



*Implementing and Expanding Breastfeeding
Peer Counseling Programs:*



Sharing WIC Success Stories and Experiences

**National WIC Association
2006 Nutrition and Breastfeeding Conference
September 19-21, 2006**

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Preface

Using *Loving Support* to Implement Best Practices in Peer Counseling

Sharing WIC Success Stories and Experiences

“Make breastfeeding peer counseling a priority in WIC” was an oft-repeated recommendation made by State and local WIC staff during listening sessions held across the country as part of WIC’s 2004 reauthorization process. As a result, The Child Nutrition and WIC Reauthorization Act of 2004 earmarks up to \$20 million per year for special nutrition education such as breastfeeding peer counseling and related activities. In fiscal year (FY) 2004, \$14.9 million was appropriated for this additional WIC breastfeeding support and \$14.8 million was appropriated in FY 2005 and FY 2006.

State agencies have been using these funds to implement or expand peer counseling programs around the country. In an effort to publicize some of these efforts, a session at the 2006 National WIC Association (NWA) Nutrition and Breastfeeding Conference was organized. The Food and Nutrition Service (FNS) asked the FNS Regional Offices to nominate State and/or local agencies that have demonstrated exceptional leadership in using the special breastfeeding peer counseling funds to implement or expand a peer counseling program in one or more of the following topics areas: (1) community partnerships; (2) developing policies and procedures; (3) hiring; (4) training; (5) settings (places of work); and (6) enhancing an existing peer counseling program.

A total of 18 State agencies were nominated. Seven State agencies were chosen to present their projects at the NWA meeting. This booklet contains descriptions of all the projects presented today. In addition, the other 11 nominees have included a description of their projects in this booklet so that all of us may benefit from their efforts.



Background

Using *Loving Support* to Implement Best Practices in Peer Counseling

Combining peer counseling with the on-going breastfeeding promotion efforts in WIC has the potential to significantly impact breastfeeding rates among WIC participants, and, most significantly, increase the harder to achieve breastfeeding duration rates. FNS' long-range vision is to institutionalize peer counseling as a core service in WIC. In 2004, FNS launched *Using Loving Support to Implement Best Practices in Peer Counseling*, a training and technical assistance project designed to equip WIC Programs with a framework to aid them in designing, building, maintaining, and sustaining peer counseling programs.

Key elements of the project included (1) formative research to understand barriers and motivators to implementing and sustaining peer counseling programs and to identify training needs; and (2) identification of best practices and development of the *Loving Support* model for a successful peer counseling program.

Training:

In FY 2004, FNS regional offices hosted the training “Using *Loving Support* to Manage Peer Counseling Programs” for State-level WIC Program management staff. The training provided guidance for developing or enhancing a peer counseling program based on model components of successful programs identified through the research (*Loving Support* model).

In FY 2005, FNS regional offices hosted the training “*Loving Support* Through Peer Counseling” for State teams of WIC staff who are involved in training peer counselors. The training provides an evidence-based foundation for the key instructional elements needed to train WIC peer counselors, the basic skills needed by successful WIC peer counselors, and strategies for providing appropriate breastfeeding education and support to WIC mothers.

With training under their belts and funding in hand, State agencies have been busy implementing or enhancing breastfeeding peer counseling programs using the *Loving Support* model.

For further information:

Information and updates about “Using *Loving Support* to Implement Best Practices in Peer Counseling,” including frequently asked questions about use of the peer counseling funds, can be found on the WIC Works Resource System at

http://www.nal.usda.gov/wicworks/Learning_Center/support_peer.html.



Loving Support Model for a Successful Breastfeeding Peer Counseling Program

•Adequate Program Support from State and Local Management

- Appropriate Definition of Peer Counselor
 - Paraprofessional
 - Recruited and hired from target population
 - Available to WIC clients outside usual clinic hours and outside the WIC clinic environment
- Designated breastfeeding peer counseling program managers and/or coordinators at State and/or local level
- Defined job parameters and job descriptions for peer counselors
- Adequate compensation and reimbursement of peer counselors
- Training of appropriate WIC State/local peer counseling management and clinic staff (including use of "Using Loving Support to Manage Peer Counseling Programs" and "Peer Counseling: Making a Difference for WIC Families" training curriculum and PowerPoint presentations)
- Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of Agency nutrition education plan
- Adequate supervision and monitoring of peer counselors
- Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program

• Adequate Program Support of Peer Counselors

- Adequate training and continuing education of peer counselors (including use of "Loving Support through Peer Counseling" training curriculum, available 2005)
- Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of peer counselor scope of practice
- Regular, systematic contact with supervisor
- Participation in clinic staff meetings and breastfeeding inservices as part of the WIC team
- Opportunities to meet regularly with other peer counselors

Also available online from the WIC Works Resource System at
http://www.nal.usda.gov/wicworks/Learning_Center/support_peer_model.html

State and/ or Local Agency: DC WIC State Agency

Topic Area: Community Partnerships

Description of Project:

DC WIC is proud to have one of the oldest WIC Breastfeeding Peer Counselor programs in the country, which was founded over 15 years ago.

USDA/FNS funds provided DC WIC the opportunity to expand the Breastfeeding Peer Counselor program. It enabled us to provide a more comprehensive training to our existing Breastfeeding Peer Counselors, hire more Breastfeeding Peer Counselors, expand hours of existing Breastfeeding Peer Counselors and train non-WIC staff members as Breastfeeding Peer Counselors. DC WIC also added in a Breastfeeding Peer Counselor Liaison position to improve coordination and communication within the program.

DC WIC is an active member of the DC Breastfeeding Coalition. The Coalition was formed in 2004 and members include Children's National Medical Center, Washington Hospital Center, Howard Hospital, Georgetown Hospital, the African American Breastfeeding Alliance (AABA), Healthy Babies, La Leche League, and others. This relationship supports the Breastfeeding Peer Counselor program and the DC Breastfeeding community overall, including: providing training opportunities to Breastfeeding Peer Counselors, improving knowledge of breastfeeding, WIC and counseling methods among community partners, increasing referrals, increasing recruitment of new Breastfeeding Peer Counselors and improving community perception of WIC as a breastfeeding supporter.

Many of our coalition partners hold seminars and trainings for staff members, with topics that are enriching to Breastfeeding Peer Counselors. As a result of WIC's collaborations with these agencies, Breastfeeding Peer Counselors have attended conferences and seminars on breastfeeding and related topics at Howard University Hospital, Children's National Medical Center, Providence Hospital, La Leche League, and programs offered through Medela and Hollister. These trainings help our Breastfeeding Peer Counselors expand their knowledge and grow into well-rounded professionals. Also, due to the relationship established with coalition members, Dr. Michal Young, a renowned breastfeeding speaker, trained Breastfeeding Peer Counselors and WIC staff alike at the April 2006 Quarterly Training.

DC WIC regularly holds trainings for new Breastfeeding Peer Counselors. When there is extra space, our community partners are also invited to attend the trainings. This allows WIC to broaden its reach, by providing research-based breastfeeding and counseling knowledge to an even broader group of clients via the trainees. As practitioners serving WIC clients become more knowledgeable about breastfeeding, all WIC clients and the greater community will benefit. Staff from Healthy Babies, the Food Stamp Nutrition Education Program, Providence Hospital, AABA, Washington Hospital Center, the Maternal and Family Health Bureau, and home visiting staff from Mary's Center have been trained as Breastfeeding Peer Counselors. Interested WIC mothers and community members who want to learn more to help family and friends have been trained as well.

Due to WIC's involvement in the DC Breastfeeding Coalition, Coalition members are aware of WIC breastfeeding services, Breastfeeding Peer Counselors and WIC's pump programs. Some partners refer new potential Breastfeeding Peer Counselors. Many of these partners report that prior to this collaboration, they held the notion of WIC as a program that dispensed formula. Now these people regularly refer clients to WIC Breastfeeding Peer Counselors, and also feel comfortable calling WIC staff with non-breastfeeding questions or concerns, which creates a supportive network for our clients.

