

THE BREASTFEEDING TENT

AT LONDON INTERNATIONAL CHILDREN'S ARTS FESTIVAL

PROCESS EVALUATION
November 2008

KEY POINTS

1. *The Breastfeeding Tent* initiative was held for the second year in a row at the Children's Festival as one component of a comprehensive social marketing plan to increase awareness of the importance of breastfeeding as the optimal method of infant feeding, to increase awareness of current recommendations regarding exclusive breastfeeding and duration, and to promote a supportive environment for breastfeeding.
2. A total of 45 visits were recorded by PHNs during the tent event, which included some combination of mothers, mothers-to-be, infants/toddlers, fathers/support persons, other children, and members of the general public.
3. Results from participant feedback forms revealed that participants were very supportive of the tent initiative, and indicated that the tent provided a comfortable and convenient space for parents/caregivers to feed/change their babies. Participants were also pleased with the PHN support available at the tent.
4. The availability of PHNs at the tent was an essential component of the initiative. PHNs were able to provide information and resources to members of the general public who were interested in gathering information for their families, friends and workplaces on breastfeeding supports. PHNs also were available to provide referrals to MLHU services for clients who were interested in obtaining specific information about breastfeeding, introduction of solids, and returning to work.
5. Areas for improvement in future tent initiatives were identified by participants and staff, including suggestions for the tent structure and operation, event planning, and promotion.

BACKGROUND

Breastfeeding continues to be promoted as the best method of feeding infants because of the numerous nutritional, immunological and emotional benefits for the growth and development of infants (Health Canada, 1999). Health Canada together with the World Health Organization recommends exclusive breastfeeding for the first six months of life, and then introducing solid food at six months with continued breastfeeding for up to two years and beyond (Health Canada 2004).

Within Middlesex-London, some local data on breastfeeding practices revealed that in 2004 and 2006 approximately nine out of ten mothers residing in Middlesex-London initiated breastfeeding (86.5% \pm 4.2% in 2004; 88.7% \pm 5.6% in 2006) (Middlesex-London Health Unit, 2008). Yet, only 44.3% (\pm 5.7%) of mothers in 2004 and 46.1% (\pm 8.2%) in 2006 reported breastfeeding for at least 6 months or longer. These results revealed that the Mandatory Health Programs and Services Guidelines (Ontario Ministry of Health and Long Term Care, 1997) objective to increase to 50% the proportion of infants breastfed up to 6 months by the year 2010 has not yet been reached.

The Ontario Public Health Standards (Ontario Ministry of Health and Long Term Care, 2008) also recommends that "there is an increased rate of exclusive breastfeeding until 6 months, with continued breastfeeding until 24 months and beyond" (p. 27). However, there is a limitation in the local data for Middlesex-London because there is no data currently being collected on exclusive breastfeeding.

The Ontario Public Health Standards also indicate that boards of health work with local community partners in the area of breastfeeding "using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive

environments" (Ontario Ministry of Health and Long Term Care, 2008, p. 28). With the aim of supporting Health Canada's recommendation, the Mandatory Health Programs and Services Guidelines, and the draft Ontario Public Health Standards, the Middlesex-London Health Unit Family Health Promotion Team has implemented strategies for the last few years to promote and advocate for social support so that women feel comfortable breastfeeding in malls, restaurants, the workplace, and other public places. The ultimate goal of these combined efforts would lead to breastfeeding becoming a cultural norm in Middlesex-London and positively influence both initiation and duration rates.

In 2002, local data from the general population of London residents ages 18 years and older revealed that two thirds of residents felt it was acceptable for mothers to breastfeed their babies in restaurants (64.8% \pm 2.7%) and shopping malls (64.5% \pm 2.7%) (Middlesex-London Health Unit, 2005). Local data on specifically parental attitudes towards breastfeeding in public places revealed that in both 2002 and 2006, approximately three-quarters of Middlesex-London parents/caregivers felt it was acceptable for mothers to breastfeed their babies in public places, including restaurants (78.9% \pm 4.9% in 2002; 79.0% \pm 3.3% in 2006) and shopping malls (78.5% \pm 4.9% in 2002; 83.1% \pm 3.0% in 2006) (Middlesex-London Health Unit, 2008). While it appears that parents have more favourable attitudes towards mothers breastfeeding in public compared to the general population, more efforts are needed to change attitudes so that breastfeeding becomes increasingly accepted in public places.

