

City of Columbus Early Childhood Obesity Prevention Coalition
Steering Committee _____ Working Group 1
_____ Working Group 2 X Full Coalition

Date: July 26, 2011 Time: 10:00 am – 11:30 am

Location: Columbus Public Health
 Meeting Room 119E
 240 Parsons Ave.
 Columbus, Ohio 43215

Facilitator: Autumn Trombetta, Columbus Public Health

Attendees: Autumn Trombetta (CPH), Ali Segna (CPH), Cheryl Graffagnino (CPH), Bob Holomuski (CPH), Dr. Phyllis Pirie (OSU PRC), Karen Dorman (Children’s Hunger Alliance), Anita Ba (CHART member)

Meeting at-a-glance:

- Program Updates
- ACHIEVE Grant Update
- Baseline Evaluation Update
- Moving Forward with Breastfeeding Baseline

Meeting Outcomes:

- Breastfeeding baseline, “Where do we go from here?” Results of the survey need to be shared with hospital administrators and the Hospital Association along with additional information comparing costs.

Next Steps:

- Next meeting: Tuesday August 30, 2011, 10:00am -11:30am at Columbus Public Health, Room 119E
- Next healthy prenatal weight gain subgroup meeting: Thursday September 1, 2011, 11:00am-12pm, Room N2A

Agenda Item 1: Program Updates

Partner/Organization	Supporting Breastfeeding	Supporting Physical Activity	Supporting Healthy Eating	Increasing Screening and Referral	Other
Bob Holomuski (CPH)		Bob is holding a Nursing CE activity on Childhood Obesity Prevention at CPH on August 10 th .			
Dr Pirie (OSU PRC)	Dr. Pirie's team has finished analyzing the Baby-Friendly Hospital Initiative surveys establishing a baseline for Baby Friendly hospitals in Franklin County. Also, their community research video has gone national.				
Ali Segna (CPH/HCHW)	Ali and Jenni have approved 24 childcare center's policies, totaling over 250 policies, 6 are breastfeeding, and 20 menus that meet the Ohio Healthy Program standards.				
Karen Dorman (CHA)	CHA has hired a new Nutrition Education Manager				

Agenda Item 2: ACHIEVE Grant Update

The ACHIEVE grant was awarded through CDC and will be used to create the Community Health Action Response Team (CHART) and implement the Plan in neighborhoods located in zip codes 43205, 43206, and 43207. The CHART is completing weekly walking tours of the neighborhoods on Tuesday mornings. This is to better understand the neighborhoods if they wanted to affect policies, systems, and the environment. The walking tours are a way to get out in the neighborhood and assess walk ability, play ability, create a picture of the community for the community action plan, and tailor the plan to that neighborhood. Anita Ba, a CHART member stressed the importance of having community members involved in the CHART because only 4 out of 10 teams in Baltimore has a non-health agency member and it is unlikely to produce change in the community without community members. The CHART team has also distributed the CHANGE tool to 15 sites, 3 in each sector.

Agenda Item 3: Baseline Evaluation Update

The baseline group has completed the surveys for the local birthing hospitals regarding breastfeeding practices and policies. Sherry presented a power point summary of the results.

Overall, Columbus maternity and birth hospitals have on average 9 of the 12 written breastfeeding policies surveyed. All 8 hospitals have a written policy that allows mothers and infants to remain together 24 hours a day, encourages breastfeeding on demand, helps mothers establish and maintain lactation, and allows mothers and infants to remain together for at least one hour during initial skin contact after delivery. Furthermore, hospitals, on average, always refer mothers to breastfeeding support services after discharge, educate mothers about breastfeeding, and give new mothers contact information of hospital and community resources so they can obtain help. Fifty-percent of the hospitals are currently working toward obtaining the Baby-Friendly Hospital Initiative designation.

Areas for improvement include adopting other written policies such as not giving breastfeeding infants pacifiers or artificial nipples, food or drink other than breast milk unless medically indicated, and training all staff on breastfeeding and lactation management. Hospitals should try to have the lactation consultant work with mothers during the first hour of delivery and provide follow-up support via telephone for breastfeeding mothers after discharge, if possible. Furthermore, hospitals should consider the implications of receiving free or low-cost supplies of formula on breastfeeding and try to exclude infant formula samples from discharge packs.

Agenda Item 4: Moving Forward with Breastfeeding Baseline

The question was asked, "Where do we go from here?" Many agreed with a Top down approach by presenting our findings to administrators and the director of the Hospital Association, to clinics, then to nurses, lactation consultants, the Women's Auxiliary and the Junior League. However, additional information would need to be gathered and presented, such as comparing costs on supplemental formula, discharge bags and health care costs savings associated with breastfeeding. There was also discussion on a social marketing campaign.