DC WIC's close partnership and collaboration with various community organizations have strengthened both the Breastfeeding Peer Counselor program and WIC services overall by increasing WIC staff's knowledge, educating community members as Breastfeeding Peer Counselors and promoting better communication and understanding between agencies.

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State and/ or Local Agency: Indiana State Department of Health

Topic Area: Peer Counselors and Community Partnerships

Description of Project:

The state of Indiana is divided into nine WIC Regional Breastfeeding Centers. Each center is comprised of local agencies and has a similar caseload. Regional Centers are coordinated by an IBCLC and are responsible for providing breastfeeding materials, supplies, and training to local agencies within their region. Peer Counselor Training is provided by Regional Center Coordinators and four of the centers provide Peer Counselor supervision for local agencies.

A common problem was identified at monthly Peer Counselor and Breastfeeding Coordinator meetings. Clients often are receiving inconsistent, and sometimes incorrect, information at the hospital. The solution to this problem is a program called Building Bridges. The purpose is to bring current, evidence based breastfeeding information to the hospital and to inform the hospital of the breastfeeding support services WIC provides. Peer Counselors are instrumental to the success of this program in several ways. Peer Counselors have assisted with organization of the program at their local hospitals. It is an opportunity for Peer Counselors to meet hospital staff and inform them of the vital support they give when clients go home. Peer Counselors are able to share contact information and printed client breastfeeding education.

The program was first developed in the spring of 2004 and presented to four hospitals that summer. The special peer counselor funds were used in fiscal year 2005 to enhance the program. In 2005 the program was presented to hospital staff, physicians, and community partners in 12 locations. Peer counselors attended the meetings in their areas and were introduced as a vital part of the WIC support team. Peer counselors were then active in resulting follow-up support and community coalitions.

Relationships with hospitals have improved as a result of the Building Bridges Program. Many Peer Counselors are making client hospital visits. In the hospital setting they are able to assist clients with breastfeeding skills and are a positive role model for staff, clients, and their visitors. In many communities, Breastfeeding Coalitions have formed after the Building

Bridges Program, between Peer Counselors, hospital staff, WIC and other agencies.

Peer Counselors are also important to the success of WBFW. With the supervision and guidance of Breastfeeding Coordinators, Peer Counselors have lead activities that increase breastfeeding awareness to the healthcare community, work community and WIC community. Activities include visits to physician offices with breastfeeding resources, library breastfeeding story hours, community celebrations, stroller walks and teas. WBFW celebrations have caught the attention of media and several have featured the work of Peer Counselors.

Indiana is proud to have Peer Counselors as vital members of the breastfeeding team.

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State and/or Local Agency: Massachusetts WIC Nutrition Program

Topic Area: Community Partnerships

Description of Project:

Massachusetts WIC's *Mother to Mother* Breastfeeding Peer Counselor Program, initiated in 1994, is a core element of WIC breastfeeding services. The goal of the *Mother to Mother* program is to promote exclusive breastfeeding, increase breastfeeding initiation and prolong breastfeeding duration among WIC families. Breastfeeding peer counselors provide mothers with culturally and linguistically appropriate breastfeeding support; are available by phone and are accessible outside of typical clinic hours; and are available for in-person consultation at the WIC clinic.

Prior to receiving the expanded peer counselor funding, 20 of our 35 local WIC programs in Massachusetts provided peer counseling services. We have been able to enhance peer services and expand the “Mother to Mother” program services to a total of 28 local agencies. In addition to the phone support, group facilitation and in-person consultation services provided by peers, the enhanced peer funds have enabled the *Mother to Mother* program to provide additional services to participants such as breastfeeding “warm lines”, email support and in-hospital support. The funds have also allowed us to offer peer counselors extensive additional continuing education and resources to support their work at the local agencies.

The Massachusetts WIC Program has always strived to work alongside the medical community in providing effective nutrition services to participants. WIC's breastfeeding services, and the peer counselor program specifically, are featured in the annual distribution of the *WIC Facts for Clinicians* informational packet that is shared with pediatricians, obstetricians, family practitioners and nurse practitioners statewide.

Over the past several years, Massachusetts WIC has focused on using emotional techniques—rather than fact-based methods—to develop and deliver nutrition messages to participants. The recent expansion of peer counselor program funding provided Massachusetts WIC with an opportunity to further promote peer counseling with the medical community using these same strategies. We believe that images and stories of actual mothers and peers will make more of an impact on doctors and nurses—thus making it more likely that they refer patients to WIC for breastfeeding assistance—than a factual description of the peer counselor program.

Strengthen the Bond, Massachusetts WIC Program's photojournalism project, tells the story of how breastfeeding peer counselors change lives. The project consisted of a series of three portrait and interview sessions with peer counselors and their clients. The resulting thirty-page booklet captures emotional moments that showcase the connection and bond between peers, mothers and infants. In gratitude for their participation in the project, each family that participated received a professional framed portrait.

Strengthen the Bond is used to promote peer counseling and therefore, WIC breastfeeding services, in a powerful and effective way with the medical community. Sharing the booklet with health care providers is an important strategy to ensure that WIC is viewed as a breastfeeding promotion program, rather than a vehicle to obtain infant formula. Local WIC programs in Massachusetts presented *Strengthen the Bond* to providers as part of their World Breastfeeding Week celebrations in August of 2006.

Over the coming years, images and quotes from the project will be used to develop materials that promote awareness and increase the perceived value of the WIC peer counselor program with WIC participants and potential peer counselors. In addition, the project will serve to inspire and support peer counselors in the work they do everyday. The themes and stories from *Strengthen the Bond* are fairly universal and can be used by WIC peer counseling programs in other states.

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State and/ or Local Agency: Maryland Department of Health and Mental Hygiene

Topic Area: Policy and Procedures

Description of Project: The Maryland WIC Program Peer Counselor Program was standardized and expanded using the designated peer counselor funding. Previously, Maryland WIC had three local agencies with separate peer counselor programs. Now there are nine local agencies with peer counselors who serve participants in 11 (of 23) counties and Baltimore City. All peer counselors undergo the same training program, follow the same Maryland WIC Peer Counselor policies and procedures, and use the Maryland WIC Peer Counselor Protocols to guide them in advising WIC participants.

Peer Counselor Protocols

The Maryland WIC Program developed 28 protocols for peer counselors' use as guidance while counseling WIC participants. The protocols were developed by Laurie Miele, RN, BSN, IBCLC, former State Breastfeeding Peer Counselor Coordinator, and Amy Resnik, MS, RD, CSP, LDN, IBCLC, State Breastfeeding Promotion Coordinator.

The protocols focus on specific topics and provide the peer counselor with important points that should be discussed. Use of the protocols reminds the peer counselor to cover all of these points and ensures that all peer counselors provide consistent information. *The Maryland WIC Program Loving Support Through Peer Counselor Training* includes when and how peer counselors are to use the protocols. The Maryland WIC Program Local Agency Policy and Procedure #5.13, Breastfeeding Peer Counselor Programs, requires that peer counselors use these protocols.

