfeeding through public forums. The plan adds new initiatives to increase coalition membership, celebrate World Breastfeeding Week, partner with disease prevention organizations that benefit from breastfeeding promotion, explore milk banking in Rhode Island, produce breastfeeding bumper stickers/license plate frames and support a future CLC training in Rhode Island. Most of the new activities move well beyond suggestions made through the original Loving Support planning process, demonstrating an expanded scope in developing creative solutions and partnerships. Other initiative partners have demonstrated a commitment to carrying Loving Support projects into the future through their ongoing, unsolicited enthusiasm and the plans they have written into their project summaries.

Through the community organizing process, several natural leaders emerged who have tremendously facilitated the grant process. Most of these leaders were the people who took ownership of their own initiatives, both in developing and following through with the activities. These initiatives included those for child care providers, visiting nurse agencies, the Providence Family Van, pharmacists and the Baby-Friendly Hospital Initiative. I was impressed with the thoroughness with which each of these teams carried out their responsibilities and went above and beyond their designated activities. Although I provided each team with guidance, resources and reminder calls to submit updates, I was not involved with the step-by-step progress of these initiatives. On those initiatives with which I was intrinsically involved, I found that I ended up taking on much of the work, both because of my administrative positioning, but also because others assumed the projects were in good hands. This made it difficult to maintain ongoing support from others. My responsibilities as Secretary of RIBC, a primary facilitator of RIBC meetings and the key liaison between RIBC and the grant kept much of this process on my plate throughout the grant period. This was particularly true for those initiatives requiring production of materials through HEALTH, of which there were many. I was not in a position to effectively pass along these projects, especially with the HEALTH Communications Team staffing shortage. I have learned to relinquish more control of other initiatives in the future, especially witnessing the glowing successes of those leaders who effectively took charge.

Because of my previous public health training in community organizing, I was initially very skeptical that this would be a true community organizing process. The project has, however, exceeded my expectations and has been incredibly fulfilling on a personal level as the individual who has helped facilitate this process. I have been moved and inspired and have experienced a fierce loyalty between myself and many other participants in this process. I am grateful for the tremendous opportunity it has afforded my colleagues and me.

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I have not yet considered the best method to disseminate project results, but plan to discuss this with RIBC group members and State WIC staff. During the initial 2005 RIBC strategic planning session, RIBC reviewed its progress on Loving Support initiatives from 2004 and found that we had enjoyed many successes. The group was genuinely pleased to see how far it had come and used that momentum to strategize on additional projects for 2005.

Feedback

The most challenging aspect of managing this grant was negotiating the time restrictions placed on spending grant monies. Rhode Island completed its community-building training fairly early in the grant cycle, in February 2004, and completed the implementation plan by the end of May 2004. The strong and comprehensive final plan developed in Rhode Island integrated the input of the Loving Support Steering Committee, breastfeeding professional groups and independent initiative leaders. Yet the timeframe mapped out for the grant only permitted seven and a half months from the submission of the implementation plan (May 15) to the fund obligation deadline (December 31). In a State bureaucracy with many complex procedures and restrictions for spending money, particularly in large sums, that time was reduced by two to three months just to process purchase orders. The grant cycle therefore left only about five months to carry out, by consensus, the grant initiatives with major budgets while simultaneously organizing and facilitating a large community training.

An effective community-organizing process must allow time not only to create consensus through a reliable community feedback mechanism, but also for the goals and relationships of the project to grow and evolve and take on a life of their own. An implementation plan is a roadmap of where partners hope to go, but forks in the road and new highways that emerge along the way are the mark of a mature community-building process. In March 2005, Rhode Island has reached that maturity and would now benefit more fully from the availability of the larger sum of money associated with the original grant cycle. In September 2004, while still finding our way in the consensus-building process, we were forced to scramble to spend funds that would have been better spent further along in the process, placing great strains on the grant manager and initiative leaders. Although we ultimately cleared decisions through the key stakeholders, a portion of the funds went into new, labor-intensive projects that enjoyed less consensus and detracted from the long-term objectives of the implementation plan. Some of these objectives included establishing a breast pump loan program, holding a Certified Lactation Counselor training, and other initiatives that required a more in-depth, collaborative approach and more sophisticated spending decisions. We strongly suggest that future grant spending cycles either allow a minimum of one year between implementation plan submission and fund obligation or that the USDA stipulate that unspent funds from the first grant cycle can be rolled into the extension grant as needed. This would permit the growth of grant spending to naturally reflect the growth of the community-building process.

Despite these significant obstacles, the USDA staff provided good assistance in helping the grant manager to fulfill the grant requirements. Ursuline Singleton was very receptive and responsive to questions throughout the grant cycle, and her response turn-around time improved greatly in early 2005. Lisa Johnson also provided helpful information throughout the grant process, but has been consistently difficult to reach and slow to respond to questions by phone or email. This challenge exacerbated the existing constraints placed on the overall process.

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The Best Start staff provided outstanding support and guidance throughout the grant cycle. Both Cathy Carothers and Linda Inglis were very accessible, open to questions and always a pleasure to work with. They clearly communicated when they would be out of the office and unavailable for input, during which times other Best Start staff members provided assistance to the best of their ability. Cathy and Linda coordinated and conducted an outstanding initial community-building training and received rave reviews from the local health professionals who participated in the training. They provided the grant manager with wonderful support and encouragement before, during and after this training. Linda then provided a continuous source of support and feedback between the initial training and the technical visit. Both Linda Inglis and Kendall Cox performed brilliantly at the technical visit, also receiving high accolades for their technical and interpersonal skills.