

Nutrition Assistance Program Report Series
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Special Nutrition Programs

Report No. WIC-10-BPC



**WIC Breastfeeding Peer Counseling Study
Final Implementation Report**

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June 2010
Special Nutrition Programs
Report No. WIC-10-BPC

WIC Breastfeeding Peer Counseling Study

Final Implementation Report

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Executive Summary

In September 2006, the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA) awarded a contract to Abt Associates Inc. to study the *Loving Support* Peer Counseling Program, an initiative designed to increase breastfeeding initiation and duration rates for WIC participants, as well as to increase community support for WIC participants who breastfeed.

This Final Implementation Report summarizes information collected from States, ITOs and Territories as well as from 40 Local WIC Agencies (LWAs). States, ITOs and Territories (here-after referred to as States and ITOTs) responded to a web-based survey in fall 2008 on how they implement peer counseling programs using the *Loving Support* model. In addition, in the spring of 2009, research staff made site visits to a representative sample of 40 LWAs implementing *Loving Support* Peer Counseling. The data were collected prior to the passage of the FY2010 Agriculture Appropriations, which increased funding to the *Loving Support* Peer Counseling Program from \$15 million to \$80 million annually.¹ This report describes the following:

- Use of *Loving Support* Peer Counseling funding at the State and ITOT level;
- General characteristics of local WIC Agencies (LWAs) implementing the *Loving Support* Peer Counseling Program;
- The nature of local program operations in the 40 LWAs operating the *Loving Support* Peer Counseling Program; and
- Detailed information on *Loving Support Peer Counseling* as implemented in 5 of the 40 LWAs.

Background

Breastfeeding promotion and support is a central tenet of the WIC Program. The *Loving Support* Peer Counseling Program grew out of work that began in the late 1990s as part of the WIC National Breastfeeding Promotion Project. Best Start Social Marketing began working with FNS in 1997 to develop a coordinated effort, called *Loving Support Makes Breastfeeding Work*, to provide breastfeeding support to the WIC community using social marketing techniques (mass media, participant education materials) and staff training. A follow-up effort in 2002, called *Using Loving Support to Build a Breastfeeding-Friendly Community*, provided training and technical assistance to selected WIC State Agencies to build State-specific breastfeeding promotion programs. WIC staff in each State worked to identify and address State-specific barriers to breastfeeding in an implementation plan for their State. The goal of this effort was to raise public awareness, acceptance and support of breastfeeding using social marketing techniques.

In 2004, FNS launched a national peer counseling initiative developed specifically for WIC: *Using Loving Support to Implement Best Practices in Peer Counseling*. The model provides a framework for State and LWAs either to develop new or enhance existing peer counseling programs. Since 2004, FNS has allocated funding to States and ITOTs via non-competitive, two-year grants. To date, the

¹ Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010. Public Law 111-80, 111th Congress.

Loving Support Peer Counseling model has been adopted by 51 States and the District of Columbia and 34 ITOTs.

To receive the funds, each participating State and ITOT agrees to implement a peer counseling program based on the *Loving Support* model. States and ITOTs with pre-existing peer counseling programs agree to use the funds either to expand or enhance current programs to meet the requirements of the *Loving Support* model. State WIC agencies accepting peer counseling funds also agree to adhere to certain reporting requirements. Unlike other program models, the guidelines for implementing *Loving Support* are fairly broad and allow States and ITOTs flexibility in determining how to implement the program so that it meets unique local needs.

Findings

State Efforts to Support Breastfeeding

In addition to providing information about their *Loving Support* Peer Counseling Program, States and ITOTs were asked to report more broadly about whether they used any of eight categories of activities to promote breastfeeding targeted to WIC participants. These include the following:

- Lending equipment (e.g., breastpumps);
- Conducting breastfeeding promotion and training for WIC staff;
- Supporting media campaigns and educational materials (e.g., television ads, posters, brochures);
- Supporting other counseling in addition the *Loving Support* Peer Counseling Program;
- Sponsoring classes or support group meetings for WIC participants;
- Making lactation consultants available to WIC participants;
- Sponsoring certified lactation counseling training (or other similar certification training); and
- Supporting a telephone hotline or warmline (i.e., a number that is not staffed around the clock) to answer questions and address concerns about breastfeeding.

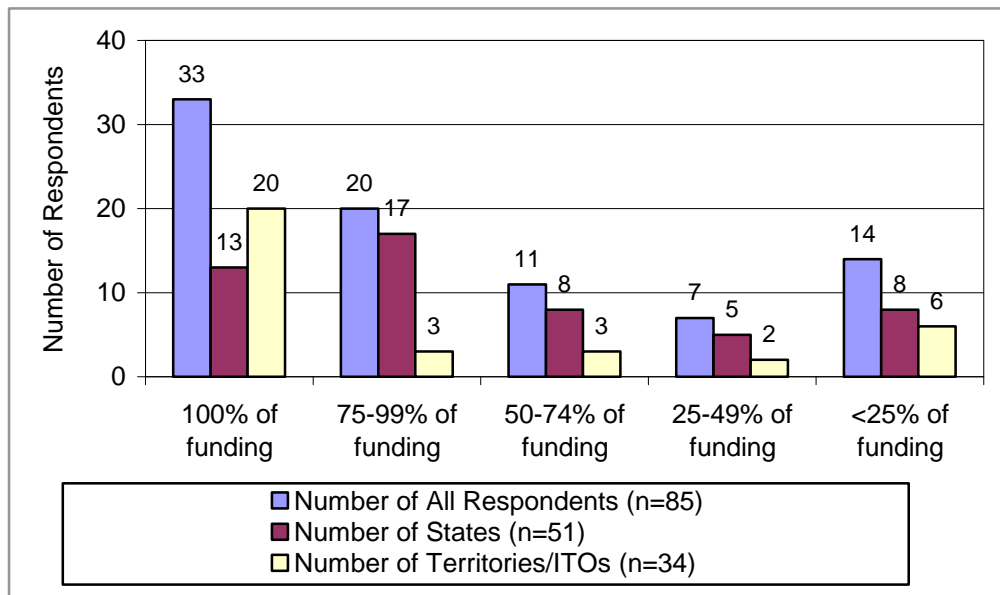
Their responses are consistent with the WIC Program's promotion of breastfeeding. For five of the eight activities, half or more of States and ITOTs reported their direct involvement. For instance, 93% of States and ITOTs reported that they supported efforts to provide equipment such as breast pumps to WIC participants, and 92% indicated that WIC staff other than *Loving Support* peer counselors received breastfeeding promotion training. More than 80% also reported media campaigns and/or educational materials.

