

# Local Clinic Interview Guide

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## Introduction

Thank you for taking the time today to participate in this interview. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are interviewing key people involved in the implementation of the *Loving Support* peer counseling program funded by FNS *Loving Support* peer counseling grants. The purpose of this phase of the study is to describe how *Loving Support* peer counseling is being implemented in various States, local agencies, and selected clinics/service delivery sites across the country.

As described in the letter we sent you earlier, your clinic's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name except as required by law. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary. Failure to complete the interview will not affect your employment or your clinic's receipt of Federal WIC funds.

The estimated average total time to complete this interview and the clinic data collection form we sent in advance of this visit is 150 minutes. This includes your time and any other person you may need to bring in to respond to the questions.

Do you have any questions before we begin?

**[Instructions to Interviewers: Skip any sections that were already covered in the local WIC agency interview, unless the information is different for the clinic than for the local WIC agency.]**

## Respondent Information

1. Name(s) and title(s) of respondent(s): \_\_\_\_\_  
\_\_\_\_\_
2. Indicate which, if any, position each respondent holds and provide us with specific titles: (*Select all that apply*)
  - Breastfeeding Coordinator (*Title:*)\_\_\_\_\_
  - Loving Support* peer counselor coordinator/supervisor (*Title:*)\_\_\_\_\_
  - Clinic director (*Title:*)\_\_\_\_\_
  - Respondent has other duties (*Specify*)\_\_\_\_\_ (*Title:*)\_\_\_\_\_

## Beginning and Adapting the *Loving Support* Peer Counseling Program

3. How long has your clinic received FNS funding for *Loving Support* peer counseling?
4. Did your clinic have a breastfeeding peer counseling program prior to receiving *Loving Support* peer counseling funding?
  - No
  - Yes

**\*\*If Yes, please describe the program before *Loving Support* Peer Counseling.**

5. When your clinic first began the *Loving Support* peer counseling program, what changes did you make?

**\*\*Staffing (e.g., new hires, changes in responsibilities of existing staff)**

**\*\*General operations**

**\*\*Purchase of new equipment**

**\*\*Engaging staff in the initiative**

**\*\*Changing clinic policies to accommodate needs of peer counselors and other program staff**

**\*\*Other (*Please specify*)**

## Clinic Staff Working On *Loving Support* Peer Counseling

Now I am going to ask about the WIC staff *other than peer counselors* who work on the *Loving Support* peer counseling program. Then, I will ask specific question about your peer counselors.

6. Please tell me the number and positions of all non-peer counseling staff that work for your clinic.
7. Now, please give me the titles of the WIC staff (other than peer counselors) that work on breastfeeding promotion, including the *Loving Support* peer counseling program, in your clinic.

\_\_\_number of *non-peer* counseling staff that work on breastfeeding promotion/education

\*\*Please specify job titles (prompt to include clinic director and *Loving Support* peer counselor coordinator)

Now, I'd like to talk about the involvement of each of the staff that you have indicated, starting with questions about the clinic director.

### Clinic Director [If there is one that is different from the local WIC agency director.]

8. How involved is the clinic director in *Loving Support* peer counseling?
  - Informed but is not very involved in daily operations
  - Somewhat involved in daily operations
  - Very involved in daily operations
9. Is any of his/her salary supported by the *Loving Support* peer counseling grant?
  - Yes
  - No

### Peer Counselor Coordinator (Please provide title, if different)

10. Is the breastfeeding coordinator a separate position from the *Loving Support* peer counseling coordinator/supervisor?
  - Yes
  - No

\*\*If yes, please describe breastfeeding coordinators duties and how they relate to the *Loving Support* peer counseling coordinator.

11. Who does the peer counseling coordinator report to?
12. How long has this person been the peer counselor coordinator?

13. Please describe your agency's guidelines for qualifications of peer counseling coordinator/supervisor in terms of
- \*\* educational background
  - \*\* professional training or certifications
  - \*\* similarity to WIC participants
  - \*\* personal qualities
  - \*\* practical or logistical capacity to fulfill peer counselor coordinating duties (e.g., transportation, schedule flexibility)
  - \*\* other qualifications
14. Of the above guidelines, please indicate which of them are *required* qualifications as opposed to *preferred* qualifications.