The protocols also refer the peer counselors to the relevant information in the *Maryland WIC Breastfeeding Kardex, Guidance for Counseling the Breastfeeding Mom* that should be covered and highlight which handouts should be provided to the participant. The protocols cover the following topics:

- #1 Breastfeeding Benefits and Contraindications
- #2 Breastfeeding—Getting Started
- #3 Positioning and Latch

- #4 Growth Spurts
- #5 Sore or Cracked Nipples
- #6 Engorgement
- #7 Milk Supply
- #8 Clogged or Plugged Ducts
- #9 Mastitis
- #10 Relaxation
- #11 Excess Milk Flow
- #12 Baby Stools/Elimination
- #13 Illness of Mother and Baby
- #14 Prematurity
- #15 Breastfeeding Twins/Multiples
- #16 Jaundice
- #17 Discouragement
- #18 Returning to Work or School
- #19 Pumping and Hand Expression
- #20 Teething
- #21 Nutrition for Breastfeeding Mothers
- #22 Weaning
- #23 Flat or Inverted Nipples
- #24 Thrush
- #25 Sleepy Baby
- #26 Storing Breast Milk
- #27 High Risk Counseling
- #28 Smoking

The protocol numbers and topics match the numbers and topics available in the Maryland WIC on the Web (WOW) management information system. Peer counselors document all contacts and topics covered in the WOW system.

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State and/or Local Agency: New Jersey Department of Health,
New Jersey State WIC Program

Topic Area: Developing Policies and Procedures

Description of Project:

In 1992, New Jersey WIC Services began allocating its breastfeeding funds, plus additional administrative funds, to all the local agencies based on the same funding formula used to determine the funding allocation to the State agencies. All grantees hired International Board Certified Lactation Consultants and peer counselors. While theoretically, all WIC pregnant and breastfeeding women in the State would have access to comprehensive breastfeeding promotion and support services, the funds did not stretch to staff every site. Most local agencies focused their efforts on larger administrative sites where groups of pregnant women could be gathered for breastfeeding preparation classes and breastfeeding dyads could receive breastfeeding information and support services. Breastfeeding promotion and support services were as comprehensive statewide as the funds allowed.

The new breastfeeding peer counseling funds were allocated by funding formula (i.e., based on the average number of redeemed pregnant and breastfeeding women at each local agency during the previous May, June and July). With the allocation of these funds, the State directed the grantees to develop specific, measurable projects. They could target an initiation or duration objective, a site, or a community. The statewide objectives are:

1. To provide or enhance breastfeeding peer counselor services in at least seventeen communities with low breastfeeding initiation or duration rates.
2. To increase the hourly starting rate of breastfeeding peer counselors to at least 10% above the starting rate for WIC clerks.
3. To reimburse peer counselors for expenses within two weeks of submission of expenses.

The grantees were directed to determine the breastfeeding initiation and duration rates in their target communities using Pediatric Nutrition Surveillance System data; the factors that enable or hinder breastfeeding in their selected communities; the population characteristics; and community partners. They were instructed to conduct focus groups with the participants and their partners or support family members and to talk with community partners - those who influence infant feeding decisions.

The grantees were directed to recruit and hire peer counselors from the target population; to have peer counselors available to answer calls from participants outside the usual clinic hours and environment; to consider peer counselors as paraprofessional staff with a starting salary of 10% above the WIC clerk starting rate; to reimburse peer counselors promptly for all job-related expenses; and to provide at least one opportunity per year for peer counselors to attend a breastfeeding seminar or workshop.

After the regional trainings for State agencies in the summer of 2004, the State conducted a one-day training for the grantees. A binder was provided that included a project overview, the State Implementation Plan, directions on allowable expenses and a budget worksheet, data, forms, and activities to develop their local plans and projects.

Developing Policies and Procedures

The New Jersey WIC Services policy and procedure on “Staffing for Breastfeeding Promotion and Support” incorporates the elements required by the United States Department of Agriculture for the Breastfeeding Peer Counselor Funding. Information given at the regional training and in the letter from the USDA about the funds was included in the policy and procedure. The Consolidated Federal Regulations were referenced. This policy is part of the Policy and Procedure Manual.

The specific elements in the staffing policy that relate to the peer counselor funding are:

- Mentoring for peer counselors.
- Opportunities for peer counselors to be promoted to senior peer counselor and lactation instructor positions, with job descriptions and duties.
- The requirement for a Breastfeeding Peer Counselor Program Manager, with duties.
- That peer counselors are paraprofessionals.
- That peer counselors are from the community they serve and speak the language of those they serve.
- That peer counselors are available outside normal clinic hours.

The policy also:

- Requires and describes the Local Agency Breastfeeding Coordinator.
- Requires and describes the Regional Breastfeeding Manager who coordinates breastfeeding promotion and support services for one or more local agencies.

- Requires that qualified staff provide breastfeeding promotion and support services.

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State and/or Local Agency: New York State Department of Health,
Division of Nutrition, Bureau of Supplemental
Food Programs

Topic Area: Enhancing an Existing Peer Counseling Program

Since 1995, New York State WIC Program has required local agencies to operate a Breastfeeding Peer Counseling Program. Agencies received funding to hire Breastfeeding Coordinators and develop Peer Counseling Programs. Breastfeeding rates rose significantly. The program was one of the most successful breastfeeding initiatives.

Prior to 2005, Peer Counselors (PCs) were not paid and agencies experienced frequent turnover. Contacts with mothers were made at the WIC clinic, and home visits were not allowed. After the early years, funding disappeared. The program declined, with 50% of the agencies opting for other alternatives due to funding, recruitment, retention, and time/agency/staff commitments. The agencies regretted losing the program because they always regarded it as having a positive impact on breastfeeding and fitting into WIC's mission.

With the USDA Loving Support through PC grant, twenty-one local agencies were selected through an application process. Awards were based on breastfeeding initiation rates, allocation of the breastfeeding coordinators time to breastfeeding activities, current success with a peer counseling program, ability to implement the program in a short period of time, and bonus points were awarded for targeting certain populations or groups. Of the agencies receiving funding, 61% had existing peer counseling programs. Within the USDA grant requirements and NYS WIC Program policy, each selected agency was allowed to develop a Peer Counseling Program that suited their individual agency's needs. Most local agencies were able to move quickly and implement the program due to their previous experience with PC programs.

The significant difference in the Loving Support Peer Counseling Program is that the peer counselors are paid. Fifty-five percent of the funds awarded to the agencies went directly to the peer counselors' salaries. Final local agency budgets were negotiated and reflected individual agency's salary, benefit and personnel requirements.

The most difficult barrier to implementation was the short time frame to introduce a paid program to the agency's sponsoring administration and make the necessary adjustments within its bureaucracy. Each sponsoring administration had its own internal policy requirements. For example, one sponsor agency required a high school diploma (translated into English). Among the competing priorities, the fiscal department did not always view the PC program as its first priority. This required significant time and attention from some local WIC agencies to prevent delays in PC pay.

Despite these initial challenges, Breastfeeding Coordinators report that having dedicated funding to pay peer counselors is an incentive to implement the program. It is easier to recruit and retain PCs. The PCs are proud of their role and take their responsibility seriously. Where WIC agencies are associated with hospitals; PCs are visiting mothers after delivery and considered part of the hospital breastfeeding team. This experience has improved relations with the community and inspired PCs to pursue a career in lactation counseling. Their interest has been supported with a variety of trainings, including 40-hour lactation certification course, advanced breastfeeding courses, counseling skills training, satellite conferences and regional quarterly meetings with breastfeeding peers.

Among the women assigned a PC, 84% initiated breastfeeding which is a 17% increase over the statewide initiation rate. Sixty-six percent of the women planned to breastfeed at least 6 months and 36% planned to breastfeed beyond 12 months. Fifty-four (54%) percent of mothers stated that the contact with the PC made a difference in their decision to breastfeed. Eighty-five (85%) percent claimed the PC was helpful with breastfeeding problems.

Since the 1990s, New York State has been committed to the PC program and believes that our continued support for the program has resulted in our increasing breastfeeding initiation rates. Funding must accommodate an increase in the number of PCs, programs, and their salaries. Otherwise, if funding remains flat, it will be reflected in the program's success and breastfeeding rates will not improve.

A portion of the available funds were used to develop a Peer Counselor website, www.breastfeedingpartners.org. Its goal is to supplement PC training with in-depth instruction, bulletin boards, chat rooms, interactive practice sessions and resources. The site includes pages for mothers interested in breastfeeding and a password-protected area for peer counselors. For New York State, this was the logical next step in Peer Counseling, connecting staff statewide and sharing ideas.

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State and/or Local Agency: Utah State Department of Health, Division of Family Health Services

Topic Area: Enhancing an Existing Peer Counseling Program

The Utah WIC Program has used the special peer counseling funds to enhance existing peer counseling programs in several local agencies, as described below.

Local Agency: Logan County WIC

Area of enhancement: Supervision/Management

Description of Project:

Our program has become successful due to management support. Receiving the funding from FNS has made a significant difference in the way we manage the program. We promote the program and educate administrative staff on the importance of this program and in the health and cost savings. We have a committed director that promotes and supports the program. We invited her to the national PC training in 2005 so she could learn first hand the value and importance as well as the scope and scale of this program. The extra funding has enabled us to provide additional training opportunities for our Peer Counselors, and that enhances their job satisfaction. An extra two hours of weekly management goes toward appropriate selection and hiring of PCs, supervision of PCs and the overall oversight of the program. The program has become part of the usual WIC services and is well integrated with staff.

For more information contact:

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Local Agency: Southeastern Utah WIC Area of Enhancement:

Area of Enhancement: Hiring Diverse Peer Counselors

Description of Project:

We have a very diverse area where clients' ethnicity and background vary from clinic to clinic. We recruit Peer Counselors by newspaper ads in the local newspaper and by word of mouth, usually from the WIC certifications or classes. All CPAs collect and keep a running list of women that express an interest in being a PC. When we wish to hire more, we pull from that list of potential women. When a Native American PC moves and has to quit, they are asked to recruit a Native American friend that would be interested in replacing her position. This unique request has worked successfully. Also, many PCs were at one time on WIC, but many have now moved off

the program - - but they still work for us! One PC has gone on to become a Doula but still works for us within the scope of a PC.

For more information contact:

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Local Agency: Southwest Utah WIC

Area of Enhancement: Retaining Peer Counselors

Description of Project:

Our Peer Counselors enjoy their work and we think this is why we have less turnover! Training a new PC is time consuming and expensive. Once we get good PCs we want to keep them. The success of our program is in the flexibility we give to them. They are allowed to set their own schedules and work from home. They are also provided with cell phones for added flexibility of receiving calls. They also enjoy coming into the clinic and meeting the participants and working one on one with them. If they are breastfeeding, they also come in and serve as a breastfeeding working mom model. We also do periodic PC evaluations to see if they are happy in their job.

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Local Agency: Utah County WIC

Area of Enhancement: Warm-Line

Description of Project:

The word is out that Utah County WIC has a warm-line. At classes and at certifications, participants are told about the warm-line phone number that Peer Counselors and staff answer. Between PCs calling participants before and after their due dates, as well as being highly visible in the clinic support groups, our PCs are able to establish a rapport with the participants. This sets the stage for the breastfeeding women to feel more comfortable to use the warm-line and call their PC back when they have questions and concerns. The key is to advertise the Peer Counselor program and to expose them to the participants so they know the program is in place prior to establishing a warm-line.

For more information contact:

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State and/or Local Agency: Colorado Department of Health, Nutrition Services

Topic Area: Hiring of Peer Counselors

Description of the Project: The Colorado WIC Peer Counselor Program begun during the summer of 2004 with five local agencies setting out to hire peer counselors. The agencies have done an exceptional job using a variety of methods to advertise and recruit and interview for the positions.

Methods used to advertise and recruit for peer counselors included posting fliers in WIC office waiting rooms and staff cubicles (this method resulted in the best recruitment response), staff referring participants with potential for peer counseling, announcing the position at local La Leche League meetings or other community breastfeeding support groups, posting on the health department's website employment page, telephone job line, and listing in the local newspaper.

All the agencies used selection criteria based on the sample job description sample provided by the USDA "Using Loving Support to Manage Peer Counselor Program." Applicants were screened using a variety of methods including written tests with several true/false questions and a couple of open-ended questions to assess basic breastfeeding knowledge and decision making processes and interviews with the local agency WIC Director and the Breastfeeding Peer Counselor Coordinator. All the agencies checked references and some performed additional background and driving record checks. Notification of acceptance was made by telephone and follow up letters of acceptance or denial were mailed.

The process resulted in 22 peer counselors being hired to provide approximately 870 total hours of service a month. All of the peer counselors were hired as hourly, part time employees and without benefits. One agency employs them as temporary hires; the others hired permanent employees. Each local agency initially hired at least one bilingual Spanish-English peer counselor.

Some of the challenges the agencies encountered were identifying Spanish-speaking peer counselors who could also serve English speaking; resisting the temptation to hire individuals with advanced breastfeeding training or knowledge; and finding child care for the breastfeeding peer counselors.

The State WIC Office produces a quarterly emailed newsletter as a means to share information and ideas among the local agencies and the state office. This newsletter addresses the challenges using a question and answer format. For example, one issue contained reminders reinforcing the role of breastfeeding peer counselors and reviewing their scope of practice. The agencies also met together several months after peer counselors were trained and providing services to discuss the strengths, weakness, opportunities and threats to our Breastfeeding Peer Counseling Programs. This was an opportunity to share challenges and lessons learned from the recruitment and hiring process. To overcome the challenge of peer counselors struggles with working and finding childcare, one agency mentioned their peer counselors took turns watching one another's children.

While making the effort to thoroughly screen potential breastfeeding peer counselors takes more time up front, agencies have found the counselors they have hired to be very successful in their new positions.

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State and/or Local Agency: Oklahoma State Department of Health WIC Service

Topic Area: Hiring Peer Counselors

The Oklahoma State Department of Health (OSDH) WIC Service has implemented a new Breastfeeding Peer Counseling Program in four counties: Lincoln, Logan, Kingfisher, and Blaine. Since inception of the program, there has been a significant increase in breastfeeding rates at the four pilot sites when compared to the average breastfeeding rates twelve months before the start of the program. Presently the program is in the pilot phase, however plans to evaluate and expand the program are currently underway.

Several factors were considered when determining the pilot sites, such as breastfeeding rates, demographics, location, accessibility to International Board Certified Lactation Coordinators (IBCLCs) and other lactation support services, community partnerships, and administrative and clinic staff support. Six part-time Breastfeeding Peer Counselors were recruited and hired by local agencies based on the qualifications set forth by the *Loving Support through Peer Counseling Curriculum*. Staffing at each site was primarily determined by caseload and availability of Breastfeeding Peer Counselors. Furthermore, two qualified Breastfeeding Peer Counselor Coordinators were designated to provide direct supervision of the Breastfeeding Peer Counselors at the four pilot sites. The Breastfeeding Peer Counseling Specialist provides ongoing technical support and program advisement.

The Breastfeeding Peer Counseling Specialist and the State Breastfeeding Coordinator provided the Breastfeeding Peer Counseling Orientation training in four half-day sessions in May of 2005. After the training was completed, a special graduation ceremony took place in a local park to recognize the new Breastfeeding Peer Counselors. State and local agency WIC staff, as well as many friends and family members, attended the successful event. In addition, press releases were sent out to local newspapers in the community, which also helped to promote interest in the program.

In June of 2005, OSDH WIC Breastfeeding Peer Counselors began counseling participants in the WIC clinic setting and over the telephone, and started assisting clinic nutritionists with breastfeeding classes. After completing a state-approved breast pump training class, the Breastfeeding Peer Counselors were able to issue breast pumps and help maintain breast pump inventory. Recently, the program has expanded the services offered to

include support groups, which the Breastfeeding Peer Counselors facilitate at the four pilot sites.

The Breastfeeding Peer Counseling Specialist is responsible for the development, implementation, monitoring and evaluation of the program. However, the State Breastfeeding Coordinator, the Director of Nutrition Services, as well as members of the OSDH WIC Service Policy Committee assisted with various stages of policy development. Moreover, the *FNS Model for a Successful Peer Counseling Program* has served as a guide during the entire policy development process.

The Oklahoma State Department of Health WIC Service believes that by investing in its workforce through quality training and promotion of breastfeeding, it can ensure that highly skilled and competent staff will comprise our workforce. Therefore, the Breastfeeding Peer Counselor and Breastfeeding Peer Counselor Coordinator policies place a great deal of emphasis on training and continuing education requirements. The policies include both a section listing mandatory trainings and a section listing recommended trainings for Breastfeeding Peer Counselors and Breastfeeding Peer Counselor Coordinators.

After assessing the needs of Breastfeeding Peer Counselors regarding continuing education topics, it was apparent that the OSDH WIC Breastfeeding Peer Counselors needed an opportunity to network with other peer counselors in the state. Because our program was one of the first pilots in Oklahoma, Breastfeeding Peer Counselors did not have an opportunity to shadow an experienced peer counselor. Nonetheless, the OSDH WIC Service is sponsoring the first breastfeeding training opportunity exclusively designed for Breastfeeding Peer Counselors and Breastfeeding Peer Counselor Coordinators. The *WIC/Every Mother Workshop*, featuring Cathy Carothers and Kendall Cox, will not only enhance breastfeeding skills and knowledge for those who attend, but will also be an excellent opportunity for networking. Since many Indian Tribal Organizations (ITOs) in Oklahoma have also implemented Breastfeeding Peer Counselor programs in recent months, we will be extending this invitation to include them as well. We are hopeful that this training opportunity will be successful, and that the program will grow in coming years.

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State and/or Local Agency: Tennessee WIC Program

Topic Area: Hiring Peer Counselors

In 2004, Tennessee was awarded a grant to implement/administer a peer counseling program consistent with the research-based components of a successful peer counseling program as identified by U.S. Department of Agriculture, Food and Nutrition Service.

The first priority was to establish an appropriate description of a peer counselor, including specific duties, necessary qualifications, and scope of practice. After review of existing job classifications, it was determined that peer counselors would be hired as Counseling Assistants, with a pay range of \$9-\$13 per hour. In the original plans, peer counselors were to be hired as contract employees. However, it was later determined they should be hired as county employees to ensure liability coverage under provisions of the Government Tort Liability Act. County and metropolitan contracts were amended to designate funding for peer counselor salaries, travel, and 15% in-direct costs (benefits and taxes). The grant funded 20 positions in 16 counties. The process of amending individual contracts took an average of six months.

Once funding was in place, peer counselors were recruited using a variety of methods, including recommendations from WIC staff, promotional fliers in the WIC clinic, job vacancy announcements and word of mouth. The “*Loving Support* Sample Interview Guide” was shared with Regional Breastfeeding Coordinators as a tool to be used during interviews to help identify the applicant’s enthusiasm, breastfeeding knowledge and experiences, communication skills, and passion for helping other mothers with breastfeeding. Recruiting and retaining bi-lingual peer counselors presented a challenge in some counties with an increasing Hispanic population.

In addition to hiring the “ideal” candidate, it is essential that WIC clinic staff receive training about the role of the breastfeeding peer counselor, the flexibility of the position, their valuable contribution and enhancement to the WIC circle of care. The power point presentation, “Peer Counseling: Making a Difference for WIC Families,” is an excellent resource that was used to introduce the peer counselor program to Tennessee’s Regional WIC and Nutrition Directors and highly recommended for local staff trainings.

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State and/or Local Agency: California Department of Health Services,
WIC Supplemental Nutrition Branch

Topic Area: Breastfeeding Peer Counselors in the Hospital Setting

What types of arrangement and coordination have been put in place with hospitals?

What hospital staff were involved in establishing the arrangements?

The WIC Coordinator contacted the hospital Lactation Program Coordinator and explained how WIC peer counselors (PCs) could help in the hospital setting. The hospital Lactation Coordinator eventually got agreement from her administration for the collaboration. (This program has been in place for six years.)

The PCs are considered volunteers and follow the guidelines used for the hospital's volunteer program. They fill out a new volunteer application, attend an all day orientation for new staff and volunteers, get health tests, and wear a badge which they also use to clock in and out of the hospital. When the first group of PCs started working in the hospital there was a formalized 8 hour training provided by the Lactation Program Coordinator. Now the WIC IBCLC provides all of the training.

The PCs do not work in the hospital until they have adequate experience with peer counseling, (usually about a year) and have shadowed the WIC IBCLC with hands on breastfeeding help in the clinic and/or in the client's home. Once the WIC IBCLC feels the PC is experienced enough to work at the hospital she receives more training by shadowing the WIC IBCLC at the hospital and works with moms who have recently delivered. The WIC IBCLC models what the PC is expected to do and therefore works within the scope of a PC and not as an IBCLC. If a mom needs more help she is referred to the hospital IBCLC. The WIC IBCLC also trains the peer counselors to follow the established protocols.

- Describe methods of communication (regular meetings, etc.) that are scheduled to maintain coordination.

Initially there were regular meetings between the WIC staff and the hospital lactation consultants. Now that the hospital staff feels confident about the PCs there are no regular meetings. However, the PCs report to the hospital lactation consultant at the beginning and end of their hospital rounds. Each lets one another know if a mom is in need of the other's

services. In addition, if an issue comes up, the WIC IBCLC and the Lactation Program Coordinator communicate by phone or a meeting is scheduled as needed.

- Describe how the peer counselors receive hospital referrals and how they initiate and maintain contact with the mother. Do peer counselors make in-hospital visits?

The PC who sees a mother in the hospital may not be the same PC as the one that has been assigned to her. Not all the PCs are trained to work at the hospital. (When clients are assigned to a PC, consideration is given to age, race, language, breastfeeding history, residence, number of children and an effort is made to match the women and PC as closely as possible). After the PC makes her rounds in the hospital and sees all the participants enrolled in the breastfeeding program, she faxes a WIC hospital log that indicates the clients she saw as well as a WIC hospital screening/referral form with the delivery information to the WIC IBCLC.

The WIC IBCLC then contacts the client's assigned PC to let her know that her client has delivered and gives her the pertinent information collected on the WIC hospital screening/referral form. At that point the assigned PC makes her first postpartum call by day 2-3 and the WIC IBCLC may also get involved if the client is having breastfeeding problems.

- Describe the supervision and monitoring of peer counselors in the hospital setting.

Once the PC is trained to work at the hospital they for the most part work independently. When they arrive to the hospital they badge into a computer in the volunteer office and when they depart they badge out to account for their hours. They also fill out a WIC Hospital Log form where they write the time they clocked in and out. The PC also writes the names of clients they see for the day and what services they provided i.e. if they helped a mom with latch, filled out a hospital referral/screening form or did a follow-up visit. The WIC IBCLC monitors these daily logs. While the PC is on the floor the hospital IBCLC acts as her supervisor. The PC reports the patients she has seen to the hospital IBCLC and lets the IBCLC know if any of the clients needs the IBCLC's expertise.

- What breastfeeding promotion, education and support services complement, overlap or interfere with the peer counselor services in the hospital?

The WIC program complements the hospital program by providing two different infant feeding classes to the women prenatally and a post-partum care class soon after the women delivers. In addition, all WIC staff is knowledgeable and supportive of breastfeeding. This reinforces the education given by the IBCLC and PCs. The WIC IBCLC makes home visits and sees clients in the office as needed. In one clinic there is a breastfeeding support group especially for African American mothers. The clinic does not overlap or interfere with the peer counselor services in the hospital. It only enhances or complements the services.

- Any other tips, challenges or successes you'd like to share about peer counselors in the hospital setting.