In an effort to provide additional environmental supports for breastfeeding, an initiative was developed by the Family Health Promotion Team (MLHU) to have a tent at community events where mothers would be able to breastfeed their babies. *The Breastfeeding Tent* was initiated in June 2007 at the London International Children's Arts Festival (herein referred to as the Children's Festival). The aim of the initiative was to encourage and support mothers to breastfeed in public places, particularly

at outdoor events. Peel Public Health has been implementing a breastfeeding tent, called *A Breastfeeding Place* in their community since 2003. The Family Health Promotion team adapted the plan from Peel Public Health Breastfeeding Advocacy Group. Based on the success of the first tent initiative in Middlesex-London, it was decided that the tent would be held again at the Children’s Festival in June 2008. This report provides a summary of a process evaluation that was conducted to assess implementation of *The Breastfeeding Tent* in 2008.

GOALS AND OBJECTIVES OF THE INITIATIVE

The ultimate goal of *The Breastfeeding Tent* is to work towards making breastfeeding the cultural norm in Middlesex-London. *

The following are the objectives of the initiative: *

- To provide a supportive and pleasant environment for breastfeeding mothers and families
- To provide a visual reminder to the public that breastfeeding is encouraged and supported.

*Adapted from Peel Public Health, “*The Breastfeeding Place*” initiative

DESCRIPTION OF THE EVENT

This year *the Breastfeeding Tent* was once again held at the four-day Children’s Festival in downtown London. Since 1991, this festival has provided opportunities for children to experience performances and activities organized by international, national and local artists, including music, drama, visual, dance and literary arts (London International Children’s Arts Festival, 2007). Each year the festival has over 20,000 visitors. The event took place on June 4th through June 7th in 2008.

DESCRIPTION OF THE TENT INITIATIVE

In 2008, the tent utilized for the event was provided by the Children’s Festival organization. The tent was 10 feet by 10 feet in size and consisted of a solid panel for the roof, and three solid walls for the sides of the tent. One side of the tent was open for an entrance way. The tent was furnished with cushioned chairs and carpeting, an infant change station, an information and resource table, and toys and activities for siblings to engage in while mother was breastfeeding. Bottled water and comfort items for mothers and infants were also available. The tent was staffed by one of four Public Health Nurses (PHNs) throughout the event, who were available to speak about child feeding practices.

A banner was hung on one panel of the tent to promote the general communication campaign message: “Breastfeeding Protects...how can you protect breastfeeding? Encourage moms to continue breastfeeding and to feel comfortable breastfeeding anywhere.” In addition, an A-frame sign was placed near the entrance of the tent. One side of the sign identified the tent as a breastfeeding tent, and the other side displayed the general poster for the breastfeeding promotion campaign “*Breastfeeding Protects...how can you protect breastfeeding?*”

The following promotional strategies were implemented to increase awareness of the tent at the Children’s Festival:

- Children’s Festival brochure and other promotional items
- MLHU website
- London Moms website
- New Parent Resource Guide website
- familyinfo.ca website
- thehealthline.ca website
- Mom and Caregiver magazine
- flyers distributed to libraries, YMCA, daycares, and pharmacies

PURPOSES OF THE EVALUATION

There were three main purposes of the evaluation:

- To assess participant satisfaction levels with *The Breastfeeding Tent*.
- To track the human and financial resources required to operate *The Breastfeeding Tent*.
- To monitor implementation of *The Breastfeeding Tent* initiative and to identify successes and challenges to inform future planning.

METHODOLOGY

There were two data collection tools developed for this process evaluation, including a participant feedback form and a tool for PHN tracking. These two types of forms were utilized in 2007 for the pilot study. Modifications to the forms were made for the 2008 tent event. These forms and the methodology used are described below.

Event participants who came into *The Breastfeeding Tent* and either used the facility to care for their child or stopped by the tent to talk with PHNs were asked to complete the *Breastfeeding Tent Feedback Form* (see Appendix A). The form took approximately 5 minutes to complete. All participants were asked to indicate how they found out about the tent and to provide their thoughts on having such a tent at community events. Another question asked participants to indicate whether or not they used *The Breastfeeding Tent* to care for their child and/or discuss feeding issues with the Public Health Nurse. If they indicated “no” to this question, then they were finished with the survey. If participants answered “yes”, then they were instructed to answer additional questions about their experiences of using the tent. Completion of the feedback form allowed participants to fill out a ballot and have their name entered for a gift basket draw. Basic descriptive statistics were generated for the quantitative data. Qualitative responses were grouped into themes.

An additional data collection tool, *the PHN Breastfeeding Tent Tracking Form* (see Appendix B), was developed to track the human and financial resources required to operate *The Breastfeeding Tent*. This tool was also used to monitor implementation and utilization of *The Breastfeeding Tent* initiative, including a section to record the number of visitors to the tent and the nature of their visit. Public Health Nurses staffing the tent were asked to complete the form by the end of their designated shift. Data from the feedback and tracking forms were entered by the Program Evaluator into Excel Spreadsheets. Basic descriptive statistics were generated for

the quantitative data. Qualitative responses were grouped into themes.