***INSTRUCTION: Look over the Program Information Form and review "Breastfeeding or Loving Support Peer Counselor Coordinator" (Questions A and B) and clarify any information.***

Ask questions 15-19 for all other WIC staff other than the Clinic Director involved in Loving Support peer counseling (Note: there may be no other staff, in which case you can skip this section.)

15. What is this person's title?
16. Who does this person report to?
17. What are this person's duties as they relate to *Loving Support* peer counseling?
18. Is any of his/her salary supported by the *Loving Support* peer counseling grant?
- Fully supported
  - Partially supported
  - No, not funded by *Loving Support* peer counseling funding

19. I'd like to calculate the total amount of time WIC staff spent on *Loving Support* peer counseling (besides peer counselors). For each of the staff people we discussed, please estimate the amount of time spent working on the *Loving Support* peer counseling program. You can tell us average hours per week or average percent of time, or give us time estimates in some other format. *[Be sure to document how respondent reports this – percent time, hours per week, per month, etc.]*

Clinic Director (name) \_\_\_\_\_  
Breastfeeding coordinator (name) \_\_\_\_\_  
*Loving Support* Peer counseling coordinator or supervisor (name) \_\_\_\_\_  
(List all other staff who were named earlier) \_\_\_\_\_

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

Next I would like to ask you some questions about the *Loving Support* peer counselors.

20. How many *Loving Support* peer counselors work for your clinic? Please include those who provide services over the telephone as well as on site.
21. Are you currently trying to hire more additional peer counselors and if so, how many?
22. For each of the peer counselors, please indicate the number of hours per week, on average, that they work.
23. How many of your peer counselors are considered “senior peer counselors”?
24. Do your minimum qualifications for peer counselors match those of your parent agency or do they differ? If they differ, please describe how.
25. Do you provide non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?
- No
- Yes

\*\* If yes, please indicate below the non-wage compensation that you provide to your *Loving Support* peer counselors. *(Select all that apply)*

- Paid leave (e.g., sick, holiday, vacation)
- Health insurance benefits
- Other benefits (e.g., life insurance, disability insurance)
- Compensation for job-related expenses (e.g., mileage, telephone)
- Other types of compensation (*Specify:*) \_\_\_\_\_

26. Do you have career paths for peer counselors?  
 No  
 Yes

\*\* If yes, please describe.

***INSTRUCTION. Review Peer Counselor Names and Staffing Chart from Program Information Form (page 2). Prompt to confirm that all staff who do peer counseling appear on the form. (Sites that received Loving Support peer counseling to enhance their previous program may omit peer counselors from the form.)***

## **Loving Support Peer Counseling Service Delivery**

27. Does your clinic serve all WIC participants eligible for *Loving Support* peer counseling or only some of the participants?

- Offered to ***all*** WIC participants (*Skip to 21*)  
 Offered to only ***some*** WIC participants

28. How do you decide who gets *Loving Support* peer counseling services?

29. How do you assign WIC participants to peer counselors?

\*\*Are there ways in which you match the two?

\*\*If assignments are made, who makes them?

\*\*At what point are assignments made?

30. Approximately what percent of women who are offered peer counselors refuse them?

\*\*What do you think their main reasons are for doing so? Do you keep records of this information?

31. Do you get requests for peer counseling services from mothers who are not on WIC? How do you handle them?

## **Peer Counselor Caseloads and Turnover**

32. Would you consider your peer counselors to have “caseloads”? If they do, could you tell me how they are defined and what their size is?

33. In the last few years, how many peer counselors have left?
- \*\*What do think are the reasons for peer counselor turnover this year?
- \*\*For those that have left for other jobs, what have those other jobs been?
34. How are *Loving Support* peer counseling participants reassigned, if they are, after a peer counselor leaves?

