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COMMUNITY CONVERSATION REPORT



January 2015

Report on the Community Conversation on
Breastfeeding in Brookings Businesses |
Brookings, SD

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Community Conversation Report

REPORT ON THE COMMUNITY CONVERSATION ON BREASTFEEDING IN BROOKINGS BUSINESSES | BROOKINGS, SD

The Brookings Supports Breastfeeding (BSB) team hosted a Community Conversation on Breastfeeding in Brookings Businesses, a public deliberation event, on November 1, 2014. The deliberation focused on the question, *“How can our community support the breastfeeding experience in Brookings businesses?”* The event was held from 10am-2pm at the McCrory Gardens Education & Visitor Center in Brookings, SD.

Background

The BSB project is a community effort to promote dialogue and deliberation about supporting breastfeeding in Brookings businesses. It is funded through a Community Innovation grant from the Bush Foundation, and is a partnership between South Dakota State University (SDSU), the Brookings Area Chamber of Commerce, Brookings Health System, community breastfeeding advocates, and a public deliberation expert from Wabash College (IN).

Focus Groups

To prepare for the event, the BSB team conducted 6 focus groups: 3 with breastfeeding mothers and 3 with business representatives. From the focus groups, the team learned that: 1) support for breastfeeding in Brookings is growing, 2) some businesses already provide breastfeeding support, and 3) breastfeeding support in Brookings can be improved. Based on these findings, the BSB team created a deliberation guide for the Community Conversation event. The guide and event focused on 3 different approaches to improving breastfeeding support in Brookings businesses.

Event

On November 1, 2014, more than 70 community members attended the Community Conversation. At 10 tables, community members participated in directed discussions led by trained facilitators (community members and SDSU students). At each table, facilitators and notetakers recorded key aspects of the conversation; the conversations were also audio recorded. Each participant had a copy of the Community Conversation guide and was encouraged to complete pre- and post-event surveys.

Report

This report presents a summary of the conversations and the preferred actions generated by participants at the event; it is *not* a portrayal of the opinions of the entire Brookings community. The report is an accurate and complete portrayal of the most frequent themes and supporting arguments, while also identifying less dominant but still significant topics. It is based on table notes, facilitator post-event worksheets, and participant surveys from the event. The report includes an overview of the procedures from the event, an analysis of participants' perceptions of the problem and conversations about each approach, and a summary of the preferred actions from the tables and from individuals.

I. BACKGROUND

The Brookings Supports Breastfeeding (BSB) team organized the Community Conversation in consultation with many community participants and partners. Prior to the event, the BSB team crafted a Community Conversation guide, based on findings from 6 focus groups, to frame the approaches to be discussed at the public deliberation event.

Community Conversation Guide

The goal of a Community Conversation guide is to encourage conversation about a public problem from a variety of perspectives, working through those perspectives to identify the best—and therefore, preferred—approach for a community to begin addressing a public issue. The guide explained the problem and three potential approaches towards alleviating that problem. Each approach had a variety of actions and potential actors who could begin to impact the community on this issue.

The guide focused on the question, “*How can our community support the breastfeeding experience in Brookings businesses?*” It gave a snapshot of the benefits of breastfeeding for mothers and businesses, as well as aspects of the problem. Based on focus group findings, the BSB team identified five barriers to breastfeeding support in Brookings:

- Lack of proper environment
- Non-supportive breastfeeding culture in Brookings businesses
- Lack of formal awareness, education, and policies among employers
- Discomfort talking about breastfeeding
- Difficulty juggling demands of work and breastfeeding

Next, three approaches to this problem were presented. The guide included arguments for the approach, possible actions, and possible concerns that would need to be addressed for the approach to have success. The three approaches were:

- Approach 1: Prioritize education
- Approach 2: Develop business resources
- Approach 3: Create a supportive culture

These approaches were not mutually exclusive, but provided a framework to encourage the deliberative process of perspective taking on a public problem before moving to public judgment. Furthermore, the guide also encouraged participants to think broadly about who could be involved, including families, businesses, community members, health care professionals, nonprofits, churches, government, and more. At the event, each participant received a copy of the seven-page guide, as well as a one-page summary.

