

Kittitas County Breastfeeding Coalition

Strategic Planning Retreat

October 2, 2017

8AM-12PM

KITTITAS COUNTY BREASTFEEDING COALITION

Strategic Planning Retreat
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In attendance:

1. Tishra Beeson, CWU
2. Tristen Lamb, KCPHD
3. Julie Rodriguez, Heritage University Nursing Student
4. Kristi Whitesitt, BBKFC
5. Charlene Mize, WIC
6. Rozsika Steele, KVH
7. Stacey Botten, KVH
8. Maggie Patterson, Community Member
9. Gloria Wright, Nurturing Naturally
10. Michelle Arellano, WIC



After anonymous vote, the following vision statement was unanimously approved:

Kittitas County aspires to be the most breastfeeding supportive county in Washington.

After anonymous vote with a suggestion for change, the following mission statement was enthusiastically approved:

The Kittitas County Breastfeeding Coalition promotes, protects, and supports breastfeeding for lifelong individual, family, and community health.

Participants brainstormed potential values. Then, coalition members split into three teams to extrapolate on those values. This is the result of those brainstorming sessions:

- Integrity
 - KCBC is wholly committed to being honest and having strong moral principles.
- Heart
 - Breastfeeding has the potential to positively influence the heart of the whole family.
- Connection
 - KCBC builds relationships with families, employers, and community resources.
- Inclusivity

- KCBC supports all families to feel respected and supported wherever their breastfeeding journey takes them. All families are seen and heard.
- Advocacy
 - KCBC is committed to helping moms throughout entirety of their journey. We work to fill the gaps.
- Collaboration/Transparency
 - We know each other, we know our community, and our community knows us. We are honest with ourselves and others.
- Empowerment
 - KCBC builds bridges and fills gaps to help families pursue individual and lifelong health.

The participants examined the current structure and composition of the coalition.

Coalition Structure & Composition

- Currently (as of 2017)
 - 19 members on listserv; activity unknown
 - 91% represent all of Kittitas County
 - 30% represent Ellensburg
 - 10% each in Cle Elum, Roslyn, Kittitas, Thorp
 - Distribution of population served is normal and adequate
 - High representation from:
 - Health Care, Public Health, Early Childhood, Community
 - Low/No representation from:
 - Housing, Transportation, Law Enforcement, Faith Institutions
 - All female representation



Coalition Structure & Composition

- Currently, KCBC:
 - Meets monthly for 1 hour
 - KCPHD is facilitator/host
 - Other communication by email

- Washington Breastfeeding Coalitions (n=20)
 - 10 meet monthly
 - 4 meet bimonthly or more regularly
 - 5 have no meeting schedule

- Facilitators are generally public health, WIC, community health centers, or other community members
- 3 have a publicly available mission/vision statement



Tishra asked participants questions about coalition’s expectations and norms. The answers to those questions can be found in the following table:

Where are we? What do we do now?	Where do we want to be? What do we want to change?
Kittitas County Public Health Department staff currently facilitates KCBC.	No changes at this time.
Meetings are currently held monthly, at Public Health, on the third Wednesday of the month from 8:30am-9:30am.	<p>To promote more community involvement, it may be beneficial to move the meeting start time after school drop offs → maybe 9am?</p> <p>Also, a longer meeting would be beneficial → maybe an hour and a half?</p> <p>For certain activities or projects, it may also be beneficial to have additional subgroups or task forces with additional meeting times.</p> <p>Keeping up with action items at the end of the meeting and in a table would be really helpful during busy seasons (especially reviewing at the end of each meeting).</p>
KCBC makes decisions informally; everyone has agreed on voting issues up to this point.	<p>Boundaries/ground rules for when there is disagreement (and how to include non-present members) should be considered.</p> <p>Any KCBC member can call for a vote. We can operate</p>

