

# Community Health Center Assessment:

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**1. Is the facility a Grant-Supported Federally Qualified Health Center?**

- Yes
- No

**2. Is the facility a Comprehensive Perinatal Services Program (CPSP) provider?**

- Yes
- No

**3. Number of employees at your facility?**

**4. On average, how many prenatal women does your facility see each month?**

- Less than 50
- 50-99
- 100-149
- 150-199
- 200 and up

**5. On average, how many post-partum women does your facility see month?**

- Less than 50
- 50-99
- 100-149
- 150-199
- 200 and up

**6. Does your facility have an infant feeding policy?**

- Yes
- No

**7. If yes, is the infant feeding policy displayed in areas that serve mothers, babies, and young children?**

- Yes
- No

**8. Does your facility have a workplace lactation accommodation policy?**

- Yes
- No

**9. If your facility employs any of the following positions that provide direct services to families, please check and provide the number of full-time employees per position (if applicable)**

- Certified Lactation Educators (CLEs)/Counselors (CLCs): \_\_\_\_\_
- International Board Certified Lactation Consultants (IBCLCs): \_\_\_\_\_
- Breastfeeding Peer Counselors: \_\_\_\_\_

**10. Does your facility offer any of the following breastfeeding services, programs or educational materials? (Check all that apply.)**

- Breast pump loan program
- Breastfeeding clinic
- Breastfeeding counseling
- Breastfeeding warm line
- Comprehensive Perinatal Services Program (CPSP) education
- Evening breastfeeding support
- Weekend and holiday breastfeeding support
- Home visitation
- Non-WIC breastfeeding education materials
- Public health nursing services
- Referrals to other breastfeeding services
- WIC breastfeeding education materials
- None of the above
- Other
- If Other, please specify: \_\_\_\_\_

**11. Does your facility require the majority of their staff members to obtain breastfeeding training?**

- Yes
- No

If yes, please describe the type of training and number of required hours: \_\_\_\_\_

**12. Does your facility currently provide any of the following? (Check all that apply.)**

- Free formula samples or coupons to prenatal women
- Free formula samples or coupons to post-partum women
- This facility does not provide free formula samples or coupons to anyone

**13. What women's clinical services are you currently offering?**

**14. Have you identified opportunities for community collaboration and referrals for breastfeeding and lactation services (e.g. local hospitals, breastfeeding coalitions, WIC, Regional Perinatal Programs of California (RPPCs))?**

**Administration and Data Collection**

**15. Are you familiar with billing codes and payment sources available for breastfeeding and lactation?**

- Yes
- No

If yes, what are your expected reimbursement rates? : \_\_\_\_\_

What are your actual reimbursement rates? : \_\_\_\_\_

**16. What expected expenditures, investments and revenue do you foresee related to breastfeeding/lactation services?**

**17. If available, would you be interested in billing assistance to improve financial sustainability related to breastfeeding services?**

- Yes
- No

**18. Does your facility collect information related to breastfeeding through the use of any of the following?**

- Patient Surveys
- Chart audits
- Other – please specify: \_\_\_\_\_
- We do not collect information related to breastfeeding

**19. If breastfeeding information is collected, do you use the information to track breastfeeding among your patients?**

- Yes
- No

**20. Does your facility have an Electronic Health Record (EHR) System?**

- Yes
- No

**21. If your facility does have an EHR System, is breastfeeding data being entered into the EHR?**

- Yes
- No

If yes, is the data entered into the notes filed or a separate specific field? \_\_\_\_\_?

**Additional Comments:**