Less frequently reported activities included supporting the local provision of counseling other than *Loving Support* Peer Counseling and classes or group meetings for WIC participants, with 50% of all respondents reporting that they supported these types of activities. Forty-nine percent of respondents also reported supporting efforts to make lactation consultants available to WIC participants. Only 18% of respondents indicated that the State supported a telephone information line for WIC participants to get answers to questions about breastfeeding.

State Decisions About Funding for the *Loving Support Peer Counseling Program*

In FFY 2007, FNS distributed \$15 million for the *Loving Support Peer Counseling Program* to the States and ITOTs.² For the study, States and ITOTs were asked to estimate the percent of funding for the *Loving Support Peer Counseling Program* that came from that grant. While 33 of the 85 respondents (13 States and 20 ITOTs) reported that 100% of the funding came from the FNS grant, a substantial proportion of respondents also indicated that there were other major sources of funding for the peer counseling program. Twenty-one respondents indicated that the FNS grant paid for less than half of the implementation costs for the *Loving Support Peer Counseling Program*.³ (See Exhibit E.1.)

Exhibit E.1: Proportion of Funding for *Loving Support Peer Counseling Program* Coming From FNS Grant, as Reported by State and ITOT Staff, FFY 2007



Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

States were asked which strategies they used when deciding how to use the FNS *Loving Support Peer Counseling* grants, and their answers reflect their diverse strategies. Fifty-nine percent indicated that they focused grant funds on a small number of LWAs, rather than trying to make funding available to all LWAs. Conversely, 27% indicated that they tried to distribute the grant funding to as many sites as possible, rather than concentrating funding on relatively few sites. Thirty-three percent indicated that they focused the grants on sites that were beginning peer counseling programs and 24% said they used the funds to enhance existing peer counseling programs. In addition, slightly more than half (55%) indicated that they spent funds at the State level for program direction, training, reporting, and activities. (See Exhibit E.2.)

² Please note that annual appropriations were increased to \$80 million in FY2010.

³ States and ITOTs also were asked to report on the total amount of funding from the NSA grant that was used for the *Loving Support Peer Counseling Program* but did not report this information consistently.

Exhibit E.2: State Strategies for Distributing the FNS *Loving Support* Grant Funds, FY 2008 (n=51)

Strategy	Number	Percent
Focus the grant funds on a small number of sites, rather than trying to make funding available to all sites	30	59%
Use some grant funds at the State level	28	55%
Focus the grant funds on sites that were beginning peer counseling programs	17	33%
Distribute the grant funds to as many sites as possible rather than concentrating funding on relatively few sites	14	27%
Focus the grant funds on sites that were enhancing existing peer counseling programs	12	24%
Other	6	12%

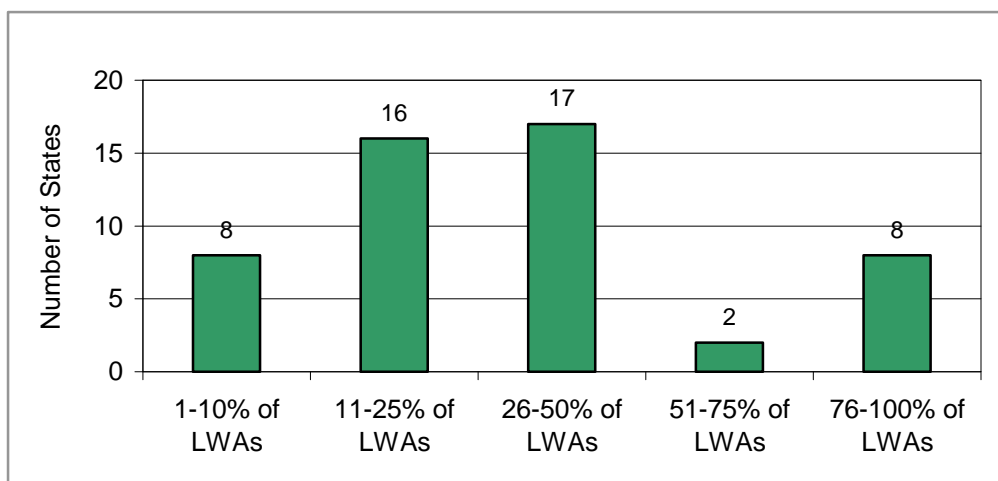
Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

States also provided information about the specific LWAs in their States where WIC participants were offered the *Loving Support* Peer Counseling Program, either because the LWA was operating the program directly or because another organization was providing peer counseling services to the LWA’s WIC participants. They were asked to indicate whether the program was funded by the FNS grant and/or by other sources. The information they provided is consistent with their responses to the questions. Exhibit E.3 shows the percent of LWAs in States that operated the *Loving Support* Peer Counseling Program, funded at least in part by the FNS grant. Eight States directed the funding to 10% or fewer of their LWAs. At the other extreme, 8 States provided FNS funds to 76% or more of their LWAs.

Exhibit E.3: Percent of LWAs in Each State with FNS-Funded *Loving Support* Peer Counseling Program, by State, FY 2008 (n=51)



Note: In 2008, FNS provided \$13,476,000 to 50 States and the District of Columbia. The States reported allocating grant funding 475 out of a total of 1,810 Local WIC Agencies.

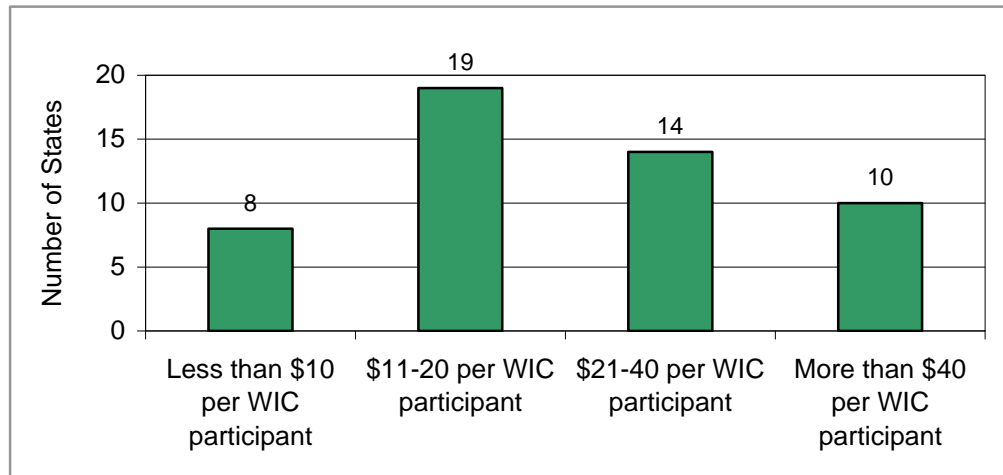
Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

For the WIC Program and Participants Characteristics (WIC PC) report, States report from April of 2008, or for an average month, the number and characteristics of WIC participants served by each LWA.⁴ Using these data, we used WIC PC census files to calculate State-level estimates of pregnant WIC participants, as reported for WIC PC 2008, served by agencies that received the FNS grant. This calculation is meant to adjust for LWA size. In actuality, these agencies may be providing peer counseling to all participants or only a proportion of them, depending upon how their program is structured.