FINDINGS

Breastfeeding Tent Feedback Form Findings

Twenty-four event participants completed the feedback form. The following sections identify the key evaluation questions and summarize the results from the participant feedback forms.

EVALUATION QUESTION: How did event participants find out about *The Breastfeeding Tent*?

Almost two-thirds of participants (62.5%) indicated that they found out about *The Breastfeeding Tent* by walking by the tent (see Table 1). A few participants indicated that they heard about the tent from the Festival Information Booth (16.7%), poster (12.5%), family or friends (8.3%), and a flyer (4.2%). One participant also noted that they found out about the tent from a website (i.e. www.thehealthline.ca). Last year the timing of enrollment in the Children’s Festival did not allow staff to establish a marketing strategy to promote *The Breastfeeding Tent*. As a result, most of the participants at last year’s tent indicated that they found out about the tent through participation at the event. It was anticipated that with the additional marketing strategies utilized in 2008, more people would have found out about the tent through posters, flyers and websites.

Table 1: Sources of how participants found out about The Breastfeeding Tent

Source	Count	Percentage of Respondents
Walking by the tent	15	62.5
Booth	4	16.7
Poster	3	12.5
Family or friend	2	8.3
Flyer	1	4.2
Website	1	4.2
Total	26	

Note: Total percentage exceeds 100% due to multiple responses.

EVALUATION QUESTION: What did event participants think about having *The Breastfeeding Tent* at community events?

All 24 participants provided their thoughts on having *The Breastfeeding Tent* at community events. Table 2 summarizes the types of comments that were made by participants. Many participants noted general comments about having the tent at community events (e.g. great idea, excellent, etc.). Others indicated that the tent provides a comfortable and convenient space for mothers to feed their babies and change diapers. Some participants also noted that the tent provides a supportive environment. For example, one participant made the following comment:

Fantastic idea! It is a wonderful environment to feel supported while feeding and/or caring for your child.

Some participants indicated that the tent needs to be made available at other public spaces and community events. For example, participants noted the following:

I think it is a great thing. More places need to have places so women can feed their babies.

I think it’s a wonderful idea too bad its not available year round at the market, community event or not. It’s a great way for the general public to get used to breastfeeding mothers and it protects moms from leering men.

There were also some specific suggestions for improvement that were noted by participants, including increased privacy with the use of a screen around half of the opening and providing disinfectant for hands. Hand sanitizer pumps were provided in the tent as well as disinfectant wipes for the change pad. However, one or more participants did not see these items.

Table 2: Description of Responses about The Breastfeeding Tent at community events

Description of Comments	Frequency of Responses
General comments (i.e. great, excellent, wonderful)	9
Suggestions for improvement	3
Comfortable/convenient space to feed/change baby	3
Make the tent available at more public spaces/community events	3
Provides support	3
Other*	3

* Other included such responses as suitable location; education and ability to ask questions; allows moms to spend more time.

EVALUATION QUESTION: How was your experience in using *The Breastfeeding Tent*?

Two-thirds of the survey participants (that is, 16 of the 24 participants) indicated that they used the tent to care for their child and/or discussed infant feeding issues with the Public Health Nurse. They were asked a series of questions about their experience in using the tent. One question asked participants to rate their experience using *The Breastfeeding Tent* on a number of different components, including the seating, cleanliness, comfort, location, pamphlets and information available, and public health nursing support. A 5-point Likert scale was used to gather participant feedback, where 1 indicated “needs improvement”, 2 indicated “fair”, 3 indicated “average”, 4 indicated “good” and 5 indicated “excellent”. If the component did not apply they were asked to indicate “not applicable”.

Seating

Seventy-five percent of participants rated the seating as either “good” (n=8) or “excellent” (n=4). The remaining participants rated the seating as “average” (n=3), and “fair” (n=1).

Cleanliness

Almost all participants (93.6%) rated the cleanliness of the tent as “excellent” (n=15), and one participant rated the cleanliness as “good” (n=1).

Comfort

Almost all of the participants (87.5%) rated the comfort of the tent as either “good” (n=6) or “excellent” (n=8). Two participants rated the comfort level as “average”.

Location

All participants rated the location of the tent as either “good” (n=5) or “excellent” (n=9). Note: There were two participants who did not provide a response for this question.

