

Community Collaborator 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 peer counseling grants. The purpose of this study is to describe how *Loving Support* peer counseling is being implemented in various States and local agencies across the country.

Please understand that your organization's name and location will not be identified in reports prepared for this study and 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 agency's receipt of Federal WIC funds.

The estimated average total time to complete this interview is 60 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?

Respondent Information

1. Name and title of respondent(s): _____

2. Please tell us about your responsibilities at your agency/organization as they relate to the promotion of breastfeeding.

Organizational Activities to Promote Breastfeeding

We would like to learn about the WIC breastfeeding promotion activities supported in your organization in addition to *Loving Support* peer counseling.

3. Have you been involved in peer counseling programs to promote breastfeeding prior to collaborating on the *Loving Support* peer counseling program?
 No
 Yes

***If yes, please tell me about the program and how it was similar to and different from *Loving Support* peer counseling.*

4. Does your agency provide other breastfeeding promotion services or programs (e.g., support groups, classes, educational materials) for women, including WIC participants in addition to *Loving Support* peer counseling?
 No
 Yes

- Media campaigns and/or posting materials in public places.
- Making lactation consultants and other trained specialists available to WIC participants and others
- Support groups or classes for WIC participants and others

- Equipment (e.g., breast pumps)
 - Peer counseling or other counseling to WIC participants and others that is different than *Loving Support* peer counseling
 - Special training to nutritionists or other staff
 - Warmline or hotline
 - Other
5. Did you collect any evidence of effectiveness of these efforts? If yes, please describe what you collected and what you found out.

Collaborating on the *Loving Support* Peer Counseling Program

Please describe the nature of the collaboration with the *Loving Support* peer counseling program.

6. What are its objectives or purposes?
7. When and how did it get formed?
8. What are your major activities as they relate to *Loving Support* peer counseling?
9. Please describe the number and responsibilities of the staff from your organization as they relate to the *Loving Support* peer counseling program.
10. Please describe the administrative coordination between the two organizations.
11. What other organizations are involved in the collaboration?
12. What have been the major accomplishments of the collaboration?

13. What have been its challenges and what has been done to overcome these challenges?

Ask Section for Local Hospital Staff Only

14. We would like to hear more about your infant feeding policies. More specifically,

14.a Has this hospital been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?

- Yes (*Skip to Question 15.*)
- No (*If they have anything less than an official Baby-Friendly designation, such as a letter of intent, do not skip to Q15.*)
-

14b. Has the hospital applied for a Certificate of Intent for Baby-Friendly?

- Yes
- No

14c. Is the hospital implementing any of the 10 Steps to Successful Breastfeeding outlined by UNICEF as part of BFHI?

- Yes
- No

14.d. Is there rooming in for newborns?

- Yes
- No

14.e. Are mothers encouraged to breastfeed within the first hour after birth?

- Yes
- No

14.f. Are breastfeeding infants given routine supplementation, including water?

- Yes
- No

14.g. Are formula discharge packs, sample formula or formula company materials provided?

- Yes

No

**If yes, who provides the discharge packs?

14.h. Are there lactation consultants on staff?

Yes

No

- 14i. Does the hospital have a breast pump rental program?
- Yes
 **If yes, describe: _____
- No
- 14j. Has the hospital provided breastfeeding training for nursing staff in the last three years?
- Yes
 No
- 14k. Does the hospital have a breastfeeding policy?
- Yes
 **If yes, describe: _____
- No
- 14l. Does the hospital offer an outpatient breastfeeding clinic?
- Yes
 **If yes, describe: _____
- No
15. Do you track the rates of breastfeeding at hospital discharge? If yes, what are they? Have they gone up or down recently? Why has this change occurred?
16. Are *Loving Support* peer counselors able to meet with WIC participants after delivery while they are still in the hospital? If no, why not? If yes, please describe the arrangements made to make this possible.
- **How you have handled patient privacy issues?
- **How have you handled any liability issues?

Funding for *Loving Support* Peer Counseling Collaboration Activities

17. Does your organization receive funding from the state or local WIC agency for *Loving Support* peer counseling?
- Yes
 ** How much was this for Federal Fiscal Year (FFY) 07? \$_____
- No

18. Does your organization commit resources that *have not been received* from the local WIC agency to support your activities as they relate to the *Loving Support* Peer counseling program?

- Yes
- No (*Skip to 20.*)

19. What are the sources of those resources or funding?

20. Taking into account all sources of funding for *Loving Support* peer counseling, what percentage of funding for your work on the *Loving Support* peer counseling program comes from the FNS peer counseling grant? (*Select one.*)

- 100%
- 75 - 99%
- 50 - 74%
- 25 - 49%
- Less than 25%

Training on *Loving Support* Peer Counseling

21. Does any of your staff receive training related to the *Loving Support* peer counseling program?

- Yes
- No (*Skip to 24.*)

22. Below is a table of the types of training that *Loving Support* peer counselors as well as WIC staff could potentially receive. Please indicate whether relevant staff from your organization has received this training.

