

FORM 1: THE BUSINESS CASE FOR BREASTFEEDING: BUSINESS OUTREACH COMPLETION FORM

The instrument will be used to document any businesses targeted as part of the direct outreach to businesses. Table 17 below provides basic information about this form. A copy of this form should be completed for EACH business targeted. Part one of this form should be completed prior to conducting the outreach. Part two of the form should be completed once the outreach has been conducted. Some research will be required in order to completely and accurately complete this form.

Table: Using Form #1	
Target Group	All HS and SBC personnel trained by the project staff and/or by the HS/SBC trainers
Administration	This form should be completed prior to each business outreach visit conducted
Time to Complete	Varies with research required

FORM #1: BUSINESS OUTREACH COMPLETION FORM

Directions: Completion of part one of this form should take place prior to approaching the business. Its completion will assist the trainees in maximizing the possibility of a successful engagement. Complete research in order to be able to answer each of the questions. After conducting outreach with the business (if applicable), you may complete part two of the form.

Part 1:

About the Business

1. Name of Business _____
2. Address of Business _____
City/Town _____ Zip _____
County _____
3. General phone # _____ General Fax # _____
Website: _____
4. Name and Contact Data of President/CEO: _____

5. Name and Contact Data for Human Resources Director (If Applicable): _____

6. Name and Contact Data for Wellness Program Director (If Applicable): _____

7. Name, Title, and Contact Data for Other Key Decision Makers: _____

8. Sector:
 - a. Publicly owned for profit organization
 - b. Privately owned non-profit organization
 - c. Nonprofit organization
 - d. Government agency

9. Industry (Select One):

- Manufacturing (durable goods)
- Health
 - o Type: _____
- Services (profit)
 - o Type: _____
- Finance
- Manufacturing (nondurable goods)
- Government
- Technology
- Hospitality
 - o Type: _____
- Services (nonprofit)
 - o Type: _____
- Wholesale/retail trade
 - o Type: _____
- Educational services
- Insurance
- Construction and mining/oil and gas
- Telecommunication
- Transportation
- Utilities
- Newspaper publishing/broadcasting
- Agriculture
- Legal
- Entertainment
 - o Type: _____
- Other: _____

10. Year and date business was formed: _____

11. Number of Employees

- a. Less than 50
- b. 50 but less than 100
- c. 100 but less than 250
- d. 250 but less than 500
- e. 500 but less than 750
- f. 750 but less than 1,000
- g. Over 1,000
- h. Unknown/Unavailable

Business Size

- Small (up to 50 employees)
- Medium (51-499 employees)
- Large (500+ employees)

12. Estimated Gross Revenues

- a. Less than \$100,000
- b. \$100,000 but less than \$500,000
- c. \$500,000 but less than \$1,000,000
- d. \$1,000,000 but less than \$5,000,000
- e. \$5,000,000 but less than \$10,000,000
- f. \$10,000,000 but less than \$20,000,000
- g. Unknown/Unavailable

Employee Characteristics

13. The company employs a labor force that is approximately _____% female?

- a. Less than 10%
- b. 10% but less than 25%
- c. 25% but less than 50%
- d. 50% or more
- e. Unknown/Unavailable

14. Approximately _____% of the female employees are of childbearing age.

- a. Less than 10%
- b. 10% but less than 25%
- c. 25% but less than 50%
- d. 50% or more
- e. Unknown /Unavailable

(Continued on Next Page)

15. Based upon data from the employer’s website and/or other resources, which of the following non-mandated benefits programs are currently offered by the employer?

- a. Paid leave for: Vacation days Sick leave Rest time Jury Duty Funeral leave Military leave Personal leave Lunchtime Maternity leave Unknown
- b. Unpaid leave for: Vacation days Sick leave Rest time Jury Duty Funeral leave Military leave Personal leave Lunchtime Maternity leave Unknown
- c. Medical care for employees that is:
 - i. Wholly employer-financed
 - ii. Partly employer-financed
 - iii. Unknown
- d. Miscellaneous benefits
 - i. Education programs including tuition reimbursement
 - ii. Child care
 - iii. Flexible benefits
 - iv. Wellness program
 - v. Other _____
 - vi. Unknown

Part 2:

Outreach and Engagement

16. Please list all contacts with the business by mail, phone, email or visit:

<i>Type of Contact</i>	<i>Date(s)</i>		
Phone or email	_____	_____	_____
Letter mailed	_____	_____	_____
Visit	_____	_____	_____

17. Were you able to schedule a meeting/presentation with a decision maker in the business?

- a. Yes
- b. No

If yes, which decision maker did you schedule your meeting with?