Pamphlets and Information Available

All respondents rated the information available at the tent as either “good” (n=3) or “excellent” (n=12). Note: There was one respondent who indicated that this question was “not applicable”.

Public Health Nursing Support

All participants rated the public health nursing support that was provided at the tent as either “good” (n=2) or “excellent” (n=12). Note: Two participants indicated that this question was “not applicable”.

Additional Participant Feedback

In an open-ended question, thirteen participants identified aspects that they liked about *The Breastfeeding Tent* (Note: three participants did not respond to this question). The most frequently mentioned aspects included the following: providing a shaded area for feeding at an outdoor event (n=6), and making a diaper change table available (n=5). Table 3 lists the various aspects that participants’ enjoyed about *The Breastfeeding Tent*, and the frequency of responses.

Table 3: Description of Aspects of *The Breastfeeding Tent* that Participants Liked

Aspects of <i>The Breastfeeding Tent</i> Initiative	Frequency of Responses
Centrally located, close to events, accessibility	4
Clean	4
Welcoming Environment & Friendly Staff	4
Change Table Available	2
Convenient	2
Sheltered, shaded place	2
Comfortable space	1
Existence of the tent	1
Has everything a baby needs	1
Information & Resources Available	1
Privacy	1
Quiet environment	1
Seat cushions	1
Smoke-free environment	1

EVALUATION QUESTION: What suggestions are there for improving the event?

Suggestions from Participants

Seven of the 16 participants provided suggestions for improving *The Breastfeeding Tent* initiative, including the following:

- More comfortable, supportive seating (i.e. cushioned seats, straight backs) (n=3)
- More privacy (i.e. sheer curtain / net for privacy, front flap for tent with a door) (n=2)
- Providing healthy snacks and drinks (e.g. unprocessed foods) (n=1)
- More room in tent (n=1)
- Depending on event size, tent should accommodate clients (n=1)
- Companies to donate diapers, wipes, etc. (n=1)
- Information about mothering groups (n=1)
- Microwave to heat baby food (e.g. room set-up at Toronto One-of-a-kind shows) (n=1)
- Soothing background music (e.g. Enya, Sarah McLachlan) (n=1)

PHN Breastfeeding Tent Tracking Form Findings

The following sections identify the key evaluation questions and summarize the results from the PHN Breastfeeding Tent Tracking forms.

Location

Throughout the four-day festival, the tent was located on Talbot Street near the corner of King Street in downtown London. This location was in the southwest corner of the main festival area. The location provided an optimal location for visibility of the banner because of the high volume of traffic on King Street. The section of Talbot street was closed in front of the market, which resulted in a lot of traffic stopping right in front of the tent at the traffic lights on King Street.

Hours of Operation

The tent was open from 9 am to 4 pm on Wednesday, June 4th and on Thursday, June 5th. On Friday, June 6th the tent was open from 9 am to 6 pm. On Saturday, June 6th, the tent was open from 8:30 am to 3:30 pm. The hours of operation of the tent coincided almost identically with the festival hours of operation.

EVALUATION QUESTION: What were the human and financial resources required to operate *The Breastfeeding Tent*?

Table 4 provides an estimate of the human and financial resources required for the tent operation. The approximate costs to operate the tent, excluding the staffing resources was under \$450. The actual dollar figure is not provided for the staff time, although it is recognized that the human resources required to operate the tent at a four day event involves a significant financial contribution. Operation items refer to the following:

- infant supplies (e.g. diaper bag, wipes)
- toddler and preschool toys

- bottled water
- toiletries (e.g. lotion, hand sanitizer, kleenex)
- interior tent supplies (e.g. table cloths, carpets, decorations, duct tape, rope, storage bins)
- gift basket, and
- stationary supplies (e.g. paper, pens, folders)

A total of \$250 were allocated towards advertising costs. This included \$100 for MLHU logo and National Breastfeeding Logo placed in Festival brochure, \$150 for advertising in New Parent Resource Guide website, and flyers were also mailed to libraries, daycares, pharmacies, YMCA, etc.

Table 4: Human and Financial Resources For Tent Operation

Items	Cost
Human Resources	Full-time PHN - 35 hours
Event Fee & Tent	\$100
Advertising	\$250
Operation Items	\$87
Total	\$437 - plus staff time

A total of 35 hours was required to operate *The Breastfeeding Tent* for the four-day festival. See Table 5 for a breakdown of the hours reported for operation.

Table 5: Breakdown of Hours Required for Operation

	June 4	June 5	June 6	June 7	Activity Totals
Set-up Time*	0	0.5	0.4	0.5	1.4
Tent Operation	7	7	9.75	8	31.75
Take Down Time	0.5	0.3	0.5	0.5	1.8
Follow-up Time	0	0	0	0	0
Daily Totals	7.5	7.8	10.7	9	35

* Set-up time included arrangement of pamphlets and other supplies inside the tent.