Facilitator Training

Prior to the event, Dr. Sara Drury from Wabash College led a training for the event facilitators and notetakers. Dr. Drury is a public deliberation expert who provided community members and college students with a 3-hour training about the process and goals of public deliberation. Participants received training on how to lead discussion and take complete notes; they also participated in mock discussions to hone their skills.

Community Conversation Event

The Community Conversation event opened with welcoming remarks from Dr. Drury and Brookings Mayor Tim Reed. Dr. Drury explained the goals and process of deliberation. Mayor Reed affirmed the event's goals and communicated his commitment to improving breastfeeding support in Brookings businesses.

After these opening remarks, trained facilitators led their tables through a discussion of concerns, approaches to the problem, and preferred solutions. Each table had a notetaker who kept track of the conversation on an easel flip chart. Dr. Drury also led a large group discussion of the morning conversation, as well as of the groups' preferred actions. The schedule for the event was as follows:

- 10:00 Welcome
- 10:15 Discussion of the issue and what brought participants to the event
- 11:00 Discussion of the three approaches to the issue
- 12:00 Lunch
- 12:45 Large group discussion of the morning conversation
- 1:00 Action prioritization in small groups and large group
- 1:45 Closing remarks and post-event surveys

While not all participants took surveys, 38 participants (not including facilitators or notetakers) completed surveys and provided demographic information. The typical participant was a mid-thirties, college-educated, Caucasian female from Brookings, who works outside the home and breastfed two children.

II. ANALYSIS OF DELIBERATIVE CONVERSATIONS

Opening Conversation: What brought community members to the conversation and how do they see the problem?

A variety of interests brought community members to the Community Conversation on November 1. Many were mothers, including some who were currently breastfeeding, some who had breastfed, and others who had not breastfed. Other participants were family members (fathers, grandparents), health care professionals, government officials, university officials, interested members of the business community, and students from SDSU. Some participants expressed that they came because they wanted to learn, they had an interest in improving their business environment, and/or they were driven to improve the community as a whole by raising support for breastfeeding mothers.

Across the tables, it seemed that the five major aspects of the problem resonated with participants. Participants' comments reflected some of their own struggles with finding support for breastfeeding in Brookings, including:

- Business owners and managers seem to be unaware of the significant benefits of breastfeeding for employees and children
- Employers, friends, family, and others seem to lack concern for the challenges faced by breastfeeding mothers (including private and/or welcoming spaces to pump or breastfeed and the physical process of breastfeeding)
- There is little advertising or public awareness to demonstrate the benefits of breastfeeding

Discussion of Approach 1: Prioritize Education

In this approach, the framing guide encouraged Brookings to “prioritize education about the needs of breastfeeding mothers and the benefits of supporting breastfeeding in local businesses.” Approach 1 prioritized “the development and spread of local informational resources unique to our community.”

Themes from Discussions about Approach 1

- Some participants said the **lack of education was a significant problem—one that had to be tackled first**. A few participants felt there might not be easily accessible, high quality information available for the general public, while others felt information might exist but is not accessible.
- Many participants provided various **options for disseminating information**:
 - Create and not just have written, but also visual forms of education
 - Hold classes for diverse groups such as fathers, grandparents, friends, and young adults
 - Create classes for daycare providers
 - Find informal ways of educating (breastfeeding “on tap” to reach a broad audience)
 - Develop informational billboards or advertisements about breastfeeding
- Many tables **prioritized the need for educating business owners and managers**:
 - New employee training could include information on breastfeeding and working mothers
 - Workplace policies can educate employers and employees about breastfeeding support
 - Sharing best practices and options between employers can educate the workforce
 - Increased education may also improve communication about breastfeeding at work
- A few tables discussed the idea of **beginning education early**, perhaps changing some aspects of health education in K-12 schools.
- There was demand for **increased government support to encourage education**, at both the local and state levels.
- Two tables noted that efforts to increase education about breastfeeding should be careful not to alienate those who choose to use formula (one table said that formula should not be “taboo”).