Having the PC see clients in the hospital has improved the PC program enormously. It is often the first time the client and PC meet face to face. When the PC helps the client with latch or provides additional information it can be the reason that she has a successful breastfeeding experience. It is also the best way to know when a WIC client delivers. We have tried other ways to determine when a client delivers, but this is the only reliable way. In addition, having the PC as part of the hospital post-partum team is a win-win situation for everyone: The client gets seen post-partum, which might not happen if we had to depend on hospital staff. The hospital staff is relieved of some of its workload and trust is developed between the hospital lactation program and the WIC breastfeeding program. The PCs are empowered by the importance of the work they are doing and get more satisfaction from their job, which may increase the chances of them becoming IBCLCs.

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State and/or Local Agency: Kentucky Department of Public Health,
Division of Adult and Child Health
Improvement, Nutrition Services Branch

Topic Area: Settings for Peer Counselors

Description of Project:

In the past, an effort to implement the Peer Counseling Program through trained volunteers was unsuccessful. Kentucky implemented the Breastfeeding Peer Counselor Program as a new Program in 2005. The needs of the state were assessed regarding a Breastfeeding Peer Counselor Program and four health departments were chosen based upon breastfeeding rates, type of geographical area (urban versus rural), and location. The health departments selected included two rural areas - Marshall County in western Kentucky and Kentucky River District in southeastern Kentucky. One large metropolitan area, Louisville which is located in Central Kentucky, was selected to determine if the barriers to breastfeeding in a metropolitan area were similar to the barriers mothers experience in rural areas. Ashland-Boyd County located in northeastern Kentucky was selected due to a local hospital pursuing the Ten Steps to become Baby Friendly. Training was completed for the state and local staff in the four areas using the training curricula *Using Loving Support to Manage Peer Counseling Program* and *Loving Support through Peer Counseling*.

In developing the infrastructure of the Peer Counselor Program, establishing community public and private partnerships was fundamental to the program success. Partnerships were established with local physician offices, hospitals, extension agencies, faith based organizations, La Leche League, local media, HANDS (a home visitation program developed for first time parents), breastfeeding coalitions, low income housing developments, community centers, and the Frontier Nursing Service in rural Appalachia. The Breastfeeding Peer Counselor Program and the Peer Counselors were introduced to these local entities. The organizations were encouraged to support and refer prenatal and breastfeeding mothers to this valuable new WIC resource in the community. By taking the initiative to network and provide information about the program, referrals to the Breastfeeding Peer Counselor Program were enhanced.

An added benefit of establishing community public and private partnerships was allowing Peer Counselors to provide services in a variety of settings. Peer Counselors have had much success with working with mothers in the hospital. The hospitals in rural Appalachia do not have Lactation Consultants on staff. Not only do the mothers value the help they are receiving, the hospital staff also appreciates the assistance. As a result, duration rates of breastfeeding in this region have increased. The mothers that once started breastfeeding in the hospital and discontinued before discharge are now leaving the hospital continuing to breastfeed. The demand for Breastfeeding Peer Counselor services in this rural hospital prompted the nurse manager to propose mandatory breastfeeding training. This training was provided by two WIC Breastfeeding Coordinators.

Working from home is the most common work environment for Peer Counselors. However, this did however create some challenges to overcome. In the rural areas of southeastern Kentucky, making a phone call from town to town often incurred a long distance charge. Cell phones were purchased for each peer counselor which would provide the needed phone service without incurring the costly long distance charges.

The rural areas in Appalachia are also vast and travel time from the peer counselor's home to the clinic would often take an hour or more. The Peer Counselors needed a method to be able to work at home or at the clients house yet allow the supervisor to review the work and manage the caseload. In order to meet this challenge, laptop computers were purchased for the Peer Counselors to use and a breastfeeding peer counselor web based module was developed. This provided the Peer Counselors with flexibility in documentation and communication with the local and state agencies. The supervisor assigns the caseload to each Peer Counselor through the system. All documentation of contacts with clients is uploaded into a secure web based system that can be accessed by the supervisor at the local agency. If the peer counselor needs to yield a case to her supervisor due to scope of practice issues, the supervisor can view the documented information and then contact the client. The system has also been programmed to guide the Peer Counselor through a visit by providing tips for counseling and pictures or drawings that visually enhance the session. Time documentation and necessary reports are also documented through this system.

Although a majority of the Peer Counselors provide services or make contacts from their home, they also regularly provide services in the community. Community peer counseling services are provided at local

churches, libraries, parks, or via home visitation. The benefits of using various sites allow the Peer Counselor to work with the client in a setting most comfortable and convenient for the client.

The Peer Counselors also provide services in the local agency clinic. This is often necessary when attempts to contact a client have been unsuccessful because the client does not have a home phone. Services in the clinic are provided one on one or in a class setting.

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State and/or Local Agency: Ohio Department of Health, Bureau of
Nutrition Services

Topic Area: Settings for peer counselors

Description of project: In 2004, the Ohio WIC program implemented a breastfeeding peer counselor program in eleven local WIC projects. These projects were selected based on their baseline breastfeeding rates, caseloads, locations, and willingness to institute a peer counselor program. A total of twenty eight peers were hired. Initially, the WIC directors and breastfeeding coordinators received training using the La Leche League peer counselor training module. They have since been trained using USDA's *Using Loving Support to Manage Peer Counseling Programs* and *Loving Support Through Peer Counseling* modules.

What are the settings? – The Ohio WIC breastfeeding peer counselors work during and outside of regular clinic hours. All peers work in the WIC clinics and more than fifty percent also work from their homes as needed. One peer project allows its peers to work evening hours up to 10:00 PM at the WIC clinic site. Many of the peers conduct both home and hospital visits. One peer project conducts their support group meeting at the local agricultural extension office. Many peers are available outside of normal clinic hours via cell phone, answering machine or pager. Peers in two counties take turns monitoring an after hours helpline from their home; returning messages starting at 8 AM until 10 PM week days and between 12 noon and 9 PM weekends. Several projects allow participants to call peers anytime day or night seven days a week. Some peers give presentations at local retail baby stores, homes for pregnant women, high schools and health fairs. Peers attend WIC staff meetings and take an active role in local breastfeeding coalitions.

What are the benefits? Working outside the WIC clinic setting and outside of normal clinic hours allows peers to help mothers when they need it, which is not always M-F, 9-5. Participants are more open and relaxed in a different setting. Seeing participants in their homes can sometimes help explain breastfeeding problems. Other settings and times allow for more flexible work hours for the peers. Working outside the WIC clinic also serves as outreach for WIC and lets the wider community know more about and gain more respect for WIC's breastfeeding support services. WIC projects become referral resources for breastfeeding issues. Partnerships

between WIC and other community service providers are developed and strengthened

How is work monitored? Supervisors monitor activity with daily contact. Home visits are approved by peer supervisors. Travel and phone logs are used to report activity. Regular communication with partners who provide settings for peer services are essential. Participant surveys also provide feedback on peer services.

What are the challenges?

Most peer projects have developed smoothly. Challenges have been 1) union rules defining working hours; resolutions: hire the peers as non union employees and examine how other union staffs manage to provide health care services outside of normal clinic hours and settings; 2) resistance from some peers; resolution: include complete duties in job description 3) access to a lactation consultant; resolution: emergency referral list and quality peer training and 4) HIPPA regulations; resolution: WIC peer projects not partnering with their local hospitals report that hospitals quote HIPPA is the barrier. Hospitals that have partnered with their local WIC peer project have not mentioned HIPPA as a concern.

What are the tips for success?

In the WIC clinic open communication and good record keeping between the peer and her supervisor are essential. Defining and communicating expectations and results will help establish and maintain a good working relationship with partners. Quality, ongoing training is necessary to develop peer skills and self-confidence. Committed partners provide the peers with space to work and access to phone service.

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State and/or Local Agency: West Virginia Office of Nutrition
Services/WIC Program

Topic Area: Settings for Peer Counselors

Description of Project: The lactation program in West Virginia has grown exponentially in the last three years. By providing lactation services in the hospitals for the WIC mothers, WIC participants are able to have the help that they need. Visits to health care providers by the lactation staff has enhanced relationships and opened channels of communication. Promotional efforts are paying off with expanded community awareness and support.

In order to build on the momentum that has been achieved in the area of West Virginia WIC lactation services, the following activities have taken place:

- 1) developed a Five Year Breastfeeding Plan for the WV WIC lactation program;
- 2) expanded hospital and physician visits and community coalition-building by lactation consultants and breastfeeding counselors;
- 3) increased minority peer counselor hours in regions of largest minority population;
- 4) provided reimbursement to breastfeeding counselors in rural counties for travel to hospitals and health care facilities when conducting outreach and consulting services.

With a combination of OAF and BF Peer Counselor funding, we were able to enhance our existing program that has been in progress for sixteen years. Some of the peer counselors accept phone calls at home to assist a new mother that is having difficulty after the counselor's normal working hours. We have BFPC's at each of the 57 clinics either part time or full time. We strive to have them available during clinic hours so they can see every pregnant/breastfeeding woman.

Area hospitals have been more accepting in allowing peer counselors/lactation consultants to be more involved with new breastfeeding mothers. We offered training to hospital employees on the value of having the counselors available to them and their patients. One of our biggest challenges in some areas was gaining access as well as hospital staff continuing to promote/offering formula to clients. Some of the hospitals in West Virginia have allowed us to participate for ten years or more, although

some have not until three years ago. Our Lactation Consultants and State Breastfeeding Coordinator worked diligently to build a good rapport with local hospitals.

Other settings that have proven helpful are breastfeeding education classes offered in hospitals on a monthly basis, classroom lectures in the local colleges/universities as well as involvement with coalition groups and task forces.

One specific area in the Southern part of West Virginia faced many challenges with acceptance of breastfeeding and hospital access. In August of 2003 West Virginia was awarded the “Using Loving Support to Build a Breastfeeding-Friendly Community grant by United States Department of Agriculture Food and Nutrition Services (USDA FNS). This grant provided a two-day social marketing training provided by Best Start Social Marketing and Mississippi State Health Department, to help increase awareness and initiation and duration breastfeeding rates. As a result of the social marketing strategy with the area business and hospitals, collaboration was built which gave Breastfeeding Peer Counselors acceptance in their hospitals that serve WIC clients.

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State and/or Local Agency: Missouri Department of Health & Senior Services

Topic Area: Training Peer Counselors

Description of Project: The Missouri Breastfeeding Peer Counseling (BFPC) Program was established in 1994 and has been providing funds to local WIC agencies as a “special grant” to provide BFPC services to WIC participants throughout the state. The additional BFPC Funds provided by FNS have been used to enhance Missouri’s current program. In FY 2006, 7 local WIC providers were added to the BFPC program, bringing the total to 45 WIC agencies providing BFPC services, out of 118 local WIC providers. These additional funds have been provided to the local WIC providers as a second “special grant”, which many used for training, increasing peer counselor’s salary, and adding additional peer counselors to their program. Some funds were maintained at the state level to develop and implement a policy manual, develop forms for documenting peer counselor’s activities, site visits by state staff, development of a BFPC task force, and purchasing breastfeeding resources and training supplies. Each local WIC provider that provides BFPC services has a BFPC coordinator that manages the program at the local level. The training, “Using Loving Support To Manage Peer Counseling Programs” was presented in October 2004 and the second training, “Loving Support Through Peer Counseling” was presented in a “train the trainer” format in August 2005 to all local BFPC Coordinators.

After the completion of the BFPC Coordinator trainings, the Missouri BFPC task force, which consists of 10 BFPC Coordinators and 3 state staff, met to plan how to train 70 peer counselors throughout the state. The group felt that the peer counselors needed to be divided into smaller groups for an effective training and to be sensitive to the fact that peer counselors prefer to not travel long distances or be away from their families overnight. The state was divided into 5 sections with a central training site for each area. Local BFPC Coordinators were chosen as regional training leaders for each training site to coordinate the training for that location. The BFPC task force developed the training agenda, which divided the training into 3 separate days provided over a period of 5 weeks. All BFPC Coordinators were encouraged to attend the training in their region and many assisted with the training. The number of peer counselors at each site varied from 6 peer counselors to as many as 20. A member of the state staff attended and assisted with training at each individual training site for quality assurance. All 12 modules of the training “Loving Support Through Peer Counseling”

were presented, including all activities, exercises and handouts. An introduction for the training was developed by state staff to discuss breastfeeding rates, Missouri breastfeeding promotion projects, and an overview of the FNS model for peer counseling. The training ended with a presentation of the new policy manual and education on new state developed BFPC forms. Using handouts given at the training, peer counselors created their own training notebook to be used as a reference guide and were allowed to organize it to meet their needs. BFPC Coordinators verified peer counselor competency for each module and signed their skills checklist.

At the training it was obvious how motivated Missouri's peer counselors are in promoting and supporting breastfeeding. Many of our peer counselors have advanced education and training in lactation management, with one recently earning the accreditation of an IBCLC. Despite the advanced lactation skills of some, everyone benefited from this training. Training evaluations completed by the peer counselors stated that they found the activities, role playing and learning the 3-Step Counseling method very useful. They also enjoyed networking with others in their area and sharing of ideas. In addition, they stated that they felt their roles and scope of practice were better defined and that they understand the importance of proper referrals. Finally, many of our peer counselors realized how important their roles are within the WIC clinic and that they are really part of a very large breastfeeding picture. This training was successful in Missouri due to the team effort by the entire state. The BFPC task force was invaluable in the planning process and our training leaders put in many extra hours planning, recruiting presenters and preparing for their own presentations. Other BFPC Coordinators not only taught individual modules, but took part in the training activities, ensuring peer counselor competency.

We plan to add a minimum of 5 additional BFPC agencies in Missouri for FY2007. In addition, some of our agencies are expanding their peer counselor staffing. Another state training is planned for the new BFPC Coordinators and another regional training is planned for new peer counselors this fall. In addition during FY2007, we plan to host a one day BFPC workshop at our regional training sites for all peer counselors to continue developing effective peer counseling skills.

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State and/or Local Agency: Navajo Nation Division of Health

Topic Area: Training Peer Counselors

The Navajo WIC Nutrition Program began its Breastfeeding Peer Counselor (BFPC) Program in July 2005 in our Ft. Defiance WIC clinic. The Ft. Defiance WIC clinic has a caseload of about 1400 clients per month (140 pregnant women; and 130 breastfeeding women). 376 pregnant and breastfeeding women have been counseled by a breastfeeding peer counselor since the start of the BFPC Program. A total of 979 peer counselor client contacts have been made (includes follow up contacts).

The two Ft. Defiance WIC Breastfeeding Peer Counselors (BFPCs) are supervised by the Breastfeeding Coordinator and the onsite WIC Nutritionist.

The Navajo WIC Nutrition Program is using “new” funds from USDA to fund and support our Breastfeeding Peer Counselor Program.

Before the BFPCs were hired, the Ft. Defiance WIC clinic staff Nutritionist, CPAs, and clerk were given a brief overview of the BFPC Program.

The “Loving Support” curriculum was used to train the BFPCs in July, August and September 2005. The training was completed in about 6 weeks. The Breastfeeding Coordinator, with assistance from the Ft. Defiance WIC Nutritionist and Nutrition Coordinator, was the trainer.

Because of clinic scheduling conflicts, and the urgency to get the BFPCs trained ASAP, the CPAs (Certified Professional Authority) were NOT included in the training. After the BFPCs were trained and began counseling, there was tension between the WIC clinic CPAs and the BFPCs. The BFPCs did not agree with the way the CPAs counseled breastfeeding women. There was confusion about the role of the BFPCs.

It became obvious that in order for the CPAs and the BFPCs to understand each other, the CPAs also needed the “Loving Support” training. The CPAs received the “Loving Support” training at the monthly inservice over a period of 6 months.

Lessons learned: Include all staff (Nutritionist, Nutrition Workers (CPAs), and clerk) at the BFPC training.

Include all staff in brainstorming/problem solving any scheduling or work flow issues.

Include all staff in breastfeeding updates. It is important that we are all on the same page.

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State and/or Local Agency: Pennsylvania Department of Health, Division of WIC

Topic Area: Training Peer Counselors

Project Description:

The PA Peer Counselor Program was implemented through several local agency sub-contractors. Peer Counselor Supervisors attended the training conducted by Loving Support with instructions to modify it to their specific needs. Training methods needed to remain flexible because each agency had unique circumstances. Some already had a peer counselor program in place; others were just starting. Some of the peer counselors hired were already employed as nutrition aides and had attended the State breastfeeding training. Time constraints were a significant barrier for all agencies making day-long training sessions unfeasible. Individual training methods are listed below according to local agency:

Community Health Services (New Program)

Orientation of WIC staff to peer counselors was informal and relational. After being informed of their role on a one-to-one basis, staff were introduced to the peer counselor assigned to their clinic who then spent several days with them watching certifications, anthropometrics, blood work, etc. This gave the counselors a better idea of how WIC operates as well as allowed relationships with staff to develop naturally. (In some clinics, the peer counselors were already WIC nutrition aides making orientation unnecessary.)

All of the peer counselors and the two supervisors attended the State Breastfeeding Training Part 1 and Part 2 which covered much of the same information contained in the Loving Support Curriculum. Since the State training included a variety of professional staff (hospital nurses, visiting nurses, WIC nutritionists), the counselors were made to feel a part of the team! The Peer Counselor WIC Supervisor then supplemented the State training with additional information in the Loving Support Manual on telephone counseling skills, skills checklist, etc. In addition, peer counselors have attended local presentations on Breastfeeding such as one sponsored by Warren General Hospital with Dr. Ruth Lawrence and a video broadcast, Breastfeeding Grand Rounds. All Peers were also provided with a rather extensive variety of reference books and materials for their use. Peer Counselors and the Supervisors are considered regular staff and, therefore, participate in full staff meetings, clinic meetings, receive routine

e-mails, employer information etc., and they have regular Peer Counselor meetings.

Maternal and Family Health Services (New Program)

A formal orientation of staff to peer counselors was unnecessary as staff were part of the hiring process. This gave them a vested interest in the program right from the start. The Peer Counselor Supervisor explained the program to staff at each clinic and how the program would help them do their job. They were asked to suggest names of women who were enthusiastic about breastfeeding and who they thought would make a good fit with staff. This helped foment a tremendous working relationship which continues.

The “Loving Support” curriculum was the framework for training. Because peers were scattered in various counties, bringing them together for group trainings was not always feasible. Some of the material was covered on an individual basis.

At the onset of the trainings, Peer Counselors were given manuals divided into sections containing job duties and responsibilities, sample work sheets and other materials. Each Counselor also received copies of The Breastfeeding Answer Book, Breastfeeding Conditions and Diseases and Herbal Medications. New videos included “*Follow Me Mum, The Key to Successful Breastfeeding*” and “*A Premie Needs His Mother*”.

All Peer Counselors receive updates via email or fax or web and attend bi-monthly meetings. During each meeting, peers are required to share and discuss at least one problematic area they’ve encountered and one favorable outcome with the group. What originally began as difficult share-time has developed into an energetic and educational part of the meeting. Peers learn from this exercise to be open-minded to the fact that there may be more than one way to solve the problem.

Family Health Council of Central PA (enhanced program)

Orientation was unnecessary as this agency already had a program in place which was expanded. The Peer Counselor Supervisor decided to use the *Loving Support* Training Curriculum to provide a formal two-day training for all peer counselors, serving as an update for some and to train the new hires. It was well received and the peer counselors liked the activities which had been initially presented by the training team in NJ. Training is ongoing.

Monthly “Keeping Abreast” notes address specific topics. Educational modules are in the development process.

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State and/or Local Agency: Texas Department of State Health Services

Topic Area: Training Peer Counselors

Loving Support Enhancements:

It might be a hospital visit, a home visit, or a person to call when the clinic is closed; more WIC mothers in Texas are receiving a wider variety of peer counselor services as a result of the new national model and additional funding. USDA's "Using Loving Support to Manage Peer Counselor Programs," energized and inspired Texas WIC local agencies. Agencies reported initiating or increasing the following services in FY2005: after hours phone counseling, hospital visits, home visits, and services in the clinics. The additional funding also allowed an increase in peer counselor salaries, additional continuing education, and purchase of phone equipment.

Program Description:

Since the Texas WIC Breastfeeding Peer Counselor Program began in April 1991, over 2,700 mothers have been trained to provide encouragement and support to other WIC mothers. Approximately 300 peer counselors work in 61 WIC local agencies and approximately 40 hospitals. In FY2005, they worked an average of 27,500 hours per month (170 full-time equivalents).

Using the Loving Support Training Materials:

The Loving Support through Peer Counseling Curriculum is easy to integrate with the Texas peer counselor training materials; they highlight the same topics and complement one another. Experienced peer counselor trainers enjoy using the new activities in the Loving Support Curriculum.

DSHS Peer Counselor Trainer Workshop:

DSHS offers the Peer Counselor Trainer Workshop to inspire and equip WIC directors and breastfeeding coordinators to make peer counseling a priority at their agencies. The two-day workshop is also open to WIC nutritionists, nurses, lactation consultants, La Leche League leaders, hospital nurses, parent educators, and others interested in developing a program and training peer counselors. Workshop topics include creating a new program, incorporating the new USDA guidelines to enhance existing programs, completing a budget request, and tips for recruiting, training, mentoring, employing, and supervising counselors. It also provides tools to advocate for the program with local agency management and staff. After completing the Peer Counselor Trainer Workshop, local agency

breastfeeding coordinators and/or lactation consultants train peer counselors at their agencies.

Training Tips:

- ◆ To insure consistency of information for clients, provide breastfeeding training and updates for WIC staff and community health providers.
- ◆ Train WIC staff on the goals of the Peer Counselor Program, the peer counselor's role, and how peer counselors will help them.
- ◆ Recruit and train more counselors than you think you need. It costs very little to train extra counselors. You will lose some to attrition; if you have trained extra, you won't have to train as often. Training more counselors builds a network of community support. Trained counselors continue to support other mothers, even if they are no longer working for WIC.
- ◆ Set a training date to work toward. It helps to have a goal.
- ◆ Use interactive teaching techniques. Have counselors role-play and build counseling skills, in a safe environment, during their training.
- ◆ Train counselors locally. Inviting local agency staff, experienced peer counselors, and local lactation consultants to help with the training will create a community bond.
- ◆ Train counselors to use information resources and reference books.
- ◆ Train counselors to make appropriate referrals.
- ◆ Educate peer counselors to make appropriate response to conflicting information clients may report receiving from other health care providers.
- ◆ Many peer counselor trainers say they feel the graduation ceremony is key to peer counselor retention. It can be used as a tool that educates peer counselors, clinic staff, health department staff, hospital staff and peer counselors' families about the importance of the peer counselor's role. Asking a local health department administrator to speak is a wonderful way to raise awareness of the importance of the program within your agency.
- ◆ Provide a variety of continuing education and mentoring opportunities to build on what counselors learn in their initial training.
- ◆ Enjoy yourself! Our peer counselor trainers say they get a wonderful feeling of achievement from training peer counselors!

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