Type of Training	Collaborating Organization Staff...	
	Received once	Received more than once
a. <i>Loving Support</i> peer counseling training	<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"/>
c. Lactation management training approved through IBCLSC Continuing Education Recognition Points (CERPs)	<input type="checkbox"/>	<input type="checkbox"/>
d. Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>
e. Training in filling out paperwork or data	<input type="checkbox"/>	<input type="checkbox"/>

entry		
f. Other _____ (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>

23. Has anyone from your organization *offered* any of the training sessions above?

- Yes
** Please describe
- No

Data Collection Related to the *Loving Support Peer Counseling Program*

24. Does your agency/organization collect information on breastfeeding indicators (e.g., initiation, duration, exclusivity)?

- Yes
- No (*Skip to 31*)

25. Which of the indicators do you collect and how do you define them?

- Breastfeeding initiation.
**How do you define this?
- Breastfeeding duration.
**How do you define this?
- Breastfeeding exclusivity
**How do you define this?

26. On a scale of 1 to 5, 1 being the **least** accurate, please tell us a number that reflects how accurate you think the data are for each of these items.

Breastfeeding initiation (<i>circle one</i>)	1	2	3	4	5
Breastfeeding duration (<i>circle one</i>)	1	2	3	4	5
Breastfeeding exclusivity (<i>circle one</i>)	1	2	3	4	5

27. About which populations do you collect these data?

- All women receiving services by your agency/organization (*Ask 26.a.*)
- All WIC participants (*Ask 26.a.*)
- Loving Support* peer counseling participants only (*Skip to 27.*)

26a. Can a separate rate for *Loving Support* peer counseling participants be calculated?

- Yes
- No

28. How are these data collected? Please list each the method for each of the indicators below (e.g., entered into a centralized or local data base, collected for periodic surveys, etc.).

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<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"/>

29. 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"/>
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"/>

30. 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 then annually	<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"/>

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

Needs assessment

For local evaluations of the breastfeeding promotion efforts

Other (*Specify:*) _____

32. *Loving Support* Peer Counseling Program Data Do you collect any data about the *Loving Support* peer counseling program?

- Yes
- No (*Skip to 35*)

33. 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:*) _____

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

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

35. In addition to using the above data to monitor the performance of *Loving Support* peer counseling, is your agency involved in an evaluation of the effectiveness of *Loving Support* peer counseling?

- Yes
**Please describe
- No

Beginning and Adapting the *Loving Support* Peer Counseling Program

36. When your organization/agency first began its collaboration on the *Loving Support* peer counseling program, what changes were made in terms of the following?

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

**General operations

**Purchase of new equipment

**Engaging staff in the initiative

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

**Other (Please specify)

37. Have any of the types of changes listed below been made in your collaboration with the *Loving Support* peer counseling program since it started? If yes, please describe the change and why it was made.

Key Changes Made in Peer Counseling Program Since Inception	Describe the change. Why was the change made?
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services.	
<input type="checkbox"/> Staffing for the peer counseling program at your organization	
<input type="checkbox"/> Training content/procedures for <i>Loving Support</i> peer counseling that your staff receives	
<input type="checkbox"/> Coordination procedures with the local WIC agency	
<input type="checkbox"/> Additions or reductions in the organizations involved in the local collaboration for the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Other (Specify) _____	

38. 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.

Key Changes Anticipated in Next Fiscal Year	Describe change. Why is the change planned or anticipated?
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services. [If collaborating agency is discontinuing work on the <i>Loving Support</i> peer counseling program, please provide detailed information about reasons.]	
<input type="checkbox"/> Staffing for the peer counseling program at your organization	
<input type="checkbox"/> Training content/procedures for <i>Loving Support</i> peer counseling that your staff receives	
<input type="checkbox"/> Coordination procedures with the local WIC agency	
<input type="checkbox"/> Additions or reductions in the organizations involved in the local collaboration for the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Other (<i>Specify</i>)	

Local Perceptions of *Loving Support* Peer Counseling Program

39. Do you track the program's effects and if so, what have you learned?

40. 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? How have you learned this? For example, anecdotal information, participant surveys?

41. What are the reactions or attitudes of your organizations' staff about the *Loving Support* peer counseling program?

** In terms of the importance of breastfeeding in general?

** In terms of the importance of the WIC program?

** In terms of the value or importance of peer counseling services to WIC mothers?

** In terms of the value or importance of peer counseling services to WIC infants?

** In terms of the quality of work peer counselors perform?

**In terms of how implementation of *Loving Support* peer counseling affects the other work of your staff?

42. What are your major achievements and major challenges of the *Loving Support* peer counseling program since it began in this local WIC agency?

1.

2.

3.

43. What are the lessons learned in this collaboration that you'd like to share with others who would enter into a similar collaboration?

44. Are there areas where you believe more guidance or technical assistance from the State WIC agency or USDA would be useful?

1.

2.

3.

45. When you think about the *Loving Support* peer counseling program, 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