Using data on the FNS *Loving Support* Peer Counseling grant amounts from 2008 and the WIC PC 2008 data on pregnant WIC participants as described in the paragraph above, we developed a State-level estimate of the grant amount per pregnant WIC participant, as reported in WIC PC 2008, served by LWAs receiving the FNS grant funding. This amount ranged from \$5.35 per pregnant WIC participant to \$117.32, with an average amount of \$26.69 per pregnant WIC participant. As shown in Exhibit E.4, in eight of the States, the FNS grant amount per pregnant WIC participant was less than \$10; in ten of the States, the amount exceeded \$40 per pregnant participant.⁵

Exhibit E.4: Amount of Funding per Pregnant WIC Participants Served by LWAs Receiving FNS funding, by State, FFY 2007 (n=51)



Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

State Policy Guidance for LWAs on *Loving Support* Peer Counseling

States and ITOTs provide extensive guidance to local WIC agencies about how *Loving Support* Peer Counseling should be implemented. Over 90% of States and ITOTs indicate that they provided written guidance on the qualifications of peer counselors, their job activities, the ways in which the

⁴ U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, WIC Participant and Program Characteristics 2008, WIC-08-PC, by Patty Connor, Susan Bartlett, Michele Mendelson, Katherine Condon, James Sutcliffe, et al. Project Officer, Fred Lesnett. Alexandria, VA: January 2010. <http://www.fns.usda.gov/ora/menu/Published/WIC/FILES/pc2008.pdf>

⁵ The total FNS grant amount in 2008 was \$15 million and was allocated to State/ITOT grantees according to the size of their WIC populations.

sessions were documented, and the types of contact (e.g., in-person, over the telephone) that peer counselors have with WIC participants. In addition, 88% provided guidance about how peer counselors should be supervised and 85% about the nature of training and support that peer counselors should receive.

Most States and ITOTs also provided guidance about the timing of peer counselors' contact with program participants. Eighty-six percent of respondents gave guidance about when peer counselors must first contact participants, and/or about the frequency of contact between peer counselors and participants.

Similarly high percentages of respondents provided local WIC agencies with guidance about where and when peer counseling should occur. Eighty-six percent of respondents provided guidance about the settings at which peer counseling services are provided to participants and 85% provided guidance about the extent to which peer counselors should be accessible outside of standard WIC clinic hours.

States and ITOTs provided less written guidance about the number of WIC participants that peer counselors may serve and the maximum amount of time individuals may receive peer counseling. Less than half of respondents (44%) provided guidance to local WIC agencies on the size of peer counselors' caseloads; and less than a third (31%) provided guidance regarding the maximum amount of time individuals can receive peer counseling. Finally, over half of States (59%) provided some guidance about community partnerships related to the *Loving Support* Peer Counseling Program that local WIC agencies must establish.

LWAs Operating *Loving Support* Peer Counseling Program

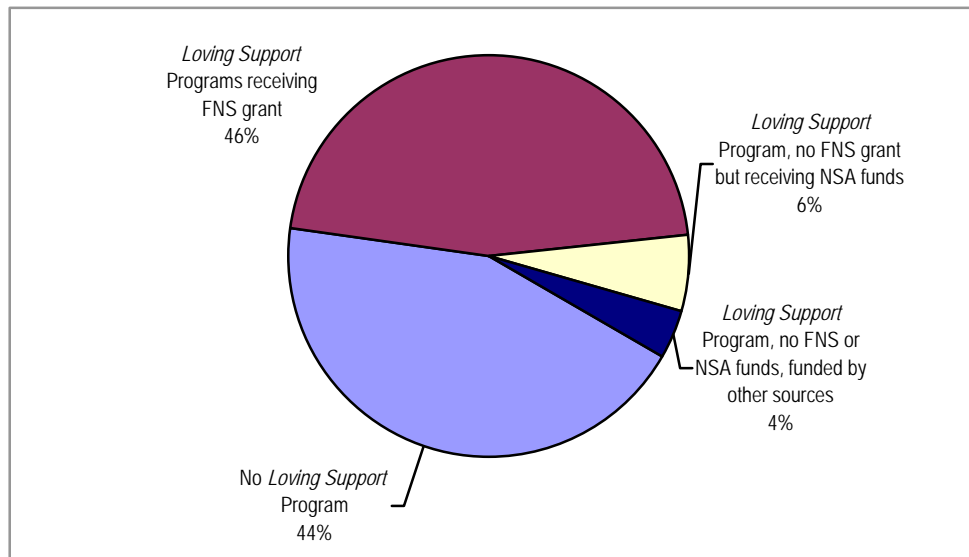
WIC services are offered by 1,810 local WIC agencies (LWAs) in the 50 States and the District of Columbia.⁶ As part of the web-based survey, States were asked to indicate which of their LWAs were operating *Loving Support* Peer Counseling Programs⁷ and to specify the funding sources. As of that time, 475 of the LWAs, approximately one-quarter of the total of those located in States, received funding from the FNS *Loving Support* Peer Counseling grant, in some instances augmenting it with NSA and/or other funds. States also indicated that an additional 152 LWAs operated *Loving Support* Peer Counseling Programs without the assistance of the FNS grant. Most of these LWAs received NSA funds or other State assistance for their programs. In all, one-third of the LWAs in States (627) offered the *Loving Support* Peer Counseling Program.

The LWAs that offered *Loving Support* Peer Counseling Programs served well over half of pregnant WIC participants, as reported in WIC PC 2008 (Exhibit E.5). About 46% of participants were served by LWAs receiving FNS grants for *Loving Support* Peer Counseling Programs, and another 10% of participants were in LWAs supported by other funding.

⁶ Source: Special tabulations of WIC PC 2008 Census Files. WIC services are also offered in 34 Territories and ITOs and are not included in this specific analysis.

⁷ Several States have used organizations that are not LWAs to implement the *Loving Support* Peer Counseling Program. When referring to sites "operating" *Loving Support* Peer Counseling Programs, we include both to those LWAs directly operating the program and those LWAs where WIC participants are being offered a *Loving Support* Peer Counseling Program implemented by another entity, such a community service organization.

Exhibit E.5: WIC Participants Served By LWAs in States Implementing the *Loving Support* Peer Counseling Program, FY 2008



Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

It should be noted that peer counseling services are not necessarily available to all pregnant WIC participants served by the LWAs with such programs. Interviews with LWAs indicated that some limited the program to only some of their service delivery sites, while others targeted the program to specific participants (e.g., first-time mothers).