	<p>through a consensus model.</p> <p>Are there membership requirements if any member can call a vote on an issue? Facilitator can email out an annual “opt-in” message that includes expectations for active membership.</p> <p>Public meeting minutes available online (KCHD website)?</p> <p>Google Drive for active coalition documents, including contact list.</p>
There is currently no answer to: What is considered a quorum for KCBC?	Participants decided that a quorum of 5 members is appropriate at this time. If you cannot attend a meeting with a vote, email vote to facilitator.
How does someone join KCBC? Now, all are welcome but there’s no clear guidance for those wishing to join.	Contact person and instructions to join should be available on the website. Expectations should also be made clear. Such as: encouraging volunteer participation of 1 event per year, and engagement through meeting attendance or reading the minutes and communicating with facilitator.
There aren’t many gaps in representation (no/low gaps)	<p>Missing:</p> <p>Dads / Upper County / Medical Community / Maybe additional CWU departments / Business Sector / Minority Groups</p> <p>For upper county inclusion: maybe we can incorporate a remote call-in opportunity.</p> <p>For medical providers: Add an agenda item to the KCBC November meeting about the recruitment of agenda items, with Stacey as the topic lead. It would be helpful to have a written invitation or handout for recruitment. As well as a formal recruitment plan</p> <p>For business sector: Invite Amy Kaiser from Chamber of Commerce</p> <p>Dental Providers</p> <p>Faith Based Organizations (Kari at Mercer Creek)</p> <p>Minority Population (monolingual/Hispanic families)</p>
There are no current terms of service or leadership.	We don’t want to change this at this time, but do want to consider options and opportunities if there is ever a change in leadership/facilitation. Or, what would happen if KCPHD lost grant funding and was no longer the hosting agency?
KCBC has 19 members at this time. There is no limit to the size of the coalition.	No changes.
There are currently no formal expectations or requirements for membership.	<p>As discussed before, possible membership expectations include:</p> <ul style="list-style-type: none"> ○ Respond to annual “opt-in” message that includes expectations for active membership. ○ Email in vote or abstention if not present for meetings

	<ul style="list-style-type: none"> ○ Members are encouraged to volunteer during 1 event per year. ○ Members should stay engaged through meeting attendance or reading the minutes and communicating with facilitator.
Where does KCBC get its funding? Currently, through Maternal and Child Health Block Grant (MCHBG) funds through Public Health. These funds are limited to Tristen's/Facilitator's time and some grant-approved supplies.	If this changes, where do we get those resources instead?
We do not currently accept monetary donations. We could accept some supplies.	It might be beneficial to open a bank account, which would require two signers (they probably can't be the facilitator). If we get material donations, those can "live" at WIC.
We do not collect membership dues.	This will not change.

After this thorough review of expectations and norms, participants agreed that an annual review of these items may be appropriate.

Next, participants discussed the MCHBG, and KCPHD's role in breastfeeding work, in more detail.

Maternal and Child Health Block Grant (MCHBG)

- Annual, October – September
- Quarterly Reports to DOH
- Required Strategies
 - Children and Youth with Special Health Care Needs
 - Universal Developmental Screening
 - Adverse Childhood Experiences



- **Optional Strategy: Breastfeeding**
 - Increase A) percent of infants who have ever breastfeed and B) percent of infants breastfed exclusively through 6 months.

Short on time, participants focused on only one of the six potential goals that the coalition could pursue. This goal (#2 in the slides) is to increase the incidence and duration of breastfeeding. Tishra and Tristen had collected some data that could be used as “baseline” to measure the coalition’s efforts over time. This data was shared with participants:

	Kittitas County	Washington State (2016)	U.S. National (2016)	Healthy People 2020 Target
Ever breastfed (KVH & WIC)	93.4%ⁱ	87.4%	81.1%	81.9%
		(87.7%) ⁱⁱ		
Breastfeeding at 6 months (WIC)	(50.5%) ⁱⁱ	63.7%	51.8%	60.6%
		(50.7%) ⁱⁱ		
Breastfeeding at 12 months	None available	39.4%	30.7%	34.1%
Exclusive breastfeeding at 3 months	None available	51.7%	44.4%	46.2%
Exclusive breastfeeding at 6 months	36.3%ⁱ	28.0%	22.3%	25.5%

* Data source for Washington State, U.S. National and Healthy People 2020 Target: Centers for Disease Control and Prevention, National Breastfeeding Report Card, 2016

ⁱ “Percent of WIC infants breastfed at birth; Percent of WIC infants still breastfed at 6 months of age.”
Source: Washington State Department of Health WIC Nutrition Program Data by County, FY 2015.

There is one major limitation to using this data to represent the breastfeeding status of our county: only 46% of infants in Kittitas County are served by WIC. Therefore, this data represents less than half of our population.

Participants spent the rest of available time discussing the opportunities for assessment. It is likely that a subcommittee or task force will be needed, to focus just on this assessment. KCPHD, CWU, KVH and any other interested coalition members or assessment-focused guests will need to be represented on this subcommittee.

At the conclusion of the strategic planning retreat, participants agreed that more strategic planning is needed in the future.