

**Appendix A-5**  
**Program Data Collection Form for the Local WIC Agency**



**Local WIC Agency**  
**Program Information Form**  
**Implementation Study of the *Loving Support* Peer Counseling Program**

(This form will be sent to local WIC agencies 2 weeks prior to the site visit to prepare so they are able to prepare for the interview.)

OMB Clearance Number: xxxx-xxxx

Expiration Date: xx/xx/xxxx

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, ORNA, Alexandria, VA 22302.

### **Program Data to Be Collected**

Thank you for participating in the implementation study of the *Loving Support* peer counseling program. As you know, we will be conducting a site visit with you to learn more about how your agency implements the program. As part of the site visit, we will ask you for some information about your program operations, which you might like to prepare ahead of time. If you would prefer to, you can complete the information now or you can wait and the site visitor will complete it with you. For each of the items, we will also be asking for more contextual details.

### ***Loving Support* Peer Counseling/Breastfeeding Coordinator**

A. What are the breastfeeding coordinator's duties as they relate to *Loving Support* peer counseling?

- Supervise and monitor work performance of *Loving Support* peer counselors
- Develop basic policies and procedures for local *Loving Support* peer counseling program
- Conduct needs assessment to target the WIC *Loving Support* peer counseling services
- Provide training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling
- Provide training to peer counselors about peer counseling duties and responsibilities
- Initiate or serve as point of contact for community organizations that collaborate on *Loving Support* peer counseling activities
- Develop and implement outreach strategies for *Loving Support* peer counseling
- Design and/or participate in evaluation of local WIC peer counseling services

- Conduct *Loving Support* program promotion with local organizations in the community
- Provide information to WIC clients about the peer counseling program
- Monitor *Loving Support* peer counseling implementation (e.g., peer counseling caseloads, number of women served, breastfeeding initiation and duration rates among WIC participants, etc.)
- Report on the program operations to State WIC administrative staff
- Other (*Specify:*) \_\_\_\_\_

B. Is any of his/her salary supported by the FNS peer counseling grant?

- Yes, fully supported by *Loving Support* peer counseling funding
- Yes, partially supported by *Loving Support* peer counseling funding
- No, not funded by *Loving Support* peer counseling funding

### ***Loving Support* Peer Counselors**

Please list the first names of each of your peer counselors, and indicate the number of hours per week, on average, that they work and the percentage of their salaries/earnings that are supported by the FNS peer counseling grant.

#### **Peer Counselor Names and Staffing Chart**

	<b>First Name</b>	<b>Hours Worked/Week</b>	<b>Supported by FNS peer counseling grant?</b>	<b>IF YES, % salary/earnings supported by FNS peer counseling grant</b>
Peer Counselor #1			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #2			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #3			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #4			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #5			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #6			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #7			<input type="checkbox"/> Yes <input type="checkbox"/> No	%

C. Do you have a written job description for *Loving Support* peer counselors?

- No
- Yes

\*\*If yes, please provide us with a copy of the job description.

## Loving Support Peer Counseling Service Delivery Sites

Please indicate the local service delivery sites/clinics that offer *Loving Support* peer counseling. Please tell us the monthly number of WIC participants, the monthly number of *Loving Support* peer counseling participants, and the average number of *Loving Support* peer counseling participants initiating breastfeeding per month, and indicate whether the site offers peer counseling other than *Loving Support*.

### Service Delivery Site Chart

Site #	Site Name	Loving Support peer counseling offered?	Average # of WIC participants per month	Average # of Loving Support peer counseling participants per month	Average # of Loving Support peer counseling participants that initiated breastfeeding per month	Offers non-Loving Support peer counseling?
		Yes/No				Yes/No
		Yes/No				Yes/No
		Yes/No				Yes/No
		Yes/No				Yes/No
		Yes/No				Yes/No
	<b>Total</b>					

Please describe how the *Loving Support* peer counselors are allocated among your local clinics/service delivery sites offering *Loving Support* peer counseling.