EVALUATION QUESTION: How many participants used *The Breastfeeding Tent*?

In order to keep track of the number of participants who used *The Breastfeeding Tent*, a tracking form, as previously described, was developed for PHNs to record the different types of visitors and the different ways in which visitors utilized the tent. There were a total of 45 visits recorded by PHNs, which included some combination of mothers, mothers-to-be, infants/toddlers, fathers/support persons, other children and members of general public. As outlined in Table 6, a total of 36 mothers (80% of all visits) and 28 infants/toddlers utilized the tent. Three expectant mothers also visited the tent. There were a total of seven fathers and/or support people either alone with their infant/toddler or accompanying the mother and infant/toddler. Seven members of the general public also visited the tent.

Table 6: Visitors of *The Breastfeeding Tent*

Visitors	Count					Total % of Visits
	June 4	June 5	June 6	June 7	Total	
mother	5	14	12	5	36	80.0
mother-to-be	1	1	1	0	3	6.7
infant/toddler	5	8	12	3	28	62.2
father/support person	1	3	0	3	7	15.6
other child/children	1	5	5	1	12	26.7
member(s) of general public	1	1	3	2	7	15.6
Total	8	16	14	7	93	

Note: Total percentage exceeds 100% due to multiple responses. The total number of visits recorded is 45 (i.e. 45 is the denominator used to calculate the total %).

Table 7 lists the nature of client visits to the tent. Of the 45 visits overall, approximately one-third of visits (35.6%) involved a mother breastfeeding her infant/toddler, and also one-third of visits (35.6%) involved parents/caregivers using the tent to change their infant/toddler’s diaper. Approximately, one-fifth of visits (22.2%) involved clients gathering information from PHNs, and one-fifth of client visits (22.2%) also involved clients sharing comments about the breastfeeding tent.

Table 7: Nature of Visit to the Breastfeeding Tent

Nature of Visit	Count	Percentage of all Visits
breastfed infant/toddler	16	35.6
changed diaper infant/toddler	16	35.6
gathered information	10	22.2
sharing comments	10	22.2
other - child played with toys	3	6.7
no response	1	2.2
Total	56	

Note: Total percentages exceed 100% due to multiple responses. The total “percentage of all visits” is calculated based on 45 visits in total (i.e. 45 is the denominator used to calculate the total %).

The tracking form also asked PHNs to record additional client related issues, concerns, questions, comments, and/or referrals for each client visit. Some clients provided comments that the tent was a great idea to have at events like the Children’s Festival. Other clients noted that they were happy that the tent was available for them, because they did not know where they were going to breastfeed at the event. Clients representing the general public visited the tent to gather information and resources on breastfeeding for their friends/family members or workplace. For example, one visitor indicated that she worked at a local daycare and was planning to take some information and resources back to the daycare. Some clients were interested in obtaining specific information about breastfeeding (e.g. duration recommendations, weaning), introduction of solids, and returning to work. In these situations, pamphlets and other resources were provided, and clients were referred to other MLHU services including Health Connection Line, Well-Baby / Child and Breastfeeding Clinics, MLHU dietitian, etc.

EVALUATION QUESTION: What information was available to participants in *The Breastfeeding Tent*? What type of information was distributed to participants?

A variety of resources were on display in *The Breastfeeding Tent*. These resources were available for participants to pick up themselves, and were handed out by PHNs if their particular questions were related to a pamphlet. Table 8 presents the list of resources available in the tent. Unfortunately, the total number of resources that were distributed to participants was not recorded on the tracking form.

Table 8: Resources Distributed

Name of Resource
1. Breastfeeding Protects Notepads
2. Why is Everyone Happy, But me
3. Breastfeeding and Well Baby Clinics
4. Breastfeeding Anytime and Anywhere
5. MLHU Bookmark. Creating a Healthy Community Together
6. Breastfeeding Dad’s Role
7. Improved For You Bookmark
8. Grandparents guide to helping with breastfeeding
9. Relaxation Massage
10. Campaign Bookmarks
11. Campaign Community Resources (Breastfeeding) Postcards
12. Breastfeeding...Yes you can return to work or school
13. Breastfeeding Hand Book

EVALUATION QUESTION: What aspects of *The Breastfeeding Tent* worked well?

