



Digital Story 1, Part 1

Overview: using evidence in a breastfeeding campaign

NCCMT

Hello, I'm Jeannie Mackintosh, Communications Co-ordinator with the National Collaborating Centre for Methods and Tools. And I'm here with Bev Bryant with Peel Regional Public Health. Hi, Bev.

PPH

Hi.

NCCMT

I came here today to speak to Beverly about a knowledge translation story about using evidence. So, Beverly, would you maybe talk a little bit first about your role at Peel Public Health?

PPH

Yes, I'd be happy to. Right now I'm manager of education and research at Peel Public Health. I've been with Public Health for over twenty years now in various roles. I'm a nurse by profession, but recently I've been the manager of education and research, and that was a new position that got started a couple years ago almost now when we started doing our ten-year strategic plan, and we needed some dedicated resources to focus on some aspects of that plan, most notably our workforce development strategy. And through that I'm quite connected to evidence-informed decision making.

NCCMT

Okay. Great. Now I was wondering if you might tell us a little bit about a particular story. You know the one. Give us a little bit of an overview of how that story rolled out.

PPH

It's a great story. And it's been told many times. But it really, I think, provides a good example of some of the angst and the difficult process of evidence-informed decision making. And it dates back to when I was still manager in family health. I was leading the breastfeeding team through various programs. And we had decided that we wanted to do a media campaign that highlighted reasons why of course women should breastfeed but almost to focus on what are the true benefits of breastfeeding as opposed to formula. And one of the main concepts that we had was this belief that breastfeeding improves cognitive outcomes in children later in life.

We developed the campaign message and I took it to our medical officer of health. I said we want to run this campaign that said "Formula: No thanks." Catchy tag line: "I've got a test I'm studying for." So, it was meant to be a cute and funny way to really say: "No, don't give me formula; give me breast milk because I'm going to be smarter." Both Dr. Ward and Dr. Mowat put the brakes on it to me and said "Well, show me your evidence. Show me your evidence that this is really true because if we're going to go out mass media campaign and spread this message to the world, albeit, you know, potentially a bit of a controversial message, we want to be sure we're on a firm foundation. So, I presented my evidence to them in the best way that I had it, which was an annotated bibliography from one of the advocacy groups. We had some articles. And we'd also done a scan of the environment and we went to other websites and even other health department's websites where they were quoting that same fact. And [Dr. Mowat] and [Dr. Ward] said: "No, not good enough yet. Sorry." And so I sort of sheepishly gathered my stuff back and went back to the team and it was a hard moment for us because we thought we had it right. Nevertheless, we started to look at the evidence. And because we were just new, we didn't have systematic processes in the department to review evidence and bring it to a practice question. Basically what we had was me, who had been to McMaster, taken critical appraisal course. I spent, with the help of a couple of other people on the team, some evenings and weekends really just getting down to this evidence and trying to pull it together and figure out what it was that we could say.

Of course we were right up against time lines because we had media booked. We had poster space in malls ready to go. But we

had no message. You know, we didn't know what our message was going to be. We'd hired a communications firm, and they were ready to go. They had the graphics; they had the design and everything. We just didn't have the right tag line. So, at any rate we did this work and, you know, the bottom line was: No, the evidence does not support a claim that breastfeeding is directly associated with a change in cognitive outcomes in children in later life. That's sort of the complicated way of saying it, but we couldn't say that. But what we did find was that we could very confidently say that breastfeeding reduces respiratory infections and also has a strong link with reducing cases of ear infections in infants and a strong link to prevention of obesity in later life. So, we revised our two key messages and what we came up with in the end was: "Formula, no thanks; I'm fighting an infection." and "Formula, no thanks, I'm watching my waistline."

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**FORMULA?
NO THANKS.
I'M FIGHTING OFF
AN INFECTION**

Babies don't get to choose whether they are fed breast milk or formula. But you do. And since your choice can affect your child's healthy development, you need to get all the facts first. For example, did you know that recent studies show formula fed babies have a much higher risk of ear infections, respiratory infections and diarrheal infections? Is a child in your future? We can help you make an informed choice that's right for you and your baby.

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