### Percentage or hours/week of time at....

	Site 1 (Name)	Site 2 (Name)	Site 3 (Name)	Site 4 (Name)	Site 5 (Name)
Peer counselor #1 (first name)					
Peer counselor #2 (first name)					
Peer counselor #3 (first name)					
Peer counselor #4 (first name)					
Peer counselor #5 (first name)					
Peer counselor #6 (first name)					
Peer counselor #7 (first name)					

## Information About Contacting WIC Participants

D. Do you track contacts with participants who receive *Loving Support* peer counseling each month?

- No
- Yes. If yes, please fill in the following information:

E. What is the average number of contacts made in a month for all peer counselors combined?

\_\_\_\_\_ contacts per month

F. How do the contacts breakdown according to those that occur in the WIC offices, in the hospital, by mail, over the phone, or other? In the last reported month, number of contacts;

\_\_\_ in the WIC office

\_\_\_ in the hospital

\_\_\_ by mail

\_\_\_ over the telephone

\_\_\_ other (specify)

If possible, please provide us with a copy of a recent month's report on *Loving Support* peer counseling contacts.

## Policies about Frequency of Contact

In addition to responding to requests for assistance, do you have any general practice or policy about the frequency of contact during the following time periods? (See table below.)

### Frequency of Contact Chart

	No guidelines	At least 1 time every...					Other time period (Specify # of contacts per time period)		
		1 week	2 weeks	1 month	2 months	3 months			
<b>During pregnancy</b>									
During 1st trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ contacts per ____	
During 2nd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ contacts per ____	
During 3rd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ contacts per ____	
<b>After Delivery</b>							<input type="checkbox"/>	___ contacts per ____	
Week 1 (after hospital stay)	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	___ contacts per ____	
Weeks 2 – 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	___ contacts per ____	
Months 2 – 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	___ contacts per ____
Months 4 – 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	___ contacts per ____
After 6 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ contacts per ____	

G. The frequency of contact specified above is

- General practice
- More formal guidelines
- A combination of general practice and guidelines

\*\*If frequency of contact is determined by a combination of general practice and guidelines, please explain.

## Documentation of Sessions

H. What do peer counselors record/document about peer counseling activities? (*Select all that apply.*)

- Location of contact
- Method of contact (e.g., home visit, phone)
- Topics/issues discussed with client
- Unsuccessful contacts
- Materials sent
- Demographic information about mother and baby
- Referrals made
- Status of WIC participant in terms of initiation, duration, exclusivity of breastfeeding
- Other (*Specify:* \_\_\_\_\_)

I. How is this information recorded?

- On paper records
- In local centralized data base
- In state centralized data base
- Other method (*Please specify:* \_\_\_\_\_)

J. How often is this information recorded?

- At each client contact
- Once a week
- Once every two weeks
- Once a month
- Other (*Specify:* \_\_\_\_\_)

## Documentation of Policies and Procedures

K. Please indicate for which of the following you have documented policies and/or procedures. (*Check all that apply.*)

- Compensation and reimbursement of peer counselors
- Training
- Documentation of client contacts
- Peer counselor qualifications
- Referral protocols
- Confidentiality
- Other (*Specify:* \_\_\_\_\_)



## Costs/Funding

L. What is the time period for your organization's fiscal year?

- \_\_\_\_ January 1 – December 31
- \_\_\_\_ July 1 – June 30
- \_\_\_\_ October 1 – September 30
- \_\_\_\_ Other (*Specify:* \_\_\_\_\_)

M. Please list the total labor and non-labor expenditures for your WIC agency for fiscal year 2007:

Labor costs (including salaries and fringe benefits) \$ \_\_\_\_\_

Non-labor costs (including rent/mortgage/fee for the space, utilities, professional fees, repair and maintenance, office supplies and equipment, etc.) \$ \_\_\_\_\_

N. Now we would like to find out about how *Loving Support* peer counseling was funded in your agency during fiscal year 2007.

FNS *Loving Support* peer counseling funds \$ \_\_\_\_\_

General funds from the Nutrition Services Administration (NSA) used for *Loving Support* peer counseling \$ \_\_\_\_\_

State funds used for *Loving Support* peer counseling \$ \_\_\_\_\_

Other non-WIC funds used for *Loving Support* peer counseling \$ \_\_\_\_\_

TOTAL funds for *Loving Support* peer counseling from all sources \$ \_\_\_\_\_

If other non-WIC funds were used for *Loving Support* peer counseling, please describe the source of funds.