PHN Recorded Feedback

On the PHN tracking form, PHNs were asked to record aspects of *The Breastfeeding Tent* that they felt worked well. One PHN noted several successful aspects during her shift. She indicated that the setup went smoothly, and that the busiest time of the shift was between 10:30 am and 12:30 pm. She also noted many improvements in comparison to last years’ tent experience, including the following: the structure of the tent was improved; the information resources provided were ‘streamlined’ with only pertinent materials provided; the location of the tent was accessible to the crowd; and the weather was hot, but not too windy or wet. Another PHN indicated that she received many positive comments from event participants who thought that the tent was a great idea.

EVALUATION QUESTION: What suggestions are there for improving the event?

Suggestions from PHN Staff

Tent Location

As was found last year, there are important considerations for the tent location at the event. Two PHNs noted that having the tent located directly across from the BOB FM tent attracted many visitors to the general area around *The Breastfeeding Tent*, but at the same time the music was loud and made it

difficult to have discussions with clients. However, it was noted that the BOB FM tent was in operation until only 2 pm.

Client Usage

With the “drop-in” nature of *The Breastfeeding Tent*, it is difficult to predict how many clients may visit the tent at any given time. Most of the time there were one to two people in the tent at a time. However, one PHN noted a challenging experience when she had eight mothers visiting the tent at the same time with all of their strollers and babies. In this particular situation, there was not much room to maneuver around moms who were breastfeeding and changing babies. It was also a challenge to answer moms’ questions and invite everyone to fill out an evaluation form.

LIMITATIONS AND STRENGTHS OF THE EVALUATION

Based on the 2007 process evaluation, some improvements were implemented with regards to the sampling framework for participants completing feedback forms. Because of the objective to provide a visual reminder to the public that breastfeeding is encouraged and supported, all participants who stopped by the tent were invited to fill out a feedback form, rather than just those participants who had significant conversations with the PHN as in 2007. Gathering feedback from a broader range of event participants (e.g. fathers, support people accompanying moms, event participants passing by the tent who stop to talk with PHNs) helped to provide some additional perspectives that reflect the diversity of the population at the event. However, it is recognized that the attitudes and perceptions expressed by event participants who completed feedback forms can not be generalized to the event population.

As noted in the 2007 summary report, limitations of the survey technique may include time limitations for clients to complete the survey (e.g. needing to care for their infants/toddlers, other demands, etc.). Social desirability bias may also play a role in how participants responded because they may censor some of their actual views about the tent initiative due to the presence of the PHN.

SUMMARY

There is evidence from the findings that the three main purposes of the evaluation were met this year with *The Breastfeeding Tent* initiative. Reflections on each of the three purpose statements of the evaluation are described below:

- **To assess participant satisfaction levels with *The Breastfeeding Tent*** – Many participants who completed the feedback form commented that they were pleased to see the tent at the Children’s Festival and indicated that it should be available at other community events. Overall, parents/caregivers who used the tent provided positive feedback on various aspects of the tent including seating, cleanliness, comfort, location, information/pamphlets, and PHN support. Areas for improvement were noted by participants and will be reviewed when planning for future tent events.

- **To track the human and financial resources required to operate The Breastfeeding Tent** – As in 2007, both the human and financial resources associated with the implementation of the tent were recorded. As recognized from the previous year, a significant amount of human resources are required to operate the tent in comparison to costs of the tent and supplies. The PHN support that is available at the tent is viewed as an essential aspect of the initiative in order to provide information and referrals on breastfeeding and infant feeding related supports.
- **To monitor implementation and utilization of The Breastfeeding Tent initiative and to identify successes and challenges to inform future planning.** – Feedback from participants and staff provided useful information in terms of aspects that worked well with the tent initiative and areas for improvement. This information will be helpful to inform future event planning.

From reviewing the results of this process evaluation, there is evidence to suggest that the goals of the initiative were achieved to some extent. Reflections on the two goals are described below:

- **To provide a supportive and pleasant environment for breastfeeding mothers and families.** Many participants indicated that the tent provided a comfortable and convenient space for parents/caregivers to feed/change their babies. Participants were also pleased with the PHN support available at the tent. According to the PHN tracking form many clients were provided with additional information and referrals to other MLHU breastfeeding and well-baby supports.
- **To provide a visual reminder to the public that breastfeeding is encouraged and supported.** The existence of the tent at the Children’s Festival was noted by some participants as a way to illustrate to the general public that breastfeeding is supported. However, there is some evidence to suggest that the existence of the tent does not necessarily communicate that breastfeeding should be accepted and supported in an open public place. For example, a few participants suggested that more privacy was needed for the tent (i.e. sheer curtain / net for privacy, front flap for tent with a door), even though there were already three solid walls for the tent.