LWAs that received funding from the FNS grant were generally representative of WIC throughout the 50 States and the District of Columbia. The broader group of LWAs operating *Loving Support* Peer Counseling, regardless of funding source, also closely resembled US WIC. The profiles were qualitatively similar for nearly all the measures examined, with a single important exception: FNS *Loving Support* grants were substantially more likely to be received by large than by small local WIC agencies, as measured by the number of pregnant women served. In addition, agencies receiving FNS grants for *Loving Support* Peer Counseling Programs served a somewhat higher proportion of Hispanic women.

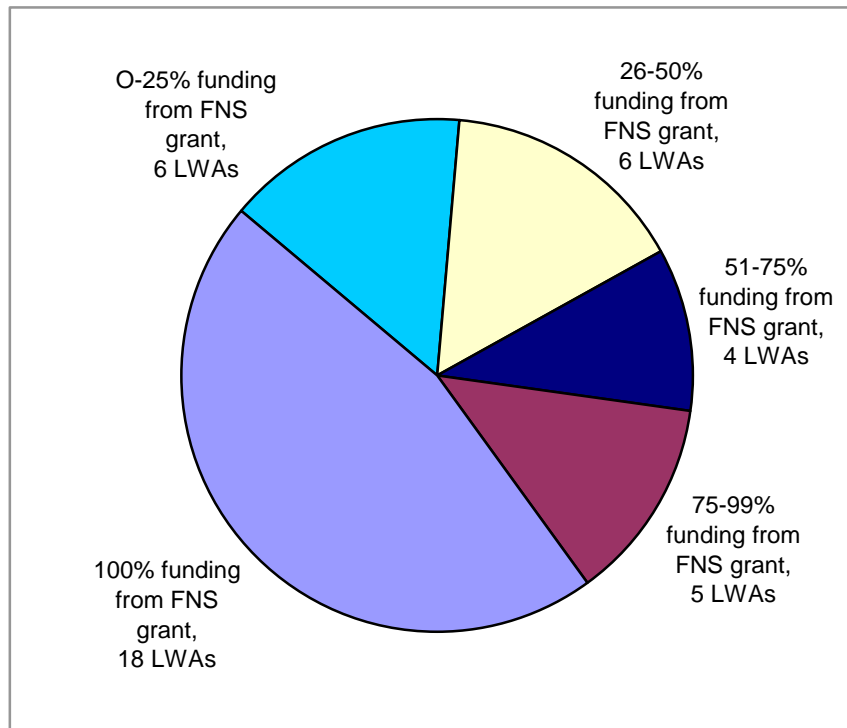
Funding and Structure of Local *Loving Support* Peer Counseling Programs

The 40 LWAs where site visits were conducted were selected proportional to size and by Census Region. Sixty-eight percent of the sample are relatively large, 28% are of medium size and 5% are considered as small.⁸ Most of them had more than one clinic or “service delivery site,” and most offered *Loving Support* Peer Counseling to WIC participants at all of their sites using a uniform model and the same supervisory staff.

⁸ “Large” is defined as more than 389 pregnant WIC participants served in April 2008; “medium” as 116 to 389 pregnant participants; and “small” as 115 or fewer pregnant participants.

In addition to gathering information from States and ITOTs about funding, we also collected similar data from the sample of 40 LWAs. Eighteen of the 39 LWAs that could provide budget details indicated that the FNS grant was the sole funding source for the program. The remaining LWAs were evenly distributed in terms of the proportion of funding from the peer counseling program that came from the FNS grant with five LWAs reporting that 76% or more of the funding came from the grant and six LWAs reporting that 25% or less of the funding from the grant. (See Exhibit E.6.)

Exhibit E.6: Proportion of Funding for Peer Counseling From the FNS *Loving Support* Peer Counseling Grant, by Number of LWAs, FY 2009 (n=39)



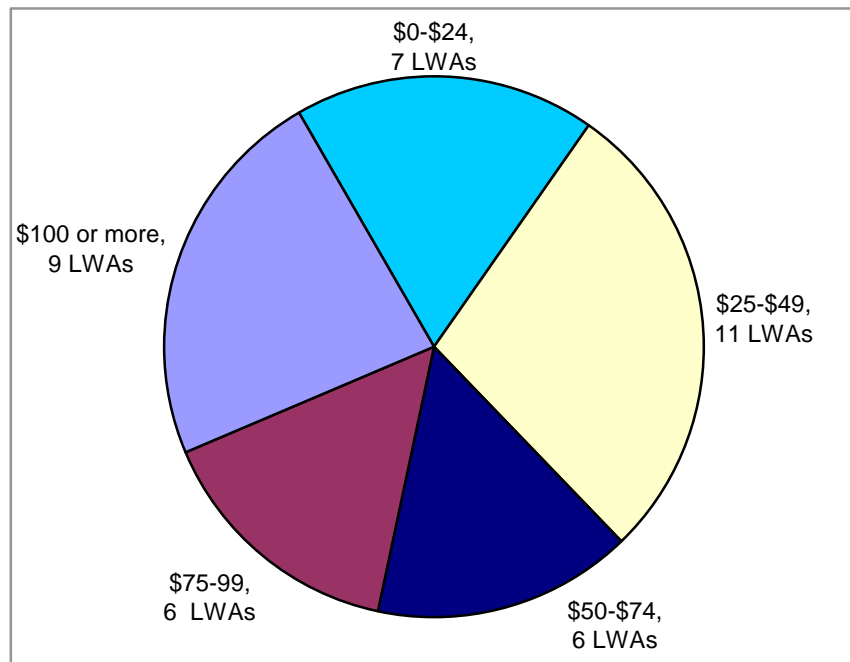
Missing responses: 1 LWA.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Funding to augment the *Loving Support* FNS grant came from several sources. Of the 21 LWAs that said the grant was not their only source of funding for peer counseling, 11 LWAs reported that additional funds came from the NSA grant; 6 said that funding came from State sources and 7 said that resources also came from non-State, non-WIC sources. Funding from the latter category most frequently came from States' SNAP Education Funds (SNAP-Ed).

When considering the total funding from all sources, including the FNS grant, for the 39 LWAs that could provide the information, total funding ranged from \$14,000 to \$265,000 with a median amount of \$41,000. When grant amounts are adjusted by agency size, the expenditures per WIC participant varied greatly with 7 LWAs spending less than \$25 per WIC participant and 15 LWAs spending more than \$75 per participant. (See Exhibit E.7.)

Exhibit E.7: Amount of Funding Per Pregnant WIC Participant, All Sources, by Number of LWAs, FY 2009 (n=39)



Missing responses: 1 LWA.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form; special tabulations using WIC PC 2008 Census Files.

