

Appendix A-7
Local Clinic Program Information Form

Local WIC Clinic

Program Information Form

Implementation Study of the *Loving Support* Peer Counseling Program

(This form will be sent to local WIC clinics two 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 30 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 clinic 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.

Breastfeeding or Loving Support Peer Counseling Coordinator (If there is no Breastfeeding or Loving Support Peer Counseling Coordinator in your clinic, you can skip to the next section.)

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* peer counseling 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 *Loving Support* peer counseling 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 the peer counselors at your clinic, 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

	First Name	Hours Worked/ Week	Supported by FNS peer counseling grant?	IF YES, % salary/earnings supported by FNS peer counseling grant
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	%

Information about Contacting WIC Participants

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

- No
- Yes. If yes, please answer Questions D and E.

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

_____ contacts per month

E. How do the contacts break down 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)

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 (<i>Specify # of contacts per time period</i>)		
		1 week	2 weeks	1 month	2 months	3 months			
During pregnancy									
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 ____	
After Delivery							<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"/>	<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 ____	

F. 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

G. 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: _____)

H. How is this information recorded?

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

I. How often is this information recorded?

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

Loving Support Training Chart

In the table below, please indicate the types of training provided 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.

		Hospital A	Hospital B	Hospital C
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 IF YES, go to Hospital B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES, go to Hospital C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES, you have completed the form.
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