- O. Now we would like to know how your agency spent its FNS peer counseling grant funding during your fiscal year 2007. Please fill in all the lines in bold. Also fill in the other lines if you have the information.

	<b>FNS <i>Loving Support</i> Peer Counseling Grant Expenditures</b>
<b>Salaries &amp; benefits</b>	
Salaries	
Fringe Benefits	
<b>Non-labor direct expenditures</b>	
Travel	
Contract/ Purchased services	
Capital equipment	
Non-capital equipment and supplies	
<b>Indirect cost and occupancy expenditures (rent, utilities, etc.)</b>	
<b>Total expenditures for <i>Loving Support</i> peer counseling</b>	

- P. Overall, how much funding did your agency spend in FFY 07 to breastfeeding promotion services other than FNS peer counseling grant funds?

\$ \_\_\_\_\_

## Loving Support Training

### Loving Support Training Chart

In the table below, please indicate the types of training provide to WIC staff and peer counselors.

	WIC Staff		Peer Counseling Staff	
	Received once	Received more than once	Received once	Received more than once
a. <i>Loving Support</i> peer counseling training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lactation management training approved through IBCLSC Continuing Education Recognition Points (CERPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Training in filling out paperwork or data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other ( <i>Specify:</i> _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Hospital Policy Chart

In the table below, please describe the policies for up to three hospitals where WIC participants from your agency most frequently deliver.

		<b>Hospital A</b>	<b>Hospital B</b>	<b>Hospital C</b>
a.	Has this hospital been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES, go to Hospital B</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES, go to Hospital C</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <b>IF YES, go to question Q</b>
b.	Is there rooming in for newborns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c.	Are mothers encouraged to breastfeed within the first hour after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
d.	Are breastfeeding infants routinely given any supplementation, including water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
e.	Are formula discharge packs provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f.	Are there lactation consultants on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
g.	Have hospital staff received training in lactation management in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

## Data Collection Information

If you collect data on initiation, duration, or exclusivity, please respond to the following questions

Q. How are these data collected?

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
Entered into a state centralized data base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entered into a local data base			
In periodic paper or electronic reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collected by survey sent from State to all local WIC agencies for completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R. How are these kept?

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
Stored in a local electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stored in a centralized state data base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available in electronic document formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Available in paper only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S. How often are these data collected?

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
On an ongoing basis (at each client contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less often than monthly but more often than once a year			
Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less often than annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T. How are these data used? (Select all that apply)

- Needs assessment
- Reporting to the State
- For local evaluations of the *Loving Support* peer counseling program
- Other (Specify: \_\_\_\_\_)

## Loving Support Peer Counseling Program Data

U. Which of these data items do you collect? (Select all that apply)

- Overall number of WIC participants in *Loving Support* peer counseling
- Number of pregnant WIC participants receiving *Loving Support* peer counseling
- Number of postpartum WIC participants receiving *Loving Support* peer counseling
- Type of **prenatal** *Loving Support* peer counseling received by individual participants
- Frequency of **prenatal** *Loving Support* peer counseling received by individual participants
- Type of *Loving Support* peer counseling received by individual participants **after delivery**
- Frequency of *Loving Support* peer counseling received by individual participants **after delivery**
- Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants
- Demographic information about *Loving Support* peer counseling participants (e.g., race, age)
- Other (Specify: \_\_\_\_\_)
- None of the above (Skip to end.)

V. How are these data used? (*Select all that apply*)

- Needs assessment
- Reporting to the State
- For local evaluations of the *Loving Support* peer counseling program
- Other (*Specify:* \_\_\_\_\_)

W. How are the data above collected? (*Select one*)

- Entered by peer counselors or other WIC staff into local centralized data base
- Entered by peer counselors or other WIC staff into state centralized data base
- Paper records are kept
- A combination of the three methods  
\*\*Please explain which information is kept in which manner
- Other (*Specify:* \_\_\_\_\_)

X. How often are these data collected? (*Select one*)

- On an ongoing basis
- More than once a year
- Annually
- Less often then annually

Y. How are these data available at the local level? (*Select one*)

- Accessible in local electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Accessible from centralized state data base
- Available in electronic document formats
- Available in paper only
- Not all data are in one format  
\*\*If the last box is checked, please specify the formats in which the data are available.