***INSTRUCTION: Look over “Information about Contacting WIC Participants” (Questions C-E) on the Program Information Form and clarify any information.***

### **Contacting WIC Participants**

35. When do peer counselors generally **first** contact WIC participants?
- During pregnancy?  
\*\*If yes, during a specific trimester?
- After delivery?  
\*\*If yes, when after delivery? \_\_\_\_\_
- First contact coincides with participant’s visit for other WIC services  
\*\*If yes, please describe how the process works
36. How frequently do peer counselors *get contacted by* WIC participants? What are the reasons for contact?
37. At what points do WIC participants tend to contact their peer counselors (e.g., at hospital discharge, when considering stopping breastfeeding exclusively)?
38. How soon does a WIC participant generally get contacted by a peer counselor after she requests breastfeeding assistance?
- \*\*Are these formal guidelines?

***INSTRUCTION. Review Frequency of Contact Chart (page 3) and Question F of the Program Information Form. Make sure that you understand how the program works, perhaps by repeating your understanding of it and making sure your knowledge is correct.***

## Types of Contacts

39. What proportion of contact would you estimate that your peer counselors have with WIC participants that are in person as opposed to over the telephone?
40. Why are some contacts in person rather than by phone? (*Prompt for: when they come into the clinic for routine reasons, when in the hospital, by special appointment with the peer counselor and the general frequency these happen.*)
41. Do *Loving Support* peer counselors see WIC participants while they are *in the hospital*? Why or why not? (*Ask for the arrangements that were made with local hospitals and how patient privacy and liability concerns were handled.*)
42. Do *Loving Support* peer counselors see WIC participants *in their own homes*? How frequently and under what circumstances? How have liability concerns been handled?
43. Do you require that *at least some of the contact* between peer counselors and WIC participants be *in person*?
- Yes.  
\*\*Please describe. (*Probe: For all participants or for some?*)
- No
44. Are *Loving Support* peer counseling services ever delivered to WIC participants in group sessions?
- Yes.  
\*\*Please describe.
- No

## Content of Peer Counseling Sessions

45. What topics are discussed and techniques demonstrated by peer counselors to *Loving Support* peer counseling participants? (*Prompt for during pregnant, first weeks post partum, and when infant is 2-6 months.*)
46. Is the content of the sessions standardized? If yes, please describe how.



***INSTRUCTION. Review “Documentation of Sessions” questions (G-I) on Program Information Form and confirm you understand the answers.***

47. How is the peer counseling caseload tracked to ensure mothers receive timely contacts?
48. How often is this information monitored by or submitted to peer counselors’ supervisor(s)?
49. If the information is not in a state centralized data base, is it all shared with the state? If not, which information is kept locally?

#### **Other Duties of Peer Counselors**

50. In addition to providing peer counseling, what are *Loving Support* peer counselors’ other job activities? Do they have duties related to staff training, making referrals, service documentation and program administrative tasks, or other tasks?

\*\*For each of these activities, could you please tell us more about their responsibilities?

\*\*What percentage of peer counselors’ time generally goes to these activities?

#### **Recruiting, Training and Supervising Peer Counselors**

51. How do you recruit peer counselors?

\*\*Where do you find them?

\*\*How do you find them?

\*\*Who interviews them?

\*\* What is the selection process?

52. How do you train new peer counselors?

\*\*Required training. Do newly hired peer counselors receive the same training as previous peer counselors?

\*\*Mentoring or on-the-job training/shadowing during first months after a peer counselor is hired

53. How do you support and monitor peer counselors? Do you hold staff meetings? How often and who attends?

54. Do peer counselors participate in WIC agency staff meetings and other events and activities? If yes, please describe.

***INSTRUCTION. Review the Loving Support Training Chart from the Program Information Form (page 5) and make sure that you understand it.***

55. How do you help peer counselors stay informed about their work requirements and breastfeeding and peer counseling information and approaches?

\*\*Do you offer in-service training? What and how often?

\*\*Continuing education provided? What and how often?

\*\* Access to lactation consultants and other breastfeeding experts?

\*\*Other

56. Is there ongoing or advanced training for experienced peer counselors? If yes, please describe?

## **Relationships with Hospital and Other Community Partnerships**

### **Local Hospitals**

***INSTRUCTION. Review the Hospital Policy Chart from the Program Data Collection Form (page 5) and make sure that you understand it.***

57. Which, if any, hospitals does your clinic work with in the *Loving Support* peer counseling program? Are there hospitals that your WIC participants go to that you **do not** work with?

58. For each of the hospitals with which you work on the *Loving Support* peer counseling program, please describe:

\*\*The nature of the collaboration

\*\*Other organizations involved in the collaboration

\*\*Administrative coordination

\*\*How referrals for peer counseling follow-up are handled

\*\*The number and positions of hospital staff are involved in coordinating or administering *Loving Support* peer counseling and what their duties are

59. For hospitals you partner with, what other breastfeeding promotion and support activities do they do?

\*\*Please describe the timing and content of the activities

\*\*The hospital staff who work on the effort

\*\*The other organizations or agencies involved

### Other Collaborations

60. In addition to collaborations with local hospitals, is your clinic involved in other community partnerships directly related to the *Loving Support* peer counseling program?

Yes

No (*Skip to 62.*)

61. How many separate community partnerships are you involved in that focus on the *Loving Support* peer counseling program?

*[Ask for each community partnership]*

- Objectives/purposes of the partnership
- When and how it got formed
- Types of organizations that collaborate
- Achievements and challenges of the partnership.

### Adapting the *Loving Support* Peer Counseling Program

62. Since you started receiving the *Loving Support* grant, what types of changes (beyond what you did to start up) have been made to your program?

<b>Key Changes Made in Peer Counseling Program Since Inception</b>	<b>Describe the change. Why was the change made?</b>
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services.	
<input type="checkbox"/> Staffing for the peer counseling program at the clinic	
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	

<b>Key Changes Made in Peer Counseling Program Since Inception</b>	<b>Describe the change. Why was the change made?</b>
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Criteria for selecting peer counselors	
<input type="checkbox"/> Scope of practices for peer counselors	
<input type="checkbox"/> Other ( <i>Specify</i> )	

63. In the coming year, will any of the types of changes listed below be made in your local *Loving Support* peer counseling program? If yes, please describe the change and why it will be made.

<b>Key Changes Anticipated in Next Fiscal Year</b>	<b>Describe change. Why is the change planned or anticipated?</b>
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services.	
<input type="checkbox"/> Staffing for the peer counseling program at the clinic	
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Criteria for selecting peer counselors	

Key Changes Anticipated in Next Fiscal Year	Describe change. Why is the change planned or anticipated?
<input type="checkbox"/> Scope of practices for peer counselors	
<input type="checkbox"/> Adaptations in peer counseling program because of changes in food package choices for WIC participants in the first month postpartum	
<input type="checkbox"/> Other ( <i>Specify.</i> )	

### Clinic Perceptions of *Loving Support* Peer Counseling Program

64. How do you track the program's effects and what have you learned?
65. Do you believe you have the tools to adequately and effectively monitor the changes in breastfeeding outcomes (that is, in the rates of breastfeeding initiation, exclusivity, or duration)?
- \*\*Why or why not?
66. What are the typical responses of WIC mothers to *Loving Support* peer counseling services they receive overall and during various times before and after their baby's birth?
67. What are the reactions or attitudes of WIC staff about the *Loving Support* peer counseling program? In terms of...
- \*\* importance of breastfeeding in general
  - \*\* value or importance of peer counseling services to WIC mothers?
  - \*\* quality of work peer counselors perform?
  - \*\*how *Loving Support* peer counseling affects the other work of WIC staff?

68. What are your major achievements and major challenges of the *Loving Support* peer counseling program since it began in this clinic?

1.

2.

3.

69. What are the lessons learned in implementing the *Loving Support* peer counseling program that you'd like to share with others who would like to implement a similar peer counseling program?

70. Are there areas where you could use more guidance or technical assistance from the State or USDA?

1.

2.

3.

71. When you think about *Loving Support* peer counseling in your state or local WIC agency, is there a person you would consider its champion—whose efforts and enthusiasm really make it work?

Yes

If yes, who is this person? \_\_\_\_\_

No

72. If you were given \$10,000 to enhance your program, how would you spend it?