FUTURE DIRECTIONS

A number of recommendations have been identified based on the lessons learned throughout the implementation of *The Breastfeeding Tent* initiative in 2008. The recommendations have been grouped into three main categories:

- tent structure and operation,
- event planning, and
- promotion.

Tent Structure & Operation

Based on last year’s experiences, it was recommended that negotiations be made with the Children’s Festival event planners to use one of their existing tents. This proved to be a useful strategy as no major challenges were experienced this year with the structure of the tent. Based on the feedback from

participants and staff, the following recommendations were generated in relation to the tent structure and operation:

- Consider the wall structure of the tent (e.g. transparent versus solid) and the messaging that is promoted (e.g. privacy vs. breastfeeding visible in public place).
- Explore options for tent operation and supplies, including such items as disinfectant for hands, more comfortable seating, healthy snacks and drinks, donated diapers and wipes, soothing background music, etc.
- Ensure the tent size is adequate for the size of future community events.

Event Planning

The following describes some recommendations to consider in relation to event planning:

- Investigate opportunities to hold the tent at other community events.
- Ensure that the location of the tent supports client interactions (e.g. noise level from other near-by activities).
- Discuss staffing strategies if the demand for the tent becomes too high during a particular time of the day.

Promotion

Information about *The Breastfeeding Tent* was included in the promotional activities organized by the Children’s Festival. The Breastfeeding Tent was also advertised on several local websites, and included in the Mom and Caregiver Magazine. Flyers were also distributed to libraries, YMCA, daycares, and pharmacies. However, only a few participants indicated that they found out about the tent through these promotional efforts. The majority of participants found out about the tent by walking by the tent. Additional considerations could be investigated for promotional activities. Some ideas for promotional activities in the future may include advertising through the following ways:

- Well-baby / child and breastfeeding clinics
- Just Beginnings Classes
- La Leche League
- Welcome Wagon
- MLHU Physician Outreach Packages

REFERENCES

Health Canada. (2004). *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years*. Ottawa: Minister of Public Works and Government Services.

London International Children’s Arts Festival. (2007). *London International Children’s Arts Festival: Mission Statement and Guiding Principles*. Available online at <http://www.londonchildfest.com/>. Accessed: October 21, 2008.

Middlesex-London Health Unit. (2005 January). *Breastfeeding Practices, Awareness & Attitudes in Middlesex-London*, The Health Index, Issue 13. London: Middlesex-London Health Unit. Author: Bray Jenkin, K. Available online at: <http://www.healthunit.com/article.aspx?ID=11184>. Accessed: October 21, 2008.

Middlesex-London Health Unit. (2008 April). *Breastfeeding Fast Facts: Differences in Breastfeeding Practices, Awareness & Attitudes in Middlesex-London*. London: Middlesex-London Health Unit. Author: McCann, Melissa.

Ontario Ministry of Health and Long Term Care. (1997). Mandatory Health Programs and Service Guidelines. Available online at: <http://www.health.gov.on.ca/english/providers/pub/pubhealth/manprog/manprog.html>. Accessed: October 21, 2008

Ontario Ministry of Health and Long Term Care. (2008). Ontario Public Health Standards 2008. Available online at: http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html. Accessed: November 28, 2008.

Region of Peel Public Health. (2004). A Breastfeeding Place: Evaluation Report. Region of Peel Public Health: Brampton, ON.

REPORT PREPARED BY:

Melissa McCann, *Program Evaluator*, Research, Education, Evaluation & Development Services, Middlesex-London Health Unit

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For more information, contact:

Laura Dueck, Public Health Nurse
Family Health Promotion Team, Family Health Services
Middlesex-London Health Unit
50 King Street
London, ON N6A 5L7
519-663-5317 ext. 2266
laura.dueck@mlhu.on.ca



MIDDLESEX-LONDON HEALTH UNIT
50 King St., London, ON N6A 5L7
tel: (519) 663-5317 • fax: (519) 663-9581
health@mlhu.on.ca

STRATHROY OFFICE – KENWICK MALL
51 Front St. E., Strathroy, ON N7G 1Y5
tel: (519) 245-3230 • fax: (519) 245-4772

AN ACCREDITED TEACHING HEALTH UNIT



Appendix A: Breastfeeding Tent Feedback Form

We would like your thoughts on the following questions. Your comments will help us understand what worked well at this event and what improvements can be made in the future.

Your participation is voluntary. The data is being used for program evaluation purposes. Please do not mark this page with your name, as this survey is to be anonymous. Call Melissa McCann, MLHU Program Evaluator at 663-5317 ext. 2554, if you have any questions.