Questions and Concerns about Approach 1

- **Costs**. Some wondered about how to create low-cost education, while other tables considered the possibility of grants funding this work.
- **Access**. How can we reach the general public? Breastfeeding advocates often focus on expectant mothers who are making decisions about infant feeding, mothers currently breastfeeding, and others who are committed to improving support for breastfeeding.
- **Specifics of education programs**. Who can organize a speaker series, business information sessions, or many of the other ideas? How can we publicize these events to the entire community? How can we encourage the community to attend?

Discussion of Approach 2: Develop Business Resources

This approach suggested that businesses could be a primary actor in increasing the support of breastfeeding in Brookings. In the guide, sample actions focused on creating “resources within and for Brookings businesses, for business leaders and breastfeeding employees.”

Themes from Discussions about Approach 2

- Tables expressed a desire for **increased visible support** through signage to alert customers to breastfeeding accommodations (public and private).
- Participants wanted to encourage the **need for top-down approaches** to build business support. Employers should lead the way with written policies, training, providing spaces for pumping, and creating a positive workplace culture:
 - Larger businesses (or influential individuals in the business community, i.e. opinion leaders) should serve as leaders among the business community
 - Competitions among businesses could speed up changes/make businesses more supportive
 - City-wide policies could require specific types of support to be provided within businesses
- Similar to Approach 1, tables noted there was a need to **educate businesses** on breastfeeding support (what mothers need, how to implement, how it helps employers' 'bottom line'):
 - Resources for education and implementation need to be available at low/no cost
 - Training should be available for employers & within businesses for employees
 - Information needs to be tailored to companies' specific needs & available resources
 - A consulting group or advisory committee (possibly a traveling panel) should be formed to provide education/training to businesses
 - Businesses should make use of existing resources (i.e., WIC; SD Breastfeeding Coalition)
- **Collaborate to achieve goals:** we need collaboration between businesses themselves, as well as between employees & employers, and between health/education and business sectors.

Questions and Concerns about Approach 2

- **Costs.** How will we cover the costs of providing space, providing time, educating employers and employees, providing training, changing policy, printing signage, etc.? Financial costs, time costs, and personnel/staffing (including external or internal training sessions) costs are all a part of this.
- **Specifics of implementation.** What exactly do nursing mothers need? What are the best ways to support a breastfeeding employee? What might this look like across businesses? What resources would businesses have?
- **Universal, but also flexible, policies.** How do we develop/implement policies city-wide while also having flexibility for individual businesses/types of workplaces (i.e., hourly/shift employees)?
- **Communication.** How should we communicate policies and support to all employees (including non-breastfeeding employees)? And how can we have productive two-way communication between employers and employees?

Discussion of Approach 3: Create a Supportive Culture

This approach was the most general, but also could be seen as the most drastic, since in the Community Conversation guide it called for prioritizing “proactive support for breastfeeding mothers in Brookings on a larger scale.”

Themes from Discussions about Approach 3

- Similar to Approach 1, tables agreed on the need to **educate the public and business leaders:**

- Education is especially important for men, and for others, who feel unaffected by the issue
- Education can change the broader culture
- Centralized information will help with educating the workforce
- Participants suggested that breastfeeding could be **“normalized”** in Brookings, through:
 - Creating billboards (e.g., “Welcome to Brookings”) or social media campaigns featuring breastfeeding mothers
 - Increasing the visibility of breastfeeding mothers in public places
 - Establishing comfortable environments for breastfeeding (both private and public)
 - Developing a “breastfeeding-friendly” designation for businesses and a corresponding smartphone app
- Many tables agreed that **comprehensive, collaborative, and continuous support is essential**:
 - The community needs to work together to let mothers know that they have support right after the baby is born, in the following weeks and months, and at work (if applicable)
 - Community-wide support is necessary: every person who encounters the mother has an opportunity to provide support and encouragement
 - Support groups that include multiple family members can provide support and foster inter-generational connections
 - Government and city support for breastfeeding already exist; we can capitalize on that

Questions and Concerns about Approach 3

- **Inclusivity and sensitivity.** Efforts to create support should not alienate those who use formula, men, community members not of child-bearing age, etc. Neither should they alienate breastfeeding mothers who do not want to breastfeed publicly or who use nursing covers.
- **Restaurants.** Restaurants may be an especially challenging area to change breastfeeding culture.
- **Support groups.** How can support groups be organized, formed, and publicized so people are aware of them?
- **Pace.** What should be the pace of this change? Should we focus on smaller changes that can go faster, or larger changes that may take time?
- **Leadership.** Who will lead these efforts?



A community member hangs lists of possible community actions generated by each table during the Community Conversation event on November 1, 2014.

III. DISCUSSION OF PREFERRED ACTIONS

After a lunch break, moderator Dr. Drury reconvened the participants as a large group and provided a recap of the morning conversations. A few groups shared what they had discussed that morning. Then, each table selected a short-term and a long-term action that they would prioritize. The action might not represent all participants' first choice, but rather was an action that had broad agreement (though not necessarily consensus) at the table. Groups were asked to not only identify the action, but also to identify who in the Brookings community might be able to contribute towards or lead this action.

The authors summarized and grouped together similar actions from this reflection period:

Business-Related Actions

- **Develop and disseminate tools for mothers and employers:** create resources for breastfeeding employees via businesses' websites and include what is covered in annual insurance enrollment (i.e., breast pumps); centralize and organize resources on best practices for businesses
- **Help businesses create policy regarding nursing/lactation rooms:** prioritize & promote installation of nursing/lactation rooms (in existing businesses & future expansions); educate businesses about creating rooms; finding funding (e.g., grants) to cover costs to businesses
- **Establish a permanent group to provide information/education to businesses & the community:** the group would start conversations, provide support and education to local businesses, offer changes to K-university curriculum; the group could include/represent many stakeholders (e.g., parents, government, health care, business owners, HR representatives, school board, university faculty and administration, WIC, SD Breastfeeding Coalition)

Public/Community-Related Actions

- **Create a logo & designation for "breastfeeding-friendly businesses:"** this could include signage, announcements at all community and business events, a competition or recognition/celebration of pro-breastfeeding businesses, and training for employees; this would help normalize breastfeeding
- **Create a visual breastfeeding campaign:** this could include billboards, public service announcements (TV and radio), social media, smartphone app with locations of breastfeeding-friendly businesses; could also create an internship at SDSU to have someone coordinate the campaign; breastfeeding sit-in
- **Provide individualized support to breastfeeding mothers:** reach out to breastfeeding mothers with individualized support or an information hotline; provide post-natal breastfeeding classes

After groups articulated these actions, Dr. Drury asked each participant to select a single action to commit to. Participants wrote this action on a post-it note, shared it with a partner, and then shared with another pair. Then, a few individuals shared their commitments with the large group. All participants posted their actions on the wall for participants to see as they left the event. The individual actions are listed verbatim in the Appendix as a way of reporting on the event using the direct words of the participants.

The event closed with thank you remarks from the BSB team, a request for participants to complete the post-event surveys, and a reminder about the follow-up **Next Steps event on January 6, 2015**.

APPENDIX

List of Individual Actions from the Community Conversation Event | November 1, 2014

These actions were written by participants on individual post-it notes and transcribed.

- Upon request, will supply any breastfeeding resource information to mothers, businesses, human resource agents. –March of Dimes SD Chapter
- Support nursing moms → not get irritated if it means we are late – or if they are late to meetings. Be more compassionate.
- Involved in having community group to support breastfeeding moms, especially moms who struggle with it, like the mothers of premature babies.
- I am committed to help young parents—moms and dads – to be okay and comfortable with feeding folks in public, I will talk with dads and moms.
- To provide avenue for moms to connect.
- To have nurse sit-ins at my store!
- Be more deliberate in letting women know about weekly BF support group meetings
- Increasing awareness through word of mouth and sharing information about creating a breastfeeding friendly community
- Assist with support group. Providing examples of the benefits of breastfeeding. Assist with creating promotional materials.
- Bring awareness and information to the company I work for to make positive changes.
- Inform others of this need because they probably didn't know there was one, like how I didn't.
- Encourage and support now/soon-to-be moms with breastfeeding resources/education.
- Spreading the word about businesses that support breastfeeding by providing places for mothers to feed/pump
- Offer support to others by helping them to find resources or listening
- Make cards (info, support, BF resources, links, resources) and encourage families during early months –help network BF mothers
- Encourage my colleague and workmates for breastfeeding by talking (discussing) the importance of breastfeeding. Educate friends and relatives who surround us for breastfeeding.
- As I become a father, sometime around next week, I will have my wife to breastfeed my child comfortably. Since she is working at SDSU I will help her to come home and breastfeed every three or four hours.
- Use the radio to spread the word around Brookings and neighboring towns.
- Continue to support breastfeeding parents as a business owner, doula, and educator. Offer to support new implemented measures any way that I can.
- Use social media to promote positive BF messages.
- I would like to look into becoming more involved with community support either through my breastfeeding support group or SD breastfeeding coalition.
- Share existing WIC resources with all.
- Spread the word about BFing. Help support other dads in helping wives.
- Offering to hold lectures on breastfeeding.
- I will listen to mothers' struggles about breastfeeding and help them find support throughout their journey.
- I can discuss this topic (breastfeeding in the Brookings community) with my roommates to assess and increase awareness. The need for awareness on college campuses is great, and this event ("I spent my Saturday morning...") is a great springboard for discussion.
- Support breastfeeding mothers' in the business I work at.
- I will not forget my struggles of breastfeeding.
- Become an advocate to businesses on acceptance and awareness of breastfeeding, helping them set up safe and healthy nursing and lactation areas.

- Breastfeeding ambassador and support person for my family and friends, and also to myself if I have more children
- I will personally take time in my daily life—church, school events, parks/pool etc. to acknowledge (kind word, thumbs up) or offer support to a breastfeeding mom.
- I am interested in participating in a committee to help businesses plan future buildings to include breastfeeding in their designs.
- Stay involved in promoting the normalization of breastfeeding.
- Help with the normalization of BF in businesses, communities.
- Raising awareness on campus
- I am creating a private space for our employees and guests at the Children’s Museum of SD to go when they wish to breastfeed/pump in private.
- I will add breastfeeding to our new employee orientation program starting next week.
- Promote breastfeeding by positively acknowledging mothers when they do BF in public.
- Be involved in follow up sessions regarding Brookings Supports Breastfeeding.
- Implement a policy in the workplace.
- Be available as a resource science/med support as an OB/GYN doc.
- Being supportive and making other breastfeeding moms comfortable to talk about their breastfeeding experiences/concerns.
- Make sure WCC HO have appropriate anticipatory guidance
- Order free pamphlets for waiting rooms, newborn packets
- Change our breastfeeding class to include all mothers
- Offering myself as a “face” to breastfeeding experiences when/if needed (core group participation). Continuing to advocate when I have the opportunity and/or can create a “teachable moment.”
- Willing to provide ideas and suggestions to boards or committees who are trying to implement breastfeeding-friendliness in the community.
- Locate and combine resources for mothers and employers to help facilitate pumping at work conversations and make them accessible and available
- Breastfeed in public, anytime, anywhere, without a cover
- Share what I learned with friends who don’t have the knowledge, and support mothers who do breastfeed
- Inform public about availability of lactation consultants, pre- and post-partum, to support nursing mothers and their families, i.e., child and husband.
- Talking about breastfeeding in my classes
- Spreading the word regarding: breastfeeding support group, benefits of breastfeeding, rights in the workplace, IBCLCs
- Providing a nursing space during meetings, complete with partition, chair, boppy pillow for the mothers attending Brookings Area MOPS (Mothers of Preschoolers)
- Support promotion and education of breastfeeding when brought up. Share ideas and information.



The Brookings Supports Breastfeeding project and Community Conversation are supported by a Community Innovation grant from the Bush Foundation. The Bush Foundation’s Community Innovation grant program supports organizations working to create or implement an innovative solution to address a community need or opportunity. The innovation must be developed through community problem-solving – inclusive, collaborative processes focused on making the most of community assets – and be more effective, equitable or sustainable than existing approaches. The program is part of the Bush Foundation’s effort to enable, inspire and reward community innovation.