- a. HR Director
- b. President/CEO
- c. Wellness Director
- d. Other _____

18. Did you provide the business with one or more materials from the Resource Kit?



- a. Yes b. No

Please select which material(s) you provided and the quantity:

- a. "Employer Brochure" _____
 b. "Easy Steps" Booklet _____
 c. "Employee's Guide" _____
 d. Entire Resource Kit _____
 e. Other (please list) _____
-

19. Which approach was used for targeting this business (select all applicable):

- a. "Low Hanging Fruit"
 b. "Early Adopters"
 c. "Biggest Bang for the Buck"
 d. "Worksites with Special Needs"
 e. "Inside Champion"
 f. Business initiated contact with your organization
 e. Other: _____

20. Did you implement a personal contact plan that used each of the four steps that you learned in the training, i.e. send a cover letter to the HR Manager; follow-up by telephone to set up a brief meeting; provide a 15-20 minute visit; and follow-up with a telephone call?

- a. Yes b. No

If no, please provide the steps you took: _____

21. Did you offer training for supervisors and/or co-workers to help gain a buy-in?

- a. Yes b. No

22. Did you highlight other businesses in the community with lactation support programs?

- a. Yes b. No

23. Did you offer to provide classes for pregnant and/or breastfeeding women at the targeted business?

- a. Yes b. No

24. Did this business complete and return the 'audit instrument'?

- a. Yes b. No

If yes, did they indicate that they intended to implement a lactation support program? a. Yes b. No

Challenges Encountered

25. In attempting to move from outreach to implementation, describe the type of challenges you encountered or concerns reported by the business (you may check more than one).

- a. I did not feel sufficiently knowledgeable
 - b. I was simply uncomfortable approaching the business
 - c. The businesses acted as though I were an annoyance/they were simply not interested
 - d. I experienced multiple referrals in order to identify the correct decision-maker
 - e. The business was concerned by the potential resistance from other employees
 - f. The business felt it was unnecessary due to employee demographics (e.g. few or no female employees, no female employees of child bearing age)
 - g. The business felt it was unnecessary due to a lack of awareness (e.g. not aware of benefits of breastfeeding and/or demand for program)
 - h. The business felt it was too difficult to implement a policy/program
 - i. The cost of the program was beyond the business's capabilities
 - j. The business was unwilling to invest the resources required
 - k. Other _____
-

Follow Up

26. Did you conduct follow up with this business?

- a. Yes
- b. No

If yes, what type of follow up was conducted (select all that apply)?

- a. Phone call
- b. Email
- c. Site visit
- d. Other: _____

27. Did the business implement (or begin to implement) a lactation support program?

- a. Yes
- b. No
- c. Unsure

If yes, please answer the questions beginning on the next page.

28. What type of space does the employer provide?

- a. Designated lactation room
 - i. Multi-user
 - ii. Single user
- b. Private office
- c. Conference room or other similar space
- d. Other: _____
- e. None

The space includes:

- a. Chair(s)
- b. Table(s)
- c. Electrical outlet(s)
- d. Running water
 - a. In room
 - b. Nearby
- e. Door lock
- f. Refrigerator

29. Is a multi-user hospital grade breast pump provided by the employer?

- a. Yes
- b. No

If yes, are milk collection kits provided by the employer?

- a. Yes
- b. No

If no, are personal use breast pumps provided by the employer?

- a. Yes
- b. No

30. Does the employer offer education to the employees?

- a. Yes
- b. No

If yes, please identify which type(s) of education are offered. Also, please provide detail as to whether the education is offered on or off site, whether or not it is available to employee's spouse/significant other, and who provides the education.

