

# Laying the Foundation: A Toolkit for Implementing a Successful Breastfeeding Peer Counselor Program

New York State WIC Breastfeeding Peer Counselor Program

2008



“Breastfeeding...It’s What We Do”



[breastfeedingpartners.org](http://breastfeedingpartners.org)

## PART 1. LAYING THE FOUNDATION FOR A SUCCESSFUL BREASTFEEDING PEER COUNSELOR PROGRAM

The New York State (NYS) WIC Program recognizes that peer counseling combined with WIC's ongoing breastfeeding promotion efforts has the potential to significantly impact breastfeeding rates among WIC participants and most significantly, increase harder-to-achieve breastfeeding duration rates.

Peer counseling programs are among the strategies that represent cost effective, individually-tailored, and culturally-competent ways to promote and support breastfeeding for women of varying socioeconomic backgrounds, especially where professional breastfeeding support is not widely available.

In 2003, the Food and Nutrition Services of the United States Department of Agriculture (USDA) entered into a cooperative agreement with Best Start Social Marketing to gather information from current WIC and non-WIC peer counseling programs. This helped obtain a clear understanding of the components necessary to sustain effective peer counseling programs, how to structure the program, and how to make them cost effective and manageable. From this research, the USDA designed a model program, *Loving Support through Peer Counseling*.

The model, *Loving Support through Peer Counseling*, is an evidence-based foundation for 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.

The NYS WIC Program has a long history with the breastfeeding peer counselor program. In 1993, NYS WIC program piloted the first breastfeeding peer counselor program. The purpose was to test the impact of peer counseling on the initiation and duration of breastfeeding. Results showed a higher incidence of breastfeeding at hospital discharge for mothers assigned a peer counselor. Those women were more likely to breastfeed for a longer time. In 2004, The NYS WIC Program received funding from the USDA to implement *Loving Support through Peer Counseling*. After pilot programs successfully adopted the program, NYS moved toward statewide implementation of funded programs in federal fiscal year 2009.

With the implementation of the new food packages, peer counselors will provide essential support for breastfeeding mothers, especially during the critical early weeks of infants' lives. The NYS WIC Program is committed to breastfeeding by establishing a peer counselor program as a program priority. This is a significant action since the peer counselor program and its impact on breastfeeding support and promotion will play a key role in food package choice by participants.

This toolkit will assist your agency in preparing, planning, and laying the foundation for a successful peer counselor program.

## COMPONENTS OF THE LOVING SUPPORT THROUGH PEER COUNSELING MODEL

### DEFINITION OF PEER COUNSELOR (PC):

A paraprofessional who is recruited and hired from the target population and available to WIC families outside usual clinic hours and outside the WIC clinic environment.

### ADEQUATE PROGRAM SUPPORT FROM STATE AND LOCAL MANAGEMENT

- Designated breastfeeding peer counseling coordinators.
- Defined job parameters and job descriptions for peer counselors.
- Adequate compensation and reimbursement of peer counselors.
- Training of appropriate peer counseling management and clinic staff.
- Establishment of standardized breastfeeding peer counseling program policies and procedures at the state and local level as part of the agency's nutrition education plan.
- Adequate supervision and monitoring of peer counselors.
- Establishment of community partnerships to enhance the effectiveness of a peer counselor program.



### ADEQUATE PROGRAM SUPPORT OF PEER COUNSELORS

- Adequate training and continuing education of peer counselors.
- 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 in-services as part of the WIC team.
- Opportunities to meet regularly with other peer counselors.

## ENHANCED PEER COUNSELING PILOT PROGRAM

New York State WIC Program funded 21 local agencies through the USDA's Loving Support Through Peer Counseling Grant. The Enhanced Peer Counseling Pilot Program was conducted from January to September 2005. During that period, over 300 peer counselors were trained and 3,613 WIC women were referred to peer counselors.

### OUTCOMES DURING THE PILOT PROGRAM (JANUARY THROUGH SEPTEMBER 2005)

- 84% of those women who received a peer counselor contact initiated breastfeeding.
- 85% of mothers stated that peer counselors were helpful with breastfeeding problems.
- 54% of those mothers stated that the contact with the peer counselor made a difference in their decision to breastfeed.
- 66% of the women who received services from a peer counselor plan to breastfeed beyond 6 months and 33% beyond 12 months.

The enhanced pilot program's outcomes were similar to the results found in previous pilot programs during 1993 and 1994.



Despite cultural, financial, socioeconomic and bureaucratic barriers encountered by pilot agencies, the pilot programs succeeded in every agency.

*Peer Counseling Works!*

### Agencies found:

- Improved enthusiasm among peer counselors and breastfeeding coordinators.
- Increased agency awareness and support of breastfeeding.
- Population groups were targeted for peer counselor support.
- Increased visibility in the agency and community.
- Peer counselors as a group were stable; there was a lower turnover rate.

Peer counselors made a positive difference in breastfeeding rates. Women who received services from a peer counselor initiated breastfeeding at a higher percentage than all the postpartum

women in the same agency. Women who received a peer counselor planned to breastfeed beyond the Healthy People 2010 goals for breastfeeding duration.

Peer counselors were able to assist mothers with the decision to initiate breastfeeding and overcome difficulties as they arose, freeing staff to concentrate on other issues such as nutrition or breastfeeding complications.

Breastfeeding coordinators report that as a result of this program, there is a greater awareness of breastfeeding in their agency.

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## Barriers to Implementation

- The short time frame to introduce a paid program to the agency's sponsoring administration and make necessary adjustments within its bureaucracy.
- Each sponsoring administration had its own internal policy requirements.
  - Some sponsor agencies required peer counselors be hired as staff which resulted in a portion of the funds paying fringe benefits and other mandatory employment requirements such as a high school diploma (translated into English).
  - Other agencies hired the peer counselors as consultants and discovered that their administrations would not pay for peer counselor training because the description of a consultant was an individual who had acquired the necessary skills and training for the job.
  - Agencies administered by county governments found that approval was required by the county legislature.
- Fiscal departments did not always view the peer counselor program as its first priority among other competing priorities. This required significant time and attention from some local WIC agencies to prevent delays in peer counselor pay. WIC local agency staff learned that working within the structure of their sponsoring administration was crucial, often requiring untiring determination and commitment.

## PLANNING FOR THE PEER COUNSELOR PROGRAM CHECKLIST

### PROGRAM PLANNING

- ✓ Learn more about Loving Support through Peer Counseling by visiting the [www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks). Read through the NYS WIC Peer Counselor Curriculum and visit [www.breastfeedingpartners.org](http://www.breastfeedingpartners.org).
- ✓ Identify target groups to reach.
- ✓ Identify potential sites.

### HOMEWORK

- ✓ Determine the needs in your community.
- ✓ Collect baseline data in identified sites.

### STRATEGY

- ✓ Identify and hire peer counselor program managers.
- ✓ Establish basic program policies.
- ✓ Develop referral protocols.
- ✓ Work with local agency regarding local clinic policies and program protocols.
- ✓ Work with sponsoring agency regarding payment process for peer counselors.

### PROGRAM DEVELOPMENT

- ✓ Get program forms prepared, approved and printed.
- ✓ Select and order materials and resources such as NYS Peer Counselor Curriculum and Handbooks.
- ✓ Arrange for training of program breastfeeding coordinators.
- ✓ Arrange for orientation training for local WIC staff.
- ✓ Identify potential trainers for peer counselors.

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## PROGRAM IMPLEMENTATION

- ✓ Conduct training of program supervisors and managers.
- ✓ Conduct orientation training for local clinic staff.
- ✓ Conduct program promotion with local organizations in the community.
- ✓ Begin recruiting potential peer counselors among WIC and community settings.
- ✓ Conduct interviews with prospective peer counselors.
- ✓ Hire selected peer counselors and get contracts/personnel forms routed through sponsoring agency administration.
- ✓ Arrange for and conduct training with all newly-hired peer counselors.
- ✓ Hold graduation ceremony for peer counselors.
- ✓ Introduce new peer counselors to WIC staff and community providers.
- ✓ Provide information about the program to families who participate in WIC.
- ✓ Arrange for supervisors to serve as mentors for newly-hired peer counselors.
- ✓ Hold monthly staff meetings for ongoing training and job guidance.

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## TRACKING AND EVALUATION

- ✓ Monitor program success through regular contacts with peer counselors.
- ✓ Review WICSIS reports.

## PART 2. THREE STEPS TO IMPLEMENTING A SUCCESSFUL BREASTFEEDING PEER COUNSELING PROGRAM

Implementing a peer counselor program can seem overwhelming at first but with some research and planning, the program will become your agency's most successful initiative.