1. How did you **hear** about *The Breastfeeding Tent*? (check all that apply)

- Children’s Festival Flyer
- Festival Information Booth
- Breastfeeding Tent Poster
- Website - please specify: _____
- Walking by the tent
- Friend or Family Member

2. What are your thoughts on having *The Breastfeeding Tent* at community events?

3. Did you use The Breastfeeding Tent to care for your infant and/or discuss infant feeding issues with the Public Health Nurse?

- No – Thank you for taking the time to complete the survey!
- Yes



Please turn over and continue to answer the remaining questions

For Parents/Caregivers Using *The Breastfeeding Tent*

4. On a scale of 1 to 5, rate your experience in using *The Breastfeeding Tent* on the following components: (1 being needs improvement and 5 being excellent)

	Needs Improvement	Fair	Average	Good	Excellent	Not Applicable
a. Seating	1	2	3	4	5	N/A
b. Cleanliness	1	2	3	4	5	N/A
c. Comfort	1	2	3	4	5	N/A
d. Location	1	2	3	4	5	N/A
e. Pamphlets and Information Available	1	2	3	4	5	N/A
f. Public Health Nursing Support	1	2	3	4	5	N/A

5. What did you like about *The Breastfeeding Tent*?

6. What would you change about *The Breastfeeding Tent*?

7. Do you have any additional comments?

Thank you for taking the time to complete this Feedback Form!

Appendix B: Breastfeeding Tent Tracking Form

Purpose: In order to monitor the implementation of this project, please complete this tracking form throughout EACH PHN shift.

PHN Breastfeeding Tent Tracking Form

Staff Member’s Name(s):	
Location:	
Date:	(dd/mm/year)
Time of Tent Operation:	

	Estimated No. of Minutes or Hours (if not applicable to your shift, indicate N/A)
Daily Set-up Time:	
Actual Hours of Shift and/or Tent Operation:	
Daily Pack-Up Time:	
Follow-up / Documentation Time:	
Total Hours:	

Name of Pamphlet	START of Tent Event Morning of Wed., June 4th	END of Tent Event Afternoon of Sat., June 7th	Total Number of Pamphlets distributed
	No. of Pamphlets on display on OPENING DAY of tent operation	No. of Pamphlets remaining on display at end of tent operation on CLOSING DAY	
1. Breastfeeding Protects Pads	30		
2. Why is Everyone Happy, But me	30		
3. Breastfeeding and Well Baby Clinics	30		
4. Breastfeeding Anytime and Anywhere	30		
5. MLHU Bookmark. Creating a Healthy Community Together	30		
6. Breastfeeding Dad’s Role	30		
7. Improved For You Bookmark	30		
8. Grandparents guide to helping with breastfeeding	30		
9. Relaxation Massage	30		
10. Campaign Bookmarks	30		
11. Campaign Community Resources (Breastfeeding)	30		
12. Breastfeeding...Yes you can return to work or school	30		
13. Breastfeeding Hand Book	20		
Total			

This section asks you to track each visitor and/or group of visitors to the tent, and to record the nature of their visit, and any issues, concerns, questions or comments that they had. The first two rows are provided as examples. If there are more than 17 visitors and/or group of visitors, please use an additional form.

Visit	Description of Visitor(s) (check all that apply)	Nature of Visit (check all that apply)	Issues, Concerns, Questions, Comments, Referrals
E.G	<input checked="" type="checkbox"/> Mother <input checked="" type="checkbox"/> Mother-to-be <input checked="" type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input checked="" type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input checked="" type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	Discussed difficulties weaning; referred to Health Connections
e.g.	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input checked="" type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input checked="" type="checkbox"/> Sharing comments	Commented on importance of having breastfeeding tent at community events
1	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
2	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
3	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
4	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
5	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
6	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
7	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	

Visit	Description of Visitor(s) (check all that apply)	Nature of Visit (check all that apply)	Issues, Concerns, Questions, Comments, Referrals
8	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
9	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
10	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
11	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
12	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
13	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
14	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
15	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
16	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	
17	<input type="checkbox"/> Mother <input type="checkbox"/> Mother-to-be <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Father/Support Person <input type="checkbox"/> Other child/children <input type="checkbox"/> Member(s) of General Public	<input type="checkbox"/> Breastfed Infant/Toddler <input type="checkbox"/> Bottle Fed Infant/Toddler <input type="checkbox"/> Changed Diaper Infant/Toddler <input type="checkbox"/> Gathering information <input type="checkbox"/> Sharing comments	

What were the SUCCESSES of the initiative today? (point form is fine)

What areas are there for IMPROVEMENT? (point form is fine)

Additional Comments / Observations: