

Local WIC Agency Interview Guide

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 180 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.

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 and local agencies across the country.

As described in the letter we sent you earlier and your agency'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 agency's receipt of Federal WIC funds.

The estimated average total time to complete this interview is 120 minutes. This includes your time and that of 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(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 or supervisor (*Title:*) _____
 - Agency director (*Title:*) _____
 - Budget director (*Title:*) _____
 - Respondent has other duties (*Specify*) _____ (*Title:*) _____

Agency Activities to Promote Breastfeeding

We would like to learn about your agency's efforts to support and promote breastfeeding, including *Loving Support* peer counseling.

3. How long has your agency received FNS funding for *Loving Support* peer counseling?
4. Does your agency provide other breastfeeding promotion services or programs (e.g., support groups, classes, educational materials) for WIC participants in addition to *Loving Support* peer counseling?
- No
 - Yes

****If yes, Please indicate the breastfeeding promotion activities available to WIC participants in your local agency. (Prompt for funding amount and source, if known, collaborators, and major activities. List them under appropriate subheadings below and then ask about topics that were not mentioned)**

- Media campaigns and/or posting materials in public places, such as WIC clinics.
- Making lactation consultants and other trained specialists available to WIC participants
- Support groups or classes for WIC participants
- Equipment (e.g., breast pumps)
- Peer counseling or other counseling to WIC participants that is different than *Loving Support* peer counseling

- Special training to nutritionists and other WIC staff
- Warmline or hotline
- Other

5. Do you collect any evidence of effectiveness of these efforts? If yes, please describe what you collected and what you found out.

6. Do you have a lactation consultant on staff?

- No
- Yes

**If no, is there a lactation consultant from a local hospital or other organization that you work closely with?

7. Did your agency 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.

8. When your agency 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 agency policies to accommodate needs of peer counselors and other program staff

**Other (Please specify)

WIC 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.

9. Please tell me the number and positions of **all non-peer counseling staff** in your agency.
10. Now, please give me the job titles of the WIC staff (other than peer counselors) who work on breastfeeding promotion, including the *Loving Support* peer counseling program, in your agency.

___ number of *non* peer counseling staff that work on breastfeeding promotion/education

**Please specify job titles (prompt to include agency director and *Loving Support* peer counselor coordinator or supervisor)

Now, I'd like to talk about the involvement of each of the staff working on *Loving Support* peer counseling, starting with questions about the agency director.

WIC Director

11. How involved is the agency 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
12. Is any of his/her salary supported by the *Loving Support* peer counseling grant?
- Yes
 - No

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

13. 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.

14. Who does the peer counseling coordinator report to?

15. How long has this person been the peer counselor coordinator?

INSTRUCTION: Look over the Program Information Form and review breastfeeding/peer counselor coordinator duties and clarify any information (Questions A and B). If the breastfeeding coordinator is separate from the peer counselor coordinator, make sure you ask about the duties of each, and what percentage of their salaries are supported by the FNS peer counseling grant.

16. 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?

17. Of the above guidelines, please indicate which of them are *required* qualifications as opposed to *preferred* qualifications.

Ask questions 18-21 for all other WIC staff besides the peer counseling coordinator/supervisor involved in *Loving Support* peer counseling. (Note: there may be no other staff, in which case you can skip this section.)

18. What is this person's title?

19. Who does this person report to?

20. What are this person's duties as they relate to *Loving Support* peer counseling?

21. 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

WIC Staff Time on *Loving Support* Peer Counseling

22. I'd like to calculate the total amount of WIC staff time 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.

Agency Director (name)_____

Breastfeeding Coordinator (if different than peer counseling coordinator) (name) _____

Loving Support peer counseling coordinator or supervisor (name)_____

(List all other staff who were named earlier)_____

Loving Support Peer Counselors

Now I'd like to ask you some questions about the peer counselors.

23. How many *Loving Support* peer counselors work for your agency? Please include everyone who works at local service delivery sites/clinics.
24. How many of these are considered "senior peer counselors"?
25. Are you currently trying to hire additional peer counselors? If so, how many?

INSTRUCTION. Review the Peer Counselor Names and Staffing Chart and Question C from the 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 and we want to include them.)

26. Please describe the peer counselor's responsibilities as they pertain to peer counseling.
27. In addition to providing peer counseling, what are *Loving Support* peer counselors' other job activities? These can include staff training, teaching classes, leading support groups, community outreach, making referrals, service documentation and program administrative tasks.

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

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

28. Please describe your agency's guidelines for qualifications of peer counselors in terms of

** educational background

** professional training or certifications

** similarity to WIC participants

** personal qualities

** In terms of practical or logistical capacity to fulfill peer counseling duties (e.g., transportation, schedule flexibility)

**other qualifications

29. Of the above guidelines, please indicate which of them are *required* qualifications as opposed to *preferred* qualifications.

30. Do all your peer counselors get paid?

- No
- Yes

**If yes, what is the pay range for your *Loving Support* peer counselors?

From \$ ____ to \$ ____ per (hour, week, 2-weeks, bi-monthly, monthly, annual) *select one*

31. How does this wage compare to WIC entry-level support staff in your agency?

- Lower
- Roughly equivalent
- Higher

32. 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:)

33. Do you have career paths for peer counselors?

- No
- Yes

** If yes, please describe.

Local Sites Offering *Loving Support* Peer Counseling

34. How many local WIC service delivery sites (i.e., clinics) does your agency operate?

_____Number of service delivery sites/clinics

35. Of these, how many provide *Loving Support* peer counseling services?

_____Number of service delivery sites/clinics that provide *Loving Support* peer counseling
Service delivery sites

INSTRUCTION. Review the Service Delivery Site Chart (page 3 of the Program Information Form) and clarify any information that you do not understand. Prompt to find out if any of these clinics offer peer counseling that is not following the Loving Support peer counseling model, and if so, which ones. Also review how Loving Support peer counselors are allocated across sites. Prompt to ensure that all peer counselors who do peer counseling, no matter how they are funded, appear on the chart. Make sure you know that the time allocated is hours per week, percentage of time, or another metric. If the site offers peer counseling that is not Loving Support, probe to find out why they are not (e.g., are there Loving Support components that are not being implemented?)

Loving Support Peer Counseling Service Delivery

Selecting WIC Participants to Receive *Loving Support* Peer Counseling

36. Does your agency define who is *eligible* for *Loving Support* peer counseling?
- Yes.
**Please describe eligibility
- No
37. Does your agency serve **all** WIC participants eligible for *Loving Support* peer counseling or only **some** of the participants?
- Offered to **all** WIC participants (*Skip to 39.*)
- Offered to only **some** WIC participants
38. How do you decide who gets *Loving Support* peer counseling services?
39. 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?
40. 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?
41. Do you get requests for peer counseling services from mothers who are not on WIC? If so, how do you handle them?

Peer Counselor Caseloads and Turnover

42. 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?

INSTRUCTION: Look over the “Information about Contacting WIC Participants” questions (D-F) on the Program Information Form and clarify any unclear information.

43. 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?
44. How are *Loving Support* peer counseling participants reassigned, if they are, after a peer counselor leaves?

Contacting WIC Participants

45. 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 participants' visits for other WIC services
**If yes, please describe how the process works
46. How frequently do peer counselors *get contacted by* WIC participants? What are the reasons for contact?
47. At what points do WIC participants tend to contact their peer counselors (e.g., at hospital discharge, when considering stopping exclusively breastfeeding)?
48. How soon does a WIC participant generally get contacted by a peer counselor after she requests breastfeeding assistance?
- **Are these your formal guidelines?

INSTRUCTION. Review the Frequency of Contact Chart and Question G (page 5 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.

49. Does your clinic have guidelines about when peer counselors *stop* providing *Loving Support* peer counseling Services to WIC participants who are still breastfeeding?

Yes.

**Please describe.

No

50. What are your WIC program hours?

Do you have formal guidelines about the after-hours times that *Loving Support* peer counselors are available, either by phone or in person, outside those hours?

Yes.

**Please describe.

No

Types of Contacts

51. What proportion of contacts would you estimate that your peer counselors have with WIC participants that are *in person* as opposed to over the *telephone*?

52. 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.*)

53. 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.*)

54. Do *Loving Support* peer counselors see WIC participants *in their own homes*? How frequently and under what circumstances? How have liability concerns been handled?

55. 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

56. Are *Loving Support* peer counseling services ever delivered to WIC participants in group sessions?

Yes.

**Please describe.

No

Content of Peer Counseling Sessions

57. 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*)

58. Is the content of the sessions standardized? If yes, please describe how.

Documentation of Sessions

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

59. How is the peer counseling caseload tracked to ensure mothers receive timely contacts?

60. How often is this information monitored by or submitted to peer counselors' supervisor(s)?

61. 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?

Documentation of Policies and Procedures

INSTRUCTION. Review the “Documentation of Policies and Procedures” question (K) on the Program Information Form and confirm you understand the answers.

Loving Support Peer Counseling Expenditures

INSTRUCTION. Carefully review the “Costs/Funding” questions (L-P) on the Program Information Form. Ensure that you understand all of the items. Prompt to make sure to find out if they are giving you all expenditures for Loving Support peer counseling. (If they are an enhancement site, they may customarily omit the expenditures that are related to the pre-existing program.) If you do not fully understand the information, get a contact name and phone number to use to follow up after the interview is completed.)

Recruiting, Training and Supporting Peer Counselors

62. Where and how do you recruit peer counselors?

**Where and how do you find them?

**Who interviews them?

** What is the selection process?

63. 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?

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

65. 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 9) and make sure that you understand the answers.

66. 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?

67. 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 Information Form (page 10) and make sure that you understand the answers.

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

69. 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 which hospital staff are involved in coordinating or administering *Loving Support* peer counseling and what their duties are

70. For hospitals you partner with, what other breastfeeding promotion and support activities 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

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

- Yes
- No (*Skip to 73*)

72. 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.

Data Collection for the *Loving Support* Peer Counseling Program

73. Please indicate which of the following indicators are collected by the local agency for either all WIC participants or for *Loving Support* peer counseling participants. (*Select all that apply*)

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

74. 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

75. About which populations do you collect these data?

- All WIC participants (*Ask 75a*)
- Loving Support* peer counseling participants only (*Skip to questions U-Y on the Program Information Form.*)

75a. Can a separate rate for *Loving Support* peer counseling participants be calculated?

- Yes
- No

INSTRUCTION. Review the “Data Collection Information” questions (Q-T) from the Program Information Form and make sure that you understand the answers.

Loving Support Peer Counseling Program Data

INSTRUCTION. Review the “Loving Support Peer Counseling Program Data” questions (U-Y) from the Program Data Collection Form and make sure that you understand the answers.

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

- Yes
**Please describe
- No

Adapting the *Loving Support* Peer Counseling Program

77. 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?

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 the local agency	
<input type="checkbox"/> Staffing for the peer counseling program at the site delivery level	

Key Changes Made in Peer Counseling Program Since Inception	Describe the change. Why was the change made?
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	
<input type="checkbox"/> Number of local clinics operating <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Criteria for selecting local clinics to conduct <i>Loving Support</i> peer counseling	
<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>)	

78. 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 to be Made in Peer Counseling Program in the Next Fiscal Year	Describe the change. Why is the change planned or anticipated?
<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 local agency	
<input type="checkbox"/> Staffing for the peer counseling program at the site delivery level	

Key Changes to be Made in Peer Counseling Program in the Next Fiscal Year	Describe the change. Why is the change planned or anticipated?
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	
<input type="checkbox"/> Number of local clinics operating <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Criteria for selecting local clinics to conduct <i>Loving Support</i> peer counseling	
<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"/> Adaptations in peer counseling program because of changes in choices for WIC participants in the first month post-partum	
<input type="checkbox"/> Other (<i>Specify</i>)	

Local Agency Perceptions of *Loving Support* Peer Counseling Program

79. How do you track the *Loving Support* peer counseling program's effects and what have you learned?

80. 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?

81. 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?
82. What are the reactions or attitudes of WIC staff and, if applicable, other agency 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?
83. 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.
84. 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?

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

1.

2.

3.

86. 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

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