Fifteen of the 40 LWAs in the sample employ one or two peer counselors; the rest employ three or more. Six of the 40 LWAs employ seven or more peer counselors. At over half of the 40 LWAs peer counselors work at multiple service delivery sites. Most work half time or less: the majority of peer counselors (52%) who provide services in the 40 LWAs work between 10 and 20 hours per week, and 16% work fewer than 10 hours per week. Only 13% work 31 hours per week or more. The 40 LWAs reported that all peer counselors received training as required by the *Loving Support Peer Counseling* model.

Another of the requirements of the *Loving Support Peer Counseling* Program is that peer counselors be paid. The 40 LWAs reported that the average wage range for peer counselors is from \$10.20 per hour to \$11.75 per hour. For nearly two-thirds of the 40 LWAs (63%), this amount is roughly equivalent to other entry-level staff at the agency.

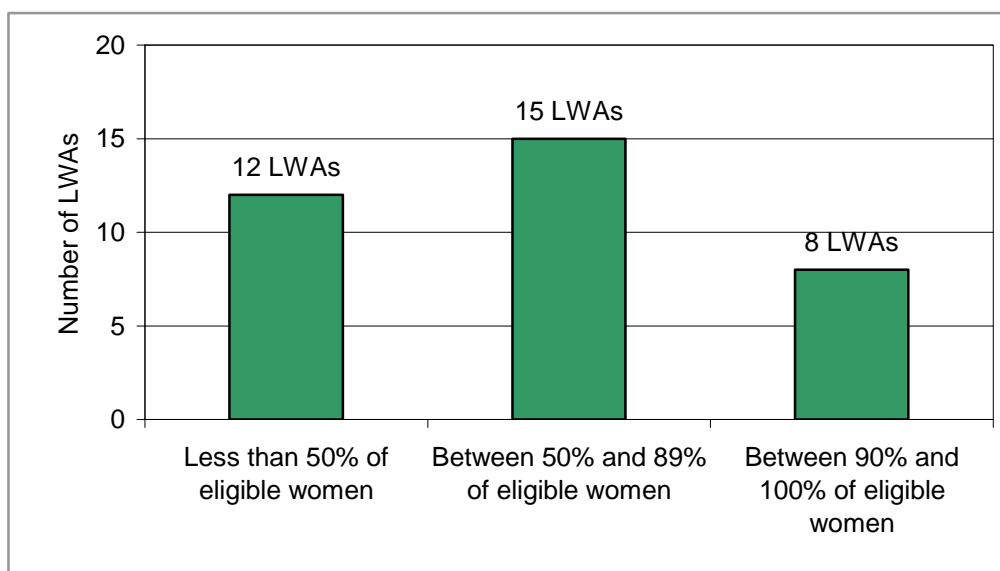
All of the 40 LWAs provide peer counselors with compensation for work-related expenses. In addition, most LWAs (88% or 35 LWAs) also provide peer counselors with some kind of non-wage compensation. Fifteen of the 40 LWAs that offer benefits provide peer counselors with paid leave (for holidays, sick time, etc.), 11 provide health insurance and 10 LWAs provide other benefits, including disability and/or life insurance.

Providing Peer Counseling Services

Staff from 37 of the 40 the LWAs report that they offer peer counseling to all pregnant and post-partum WIC participants. The few LWAs in the sample that do not offer services to all WIC participants said that the reason was limited peer counselor time.

Despite the fact that the vast majority of the 40 LWAs said that they did not have eligibility requirements for peer counseling participation other than to be pregnant or post-partum and breastfeeding, the percentage of women that actually receive services varies tremendously among the LWAs. As Exhibit E.8 shows, staff from 12 LWAs reported that fewer than half of the women targeted for services actually take them up. On the other end of the spectrum, eight LWAs estimate that 90-100% of WIC participants targeted for services actually have contact with a peer counselor. (Five LWAs were unable to provide estimates.) This discrepancy can occur for a variety of reasons. At some LWAs, although all women are eligible for services, one group is specifically targeted, such as women who express an interest in breastfeeding and who also indicate that they would like to have a peer counselor. In other cases, all potentially eligible women receive a letter and a follow-up call inviting them to participate in the program, but some choose not to respond.

Exhibit E.8: Percentage of Women Who Take Up *Loving Support* Peer Counseling, FY 2009 (n=35)

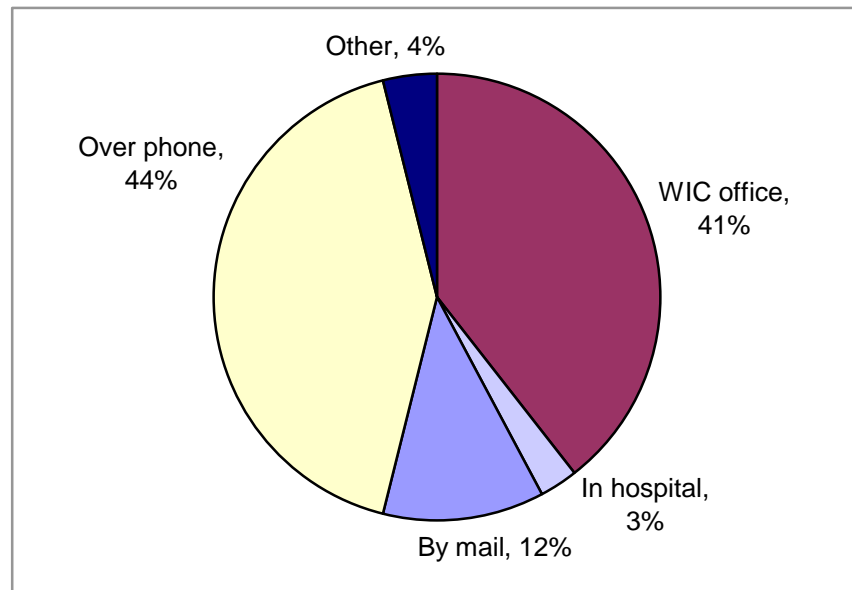


Missing responses: 5 LWAs.

Source: 2009 Interviews with Local WIC Agency Staff.

Contact between WIC participants and peer counselors can occur in a variety of ways. As Exhibit E.9 shows, overall, for the 36 LWAs that provided information, although more contact occurs over the telephone (44% of contacts), a nearly equal percentage of contacts also occur in the WIC office (41% of contacts). Some, but not all of the 36 LWAs include letters to WIC participants in their definition of “contacts” and 12% of contact occurs by mail. Less than 5% of contacts occur in hospitals (3%) or other locations (4%), such as the WIC participants’ homes.

Exhibit E.9: Location of Contacts between WIC Participants and Peer Counselors, FY 2009 (n=36)



Missing responses: 4 LWAs.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

During peer counseling sessions, peer counselors talk with WIC participants about a range of issues. Content is not standardized in 70% of the 40 LWAs. Despite this fact, many LWAs noted that peer counselors are encouraged to bring up particular topics during specific stages of pregnancy or months post-partum.