- a. Prenatal education
- b. Postpartum lactation support
- c. Return to work education
- d. Ongoing education
- e. Detail: _____

31. Does the employer offer support for pregnant and/or breastfeeding mothers?

- a. Yes b. No

If yes, please identify which type(s) of support are provided, and please list detail regarding the support. Please also indicate if there is a written policy regarding support.

- b. Supervisor support
 c. Colleague support
 d. Mother to mother support
 e. Written policy? a. Yes b. No
 f. Detail: _____

32. Please identify the options offered by the employer (select all applicable):

- a. The employer provides paid flexible break time to allow women to express their milk.
 b. The employer provides unpaid flexible break time to allow women to express their milk.
 c. The employer offers flexible scheduling to accommodate breastfeeding mothers.
 i. Telecommuting
 ii. Part-time work
 iii. Job sharing
 iv. Flex time
 v. Compressed work week
 vi. Other alternate work schedule
 d. On-site day care is provided so that women may feed their children at work.
 i. Employer Paid
 ii. Employee Paid
 iii. Combination Employee/Employer Paid
 e. Nearby day care is provided so that women may feed their children during work hours.
 i. Employer Paid
 ii. Employee Paid
 iii. Combination Employee/Employer Paid
 f. Women may have a care giver bring the child to work for feedings.
 g. The child may stay with the mother at work.

33. How does the employer advertise the lactation support program (select all)?

- a. Posters/Flyers
- b. Table tents
- c. Newsletter
- d. Intranet
- e. Email
- g. During trainings
- h. In employee manual
- i. Other: _____

34. Does the employer's health insurance plan cover or subsidize any lactation related services or supplies?

- a. Yes b. No c. Unsure

If yes, please indicate which services or supplies are covered or subsidized:

- a. Breast pump
- b. Lactation consultant
- c. Other education/counseling
- d. Other : _____

FORM #2: EMPLOYERS' AUDIT FORM

Please ask each decision maker that you meet with to complete the following form. They may complete it in time for you to take with you after the meeting, or you may provide a means by which they can return it to you (i.e. fax, stamped envelope, etc.).

The Table below provides information about this form.

Table: Using the Employers' Audit Form	
Target Group	HR manager or other business decision maker
Administration	Administer at the end of the initial outreach meeting with the business
Time to Complete	5 minutes

FORM #2: EMPLOYERS' AUDIT FORM

Directions: Please take a moment and answer the questions below.

1. This presentation provided me with the information regarding the linkages between a lactation support program and the benefits to my employees. True False
2. This presentation provided me with the information regarding Return on Investment for implementing a lactation support program. True False
3. I found the evidence presented:
 - a. Very convincing
 - b. Convincing
 - c. Somewhat convincing
 - d. Not at all convincing
4. The overall presentation was professional.
 - a. Very
 - b. Somewhat
 - c. Less than
 - d. Not at all
5. The business intends to provide lactation program benefits to employees.
 - a. Yes
 - b. No
 - c. Still unsure

About the Business

6. Name of Business _____
7. Address of Business _____
 City/Town _____ Zip _____
 County _____
8. General phone # _____ General Fax #: _____
 Website: _____
9. Name and Contact Data of President/CEO: _____

10. Name and Contact Data for Human Resources Director (If Applicable): _____

11. Name and Contact Data for Wellness Program Director (If Applicable): _____

12. Name, Title, and Contact Data for Other Key Decision Makers: _____

14. Industry (Select One):

- Health
 - Type: _____
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- Services (profit)
 - Type: _____
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 - Type: _____
- Educational services
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- Utilities
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- Other: _____

13. Sector:

- a. Publicly owned for profit organization
- b. Privately owned non-profit organization
- c. Nonprofit organization
- d. Government agency

15. Year and date business was formed: _____

16. Number of Employees

- i. Less than 50
- j. 50 but less than 100
- k. 100 but less than 250
- l. 250 but less than 500
- m. 500 but less than 750
- n. 750 but less than 1,000
- o. Over 1,000

17. Estimated Gross Revenues

- h. Less than \$100,000
- i. \$100,000 but less than \$500,000
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- k. \$1,000,000 but less than \$5,000,000
- l. \$5,000,000 but less than \$10,000,000
- m. \$10,000,000 but less than \$20,000,000
- n. Unknown/Unavailable
- o. Prefer not to disclose