Become familiar with peer counseling through these resources:

- ✓ NYS WIC Peer Counselor Curriculum
- ✓ The Loving Support Through Peer Counseling Curriculum
- ✓ [www.breastfeedingpartners.org](http://www.breastfeedingpartners.org)
- ✓ [www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks)
- ✓ [www.cdc.gov/breastfeeding/resources/guide.htm](http://www.cdc.gov/breastfeeding/resources/guide.htm)

Talk to your regional office and plan a visit to current successful and innovative programs within and outside of your region.



### STEP 1

#### START WITH A VISION

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#### SIMPLY ASK YOURSELF

What do you want to achieve?

How will your program look and operate?

Are there neighborhoods that have lower breastfeeding rates?

What is your community support?

Will the counselors work from home and/or the clinic?

Will they visit mothers in the hospital?

Will they speak the languages of mothers?

Where will the counselors sit and do their work?

How will they document or communicate their work?

Do they need liability insurance?

How will the sponsoring agency's policies impact the program?

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## TWO COMMON POLICES TO BE EXAMINED

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### CAN PEER COUNSELORS WORK FROM HOME?

- Will counselors work in the evening and/or on the weekend?
  - This is when mothers often need help.
- Are cell phones available to counselors?

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### WILL COUNSELORS BE ABLE TO BRING THEIR CHILDREN/INFANTS TO WORK?

- A peer counselor breastfeeding her child can be a powerful role model for mothers.
- It allows them to continue breastfeeding and work.
- Counselors can breastfeed their infants while sitting in the waiting room to answer questions about breastfeeding. Pregnant women may not have ever actually seen a woman breastfeed before.

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## START SMALL

Starting small also provides the opportunity to gain a quick success that can be positively and more easily replicated in other areas of your agency. Try piloting the program in one site (if you are multi-sites). Take the time to work out the policies and procedures with your staff and administration.

Although you may be inclined to start with the areas where breastfeeding is the lowest, you may find its best to start where breastfeeding is the highest. You will find more potential peer counselors from the pool of applicants and more breastfeeding resources such as supportive hospitals and lactation consultants.

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## STAFF BUY-IN IS IMPORTANT

The WIC local agency staff plays a critical role in the program's success. Their support creates a climate where counselors feel valued as members of the overall WIC team.

Each staff member should receive an orientation on the program, in which they will learn:

- Why the program is being implemented;
- What the role of staff may be in assuring success of the program;
- How to make a referral to a peer counselor;

- What a peer counselor does, what her limitations and scope of practice are;
- How the counselor will communicate with staff; and
- How documentation is important to the program.

Staff buy-in will minimize misunderstanding and build enthusiasm for the program.

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#### TAKE THE TIME TO EXPLAIN YOUR VISION

Explain the reason for the program and its importance. Involve staff in planning and listen to their concerns. Explain why the counselors work different hours, from home, and that they are peers not professional staff. The purpose for peer counselors is to be a peer with the population group served by WIC and that as peers they share similar issues such as financial strains, lack of job experience and job skills. Staff can act as role models, provide guidance, and help with development. They should know how the peer counselors will help them, and what they can and cannot do for staff. Without staff support, programs have greater difficulty thriving.

Peer counselors should also be educated about the WIC program so that they better understand the roles of each staff member and how the program functions.

Staff should view peer counselors as partners who complement and reinforce their work with WIC participants.

Equally important is your sponsoring agency. Meet with your administration and paint your vision clearly. There are many advantages to having a peer counselor program for the agency, such as prestige in the community, links with other organizations, the connection with a nationally-recognized intervention, and a successful WIC program. Agency failures often involve their sponsoring agency's lack of timeliness in the payment of the counselors. Explain the importance of timely pay for the counselors. Your administration will have some specific ideas on how to hire the counselors, as staff, consultants, or per diem. Involve them in this process early. This is a key step, which should not be shortcut.



## STEP 2

### PLAN THE BUDGET

There is a lot to consider when planning a budget for a peer counselor program. It is more than paying the counselors. The most important consideration is the direction from the sponsoring agency and internal policies. Success will depend on early conversations with administration and guidance from the State and Regional Office. Visit the WICWorks website for the Frequently-Asked Questions and read the first chapter in the NYS Peer Counselor Curriculum for assistance.

Peer counselor program costs include wages for peer counselors, travel reimbursement and time spent traveling to and attending training events and monthly meetings. Long-distance phone charges, cell phones, or pagers may be considered for counselors working beyond the clinic hours or outside of the clinic. Training materials, educational resources, conferences and computer internet access should be considered.

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### PAYING PEER COUNSELORS

Paying peer counselors is the key to a successful, sustainable program. The many advantages include:

- Attracting qualified candidates;
- Communicating the value and role of the position, both to the peer counselor, to her family, and to the local WIC staff;
- Gaining full dedication and commitment from the peer counselors;
- Improving retention of experienced peer counselors;
- Establishing the position within the agency's personnel system; and
- Legitimizing the role of peer counselors within the WIC breastfeeding program and system.

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### HOW MUCH TO PAY

Many programs pay the peer counselors the same general hourly part-time rate typical of other entry level position such as a WIC clerical position. This is often \$10 per hour or more. A career path will require more per hour or increases in salary for longevity or senior counselors. A peer counselor coordinator would require a pay rate higher as she would supervise other counselors.

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## HIRING AS SALARIED STAFF

The advantage to hiring peer counselors as staff is that they are officially recognized members of the WIC team and therefore are often entitled to the same raises and benefits programs as other employees. It can also provide liability coverage.

The disadvantages are gaining authorization for new positions, securing part-time positions, and the long lead-time needed to fill vacancies within your system. There may be little flexibility in hiring, termination or reassignment.

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## HIRING AS CONTRACT CONSULTANTS

Contractual counselors may provide flexibility of setting standards and program protocols, and allow the counselors to work more flexible part-time hours. Contractual counselors are paid based on the jobs they complete as opposed to being paid standard salaries, enabling the organization to expand staff to accommodate workload demands. It makes hiring and terminating counselors much easier and quicker, and affords better opportunities for shared partnerships with other organizations.

The disadvantage is that contract employees may not be eligible for benefits. There may be rules in place with your agency regarding consultants such as pay for training.

Some considerations for contract consultants include:

- Assigned duties within clear parameters of the job assignment;
- Documentation of performance;
- Frequent periodic performance appraisals and monitoring;
- Standard, regulated time-keeping systems; and
- Orientation for other employees and staff.

It is important to discuss these options with your administration as policies and preferences will vary between sponsoring agencies.

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## PREPARING THE BUDGET

Monies allocated to the program must support only the peer counselor program. Be familiar with the allowed costs and if clarification is needed contact the regional office. The funds are not to supplant WIC staff or be used in place of the regular breastfeeding funds. Additional WIC funds may be used for the program should the agency feel this is necessary. Guidance from the regional office is necessary.

After determining how much to pay the peer counselors, assess the amount of time needed to cover the agency's needs. How many hours peer counselors work will depend on the number of pregnant and breastfeeding mothers, number of sites, and other activities such as hospital visits. On average, agencies found that counselors work 10 hours per week. This does not take into account training or travel etc. If the counselors are staff, do not forget to take into account fringe benefits.

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## ALLOWABLE AND NON-ALLOWABLE COSTS

### ALLOWABLE COSTS:

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- Compensation for peer counselors and peer counselor coordinators/breastfeeding coordinators.
- Training of peer counselors.
- Telephone expenses for peer counselors to contact participants; this may include:
  - Cell phones
  - Prepaid telephone cards
  - Answering machines
- Travel expenses for home and hospital visits and training.
- Expenses incurred for the recruitment of peer counseling staff.
- Demonstration materials, e.g. breastfeeding aids for demonstration purposes, slings, videos for peer counselors to use.
- Printing costs for the production and distribution of materials to educate WIC participants about the peer counseling program.
- Breastfeeding resources for the peer counselor coordinator or supervisor if related directly to peer counseling (training manuals).

### NON-ALLOWABLE COSTS:

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- Items and materials for distribution to WIC participants:
  - Food
  - Gift baskets
  - Magnets
  - T-shirts

- Childcare.
- Education resources to promote breastfeeding (WIC funds should be used).
- Breastpumps (WIC funds should be used).



### STEP 3

#### RECRUIT, TRAIN AND LAUNCH

Once you have done your homework, prepared yourself, your staff and the sponsoring agency, you are ready to recruit, train peer counselors, and launch a peer counselor program. At this point, your breastfeeding coordinator should have attended the 40-hour lactation management course, been regularly attending the regional breastfeeding coordinator meetings, and identified potential peer counselors.

#### RECRUIT

When recruiting for peer counselors, look for some key characteristics:

- **Enthusiasm:** This is half the battle, the rest can be taught.
- **Communication skills:** Basic communication skills are needed such as answering questions clearly and articulately. She should not be afraid to speak up.
- **Prior breastfeeding experience:** A mother who has worked through problems may be ideal because she can relate to others experiencing difficulties.
- **Current or previous WIC participant:** She faces the similar struggles and can offer solutions given the unique hardships that they face.
- **Ethnic background:** Women from the same background are peers and share similar backgrounds.
- **Language:** Speaking the same language is vital.

Start looking for peer counselors within your agency such as mothers who have been successful breastfeeding mother among your participants. Ask staff for recommendations. Place a flyer or poster in the waiting room. Many agencies have a meeting or “Tea” for potential recruits. Explaining the program to mothers helps them decide if this is for them. If this fails to produce candidates, you may ask other agencies for help or look to community organizations with similar

goals. Once your program is up and running, you will have less recruitment difficulties due to peer counselor's role modeling. They are your best advertising.

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## TRAIN

Programs agree that solid training is a must. Peer counselors must be fully trained prior to making contacts with women. Often there are misconceptions, personal experiences, and myths that need to be corrected. Training allows them to:

- Gain confidence in their ability to answer questions;
- Provide appropriate and accurate information about breastfeeding;
- Learn important counseling skills to reach and relate to mothers; and
- Make appropriate referrals and know their limitations.

You must use the NYS Peer Counselor Curriculum during training. In the curriculum, you will find guidance on operating a program and the necessary information to teach. It is broken into topics and can be taught in any sequence. A NYS Peer Counselor Handbook which mirrors the curriculum is provided to the peer counselor. The counselor can take notes in the book, add pages to it, and use it as a resource during her career.

The website [www.breastfeedingpartners.org](http://www.breastfeedingpartners.org) was developed to supplement peer counselor training with additional information and resources. Each counselor should go into the site and obtain a password. The classrooms are topic-based with links and interactive quizzes. The counselor will receive a certificate after successfully completing each quiz. The site is full of advanced information and not all counselors may be ready to explore the site. The breastfeeding coordinator may find the site perfect when preparing and planning training. Videos can be found on the site to preview and blogs/bulletin boards for peer counselors to be in touch with each other.

The breastfeeding coordinator should teach the classes but often a community breastfeeding leader may be invited to attend and share ideas or a staff person in the agency may present their expertise. The class should be limited to peer counselors as you will want to build a rapport among the counselors.

Allow the counselors to attend regional breastfeeding coordinator meetings, local conferences, and regional trainings. Counselors and staff rely on these events to stay motivated and excited about their work.

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## LAUNCH

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### LET YOUR WIC PARTICIPANTS KNOW ABOUT THE PROGRAM

- What it is.
- What a peer counselor can do for them.
- Who the peer counselors are.

Create some excitement about the program, chances are others have heard about peer counselors and are happy to have the program in their area.



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### LET YOUR COMMUNITY, AREA PHYSICIANS, HOSPITALS, BREASTFEEDING COALITIONS, AND COMMUNITY ORGANIZATIONS KNOW ABOUT THE PROGRAM

- Attend breastfeeding coalition meetings.
- Mail out information to community health care providers.
- Allow peer counselors to attend community meetings and conferences.
- Soon the entire community will be buzzing about the peer counselor program due to your grass-roots and word-of-mouth efforts.

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### BECOME FAMILIAR WITH THE REPORTS AVAILABLE FROM WICSIS

Learn to use the Breastfeeding Prenatal List and Breastfeeding Infant List to better organize and identify problems. The Initiation, Duration, and Status reports can help establish baseline data and record the peer counselor's impact on breastfeeding rates. In order for the reports to be useful, the information recorded in WICSIS must be accurate. Do an audit of the responses to WICSIS questions such as "Do you want a peer counselor?" Ensure that staff know the importance of the questions and how the answers will assist the program.

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## CONGRATULATIONS

Laying a solid foundation early in the planning stages of the program will secure a successful future. As your program develops and matures, you will need to be flexible and open to change. You may find that the program requires much more work than you expected yet reaps rewards much greater than you imagined.

You will soon discover that the program is a key emblem of your agency's success.

Congratulations on joining the ever growing number of agencies with peer counselor programs; you will find this is the most successful and rewarding initiative you have implemented.



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