Local Collaborations

Staff from 30 of the 40 LWAs in the sample said that they work in close collaboration with local hospitals or community-based organizations on the *Loving Support* Peer Counseling Program. Two LWAs indicated a minimal collaboration and eight LWAs indicated no collaboration at all with any outside organizations.

Even though peer counselors do not often visit WIC participants when they are in the hospital, more than half of the 40 LWAs in the sample (60%) had collaborations with hospitals. The types of activities with hospitals included referring WIC participants to hospital staff (or hospital staff referring new mothers to WIC), joint training, and/or providing WIC participants or peer counselors with access to a hospital's lactation consultants. In addition, 11 of the 40 LWAs collaborate with local breastfeeding awareness groups. Seven described collaborations with programs that serve economically disadvantaged mothers, and six collaborate with local public health departments. (See Exhibit E.10.)

Exhibit E.10: Type of Organizations With Which LWAs Collaborate on the *Loving Support Peer Counseling Program*, FY 2009 (n=40)

	Number	Percent
No or minimal collaborations with any type of organization	10	25%
Hospitals	24	60%
Local breastfeeding awareness groups	11	28%
Programs for disadvantaged mothers	7	18%
Local public health departments	6	15%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Breastfeeding Outcome Data Collected

States, ITOS, and LWAs were asked whether they collect information about breastfeeding initiation, duration, and exclusivity. In addition, States and ITOTs also were asked whether they collected data on women breastfeeding at hospital discharge. Not surprisingly given FNS requirements, all but one of the 85 States and ITOTs indicated that they collect data about breastfeeding initiation⁹ as well as 37 of the 40 LWAs. Seventy-two percent of the 85 States and ITOTs and 78% of the 40 LWAs said they collect information about duration. The least-frequently collected information is an indication of whether WIC participants are breastfeeding at hospital discharge. Slightly over one quarter of the 85 States and ITOTs (26%) collect data about whether new mothers are breastfeeding at hospital discharge.

The 85 States and ITOTs were asked to rate the accuracy of the data that they collected for these breastfeeding outcomes as well as all 40 LWAs.¹⁰ Two-thirds of the 84 States and ITOTs that collect data on initiation (67%) and 81% of the 40 LWAs indicated that they believed that the breastfeeding initiation rate was somewhat or very accurate. Fifty-three percent of the 61 States and ITOTs and 61% of the 40 LWAs indicated that they believed that the exclusivity rate was similarly accurate. All were somewhat less assured of the accuracy of the data for breastfeeding duration; only 38% of the 82 States and ITOTs that said they collected duration information and 35% of the 40 LWAs believed that the data on breastfeeding duration was somewhat or very accurate.

If a State or ITOT collected information on a breastfeeding outcome, it tended to do so for all WIC participants. Rarely, however, was it possible for an indicator to be calculated specifically for *Loving Support Peer Counseling* participants. Twenty-one percent of the 84 State and ITOT respondents who collect information on initiation could calculate a separate rate for *Loving Support* peer counseling participants. Similarly, 26% of the 61 State and ITOT respondents who collect information on exclusivity could calculate a separate rate for *Loving Support* peer counseling participants, as could 25% of the 82 State and ITOTs who said they collected data on breastfeeding duration.

⁹ The one State-level WIC agency that indicated that it did not collect initiation information did indicate that it collected information about whether women were breastfeeding at hospital discharge.

¹⁰ LWAs were asked to rate the accuracy of the data whether or not they collected them.

LWA Perceptions of the *Loving Support* Peer Counseling Program

Staff at 38 of the 40 LWAs had a uniformly positive opinion of the program, although some noted that the program creates some additional work in terms of coordinating services and completing necessary paperwork. Staff at 34 of the LWAs asserted that the *Loving Support* Peer Counseling reduced the workload for other WIC staff. Staff at 71% of the LWAs also reported that *Loving Support* Peer Counseling improved the overall quality of services provided at the LWA.

LWA staff attributed a number of key successes to the program. Staff from 27 of the 40 LWAs asserted that the *Loving Support* Peer Counseling Program is responsible for increasing the number of breastfeeding mothers. Another 43% noted that getting the program established and woven into LWA procedures and practices is, in and of itself, a notable achievement. One quarter of the LWAs asserted that helping peer counselors to develop job skills also is an important success attributable to the program. Finally, 7 of the 40 LWAs cited the fact of establishing relationships with local hospitals and other collaborating organizations as a notable accomplishment.

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Chapter 1: Background and Study Overview

Introduction

In September 2006, the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA) awarded a contract to Abt Associates Inc. to study the *Loving Support* Peer Counseling Program, an initiative designed to increase breastfeeding initiation and duration rates for WIC participants, as well as to increase community support for WIC participants who breastfeed.

This study has two components: an implementation study (Phase 1) and an impact study (Phase 2). The implementation study is designed to develop a comprehensive and detailed picture of how the *Loving Support* Peer Counseling Program was implemented in States and local WIC agencies (LWAs) throughout the country. The impact study will examine how specific variations in implementing peer counseling using the *Loving Support* model affect the duration of breastfeeding.

This is the final report for the implementation study. It summarizes information collected through a web-based survey on how States, Indian Tribal Organizations (ITOs) and Territories (here after called States and ITOTs) implement peer counseling programs using the *Loving Support* model to understand how *Loving Support* Peer Counseling funding is being used at the State and ITOT level. This report describes the general characteristics of local WIC Agencies (LWAs) implementing the *Loving Support* Peer Counseling Program from the WIC Participant and Program Characteristics Study¹¹ and compares them to those that are not currently implementing the program. It also summarizes information about *Loving Support* Peer Counseling Program operations from 40 LWAs selected to represent LWAs that implement the program. The report concludes with five local case studies of the *Loving Support* Peer Counseling Program.

The data for the implementation study were collected prior to the enactment of the FY2010 Agricultural Appropriation, which increased the FNS grant for the *Loving Support* Peer Counseling Program from \$15 million to \$80 million annually.¹² In addition, the data collection period for the implementation study overlapped with the time period during which State WIC agencies and LWAs were either planning for or implementing the Interim Rule that updated WIC food packages.¹³ States were given between February 2008 and October 2009 to change food packages in accordance with the Interim Rule so that the packages aligned with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics.

Background

The Food and Nutrition Service (FNS), established in 1969, oversees and administers the nutrition assistance programs for the United States Department of Agriculture. The mission of FNS is “to

¹¹ WIC PC Data, 2008.

¹² Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010. Public Law 111-80, 111th Congress.

¹³ Federal Register: 7 CFR Part 246 Special Supplemental Nutrition Program for Women Infants and Children (WIC) Revision to the WIC Food Packages; Interim Rule. (See <http://www.fns.usda.gov/wic/regspublished/foodpackages-interimrule.htm>)

provide children and needy families better access to food and a more healthful diet through its food assistance programs and comprehensive nutrition education efforts.”¹⁴ Nutrition and nutrition education have become a top priority for FNS in all of its programs and in addition to providing access to nutritious food, FNS seeks to empower program participants with knowledge of the link between diet and health.¹⁵ To this end, FNS works with partnering organizations to provide low-income individuals and families with access to food, a healthful diet and nutrition education.

One of FNS’s major programs is the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Established as a pilot program in 1972, WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. The WIC foods are intended to supplement a participant’s nutrient intake and should be consumed along with other wholesome foods needed for a balanced diet.

Although WIC is not an entitlement program, the program is funded sufficiently to serve all eligible women and children requesting services. In fact, WIC provides program benefits to approximately 48% of the infants in the United States.¹⁶ More than eight million participants are served by WIC each month through vouchers (or electronic benefit transfer (EBT) cards) that participants use at authorized food stores to purchase specific foods designed to supplement their diets. WIC foods include iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, tuna fish, and carrots.¹⁷

FNS administers the WIC Program through grants to State health departments or comparable State agencies, Indian tribal governments or intertribal councils or groups recognized by the Bureau of Indian Affairs. These State-level WIC agencies then award subgrants to local agencies to screen applicants for eligibility for WIC benefits and to deliver WIC benefits and services. Local agencies include public or private health agencies, human service agencies, and Indian Health Services health units. These local agencies operate clinic sites at county health departments, hospitals, mobile clinics (vans), community centers, schools, public housing sites, migrant health centers and camps and Indian Health Services facilities.

Breastfeeding promotion and support is a central tenet of the WIC Program. Current federal regulations require that State and local WIC offices have a designated breastfeeding promotion coordinator. States must provide training on the promotion and management of breastfeeding to staff at local agencies, who, in turn, provide information and assistance on this subject to WIC participants. They are to identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials. In addition, they must ensure that local WIC agencies (LWAs) have policies that: provide a positive clinic environment that endorses

¹⁴ www.fns.usda.gov/wic/wic-fact-sheet.pdf; www.fns.usda.gov/WIC/aboutwic/wicataglace.htm.

¹⁵ www.fns.usda.gov/fns/about.htm

¹⁶ www.fns.usda.gov/wic/wic-fact-sheet.pdf; www.fns.usda.gov/WIC/aboutwic/wicataglace.htm.

¹⁷ On December 6, 2007, an Interim Rule changed the WIC food packages to better meet the nutritional needs of WIC participants. The new food packages align with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. States began implementing the changes in January 2009. All States implemented the changes by October 1, 2009.

breastfeeding as the preferred method of infant feeding; that new WIC staff are trained appropriately on breastfeeding promotion and support; and have a plan in place to ensure that both pregnant and post-partum WIC participants have access to breastfeeding promotion and support activities. In addition, regulations require that “all pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons” (7 Code of Federal Regulations 246.11).

The *Loving Support* program builds on these requirements. The *Loving Support* Peer Counseling Program grew out of work that began in the late 1990s as part of the WIC National Breastfeeding Promotion Project. Best Start Social Marketing began working with FNS in 1997 to develop a coordinated effort, called *Loving Support Makes Breastfeeding Work*, to provide breastfeeding support to the WIC community using social marketing techniques (e.g., mass media, participant education materials) and staff training. The goals of this initial *Loving Support* effort were to encourage WIC women to initiate and continue breastfeeding, increase referrals to the WIC Program for breastfeeding support, increase general public acceptance and support of breastfeeding, and provide technical assistance to WIC State and local agency staff. A follow-up effort in 2002, called *Using Loving Support to Build a Breastfeeding-Friendly Community*, provided training and technical assistance to selected WIC State Agencies to build state-specific breastfeeding promotion programs. WIC staff in each State worked to identify and address State-specific barriers to breastfeeding in an implementation plan for their State. The goal of this effort was to raise public awareness, acceptance and support of breastfeeding using social marketing techniques.

In 2004, FNS launched a national peer counseling initiative developed specifically for WIC: *Using Loving Support to Implement Best Practices in Peer Counseling*. The model provides a framework for State and local WIC agencies (LWAs) either to develop or to enhance existing peer counseling programs. It includes ten required components, which are summarized in Exhibit 1.1. Since 2004, FNS has allocated funding to States and ITOTs via non-competitive, two-year grants. To date, the *Loving Support* Peer Counseling model has been adopted by 85 States and Indian Tribal Organizations (ITOTs) across the country.

Exhibit 1.1: Components of FNS Model for a Successful WIC Peer Counseling Program

Required Components of Peer Counseling Programs	What to Include in Implementation Plan	Recommendations from the Research
<i>Adequate Program Support from State and Local Management</i>		
I. Appropriate Definition of Peer Counselor <ul style="list-style-type: none"> • Paraprofessional • Recruited and hired from target population • Available to WIC participants outside usual clinic hours and outside the WIC clinic environment 	Provide the State agency's definition of peer counselor.	Ideal Peer Counselor: <ul style="list-style-type: none"> • Enthusiasm for breastfeeding • Basic communication skills • Previous breastfeeding experience (6 months) • Similarities with WIC participants served • Current or previous WIC participant • Similar ethnic background • Similar age • Same language spoken

Exhibit 1.1: Components of FNS Model for a Successful WIC Peer Counseling Program

Required Components of Peer Counseling Programs	What to Include in Implementation Plan	Recommendations from the Research
II. Designated breastfeeding peer counseling program managers/ coordinators at State and/or local level	Provide a description of the qualifications for, and the role of State and/or local level breastfeeding peer counseling program manager(s). Submit copies of job description(s).	Use sample job description provided in the "Using <i>Loving Support</i> to Manage Peer Counseling Programs" Training Manual
III. Defined job parameters and job descriptions for peer counselors	Provide a description of the scope of practice of peer counselors, e.g., settings where peer counselors provide services (home, clinic, hospital); frequency and method of participant contacts; availability; how peer counselors receive and make referrals, etc.) Submit copies of job descriptions.	<p>Job parameters:</p> <ul style="list-style-type: none"> • Settings for peer counselors should include telephone contacts from home; and clinic, home and hospital visits • Frequency of contacts with pregnant and breastfeeding women is important. Refer to Section 6 (Scope of Practice for Peer Counselors) of "Using <i>Loving Support</i> to Manage Peer Counseling Programs training manual for recommended contact frequency during the prenatal and postpartum period. <p>Job descriptions:(Use sample job descriptions provided in the "Using <i>Loving Support</i> to Manage Peer Counseling Programs" Training Manual)</p>
IV. Adequate compensation and reimbursement of peer counselors	Describe the State agency's compensation and reimbursement plan for peer counselors.	<p>Many current peer counseling programs report paying peer counselors the same general hourly part-time rate typical of other entry level positions such as WIC clerical position. This is often around \$5.50 to \$7 per hour. However, nearly all programs share the belief that peer counselors should be paid more.</p> <p>Other recommendations:</p> <ul style="list-style-type: none"> • Provide travel allowance for home/hospital visits/meetings • Cover training expenses • Provide benefits if possible • Reimburse for telephone and other expenses

Exhibit 1.1: Components of FNS Model for a Successful WIC Peer Counseling Program

Required Components of Peer Counseling Programs	What to Include in Implementation Plan	Recommendations from the Research
<p>V. Training of appropriate WIC State/local peer counseling management and clinic staff</p> <ul style="list-style-type: none"> • State and local program managers receive training in how to manage peer counseling programs through “Using <i>Loving Support</i> to Manage Peer Counseling Programs” training curriculum. • WIC clinic staff receive training about the role of the WIC peer counselor through “Peer Counseling: Making a Difference for WIC Families,” a PowerPoint presentation included in the “Using <i>Loving Support</i> to Manage Peer Counseling Programs” training curriculum. • State and local staff involved in the training of peer counselors attend the 2005 Regional train the trainer session “<i>Loving Support</i> through Peer Counseling.” • WIC clinic staff are trained in basic breastfeeding support and receive the training “<i>Loving Support</i> through Peer Counseling.” 	<p>Describe State agency plans for training peer counseling management and clinic staff. Indicate how often and what type of training will be provided and for which staff.</p>	<p>Cross-train so that peer counselors are familiar with WIC services and WIC staff are trained in breastfeeding support.</p>
<p>VI. Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of Agency nutrition education plan.</p>	<p>Describe (and include copies of) State agency policies and procedures for operating a breastfeeding peer counseling program, including.</p> <ul style="list-style-type: none"> • Compensation and reimbursement of peer counselors • Training • Documentation of participant contacts • Referral protocols • Confidentiality • Other <p>Submit copies of any documentation forms, contact logs, referral forms, etc.</p>	<p>Involve both State and local stakeholders in developing policies and procedures for a peer counseling program.</p>

Exhibit 1.1: Components of FNS Model for a Successful WIC Peer Counseling Program

Required Components of Peer Counseling Programs	What to Include in Implementation Plan	Recommendations from the Research
VII. Adequate supervision and monitoring of peer counselors	Describe the State agency's plans for ensuring adequate supervision of peer counselors. Describe how peer counselors will be supervised, how often, and by whom. Describe plans for monitoring of peer counselor participant contacts.	<p>The mentor/supervisor transition has been reported to be effective for many successful programs. Refer to Section 8 (Supervision and Monitoring) of "Using <i>Loving Support</i> to Manage Peer Counseling Programs training manual.</p> <p>Conduct weekly phone contacts; regular review of contact logs; and spot checks.</p> <p>(Use sample Peer Counselor Contact Log and sample Weekly Activity Report Form provided in the "Using <i>Loving Support</i> to Manage Peer Counseling Programs" Training Manual)</p>
VIII. Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program.	Describe the community partnerships the State agency plans to develop to enhance the peer counseling program (name of community partner, relationship with WIC, role in peer counseling program).	<p>Potential partnerships to consider:</p> <p>Breastfeeding coalitions; businesses, community organizations; cooperative extension program; international board certified lactation consultants; La Leche League; home visiting programs; private clinics; hospitals</p>

Adequate Program Support of Peer Counselors

<p>IX. Provision of the following to peer counselors:</p> <ul style="list-style-type: none"> • 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. 	Describe State agency plans for ensuring that peer counselors participate in clinic staff meetings and are provided opportunities for meeting with fellow peer counselors. Describe State agency provisions for ensuring timely access to lactation experts and other resources for peer counselors.
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Exhibit 1.1: Components of FNS Model for a Successful WIC Peer Counseling Program

Required Components of Peer Counseling Programs	What to Include in Implementation Plan	Recommendations from the Research
X. Provision of training and continuing education of peer counselors.	Describe State agency plans for training peer counselors. Indicate how often and what type of training will be provided and by whom.	Provide formal instruction in addition to home study.
Peer counselors receive standardized training using " <i>Loving Support</i> through Peer Counseling" training curriculum.		Provide opportunities to "shadow" or observe other peer counselors and lactation experts.
Peer counselors receive ongoing training at regularly scheduled meetings		Provide career path options (e.g., training/experience to become senior level peer counselors; training to become IBCLC)

Source: <http://www.cdph.ca.gov/programs/wicworks/Documents/WIC-BF-PC-TenComponentOfPCProgram.pdf>.

To receive the funds, each participating State and ITOT must agree to implement a peer counseling program based on the *Loving Support* model. State and ITOT agencies with pre-existing peer counseling programs may use the funds either to expand those programs that meet the requirements of the *Loving Support* model or to enhance current programs to include all components of the *Loving Support* model. State WIC agencies accepting peer counseling funds also must adhere to certain reporting requirements.

Unlike other program models, the guidelines for implementing *Loving Support* are fairly broad and allow States and local WIC agencies (LWAs) flexibility in determining how to implement the program so that it meets unique local needs. Some States have distributed funding from the FNS grant to many of the LWAs in their States; others have directed the funding to a small number of local agencies. As of spring 2009, WIC participants served by approximately 500 of the 1,880 LWAs were receiving *Loving Support* Peer Counseling funded at least in part by the FNS grant.

Implementation Study Objectives and Research Questions

The main objective of the Implementation Study is to describe how *Loving Support* Peer Counseling has been implemented in States and local agencies that received peer counseling funds. Accordingly, the data collected for this effort will provide information about the following aspects of State and local implementation of the *Loving Support* Peer Counseling Program:

- Contextual information,
- Local *Loving Support* Peer Counseling implementation,
- Expenditures for *Loving Support* Peer Counseling,
- Data collection and monitoring practices, and
- Local collaborations.

The research questions guiding Phase I of the study can be found in Exhibit 1.2.

Exhibit 1.2: WIC Breastfeeding Peer Counseling Study: Research Questions for Implementation Study

Contextual Information

1. What breastfeeding promotion services (besides the *Loving Support* Peer Counseling intervention) are being offered to WIC mothers?
2. What are the characteristics (e.g., geographic location, urbanicity, enrollment size) of WIC local agencies/sites that have implemented the *Loving Support* Peer Counseling Program?
3. For those states that keep account of expenditures from all funding sources, how much Nutrition Services Administrative (NSA) funding is used to support breastfeeding promotion activities targeted to WIC participants, other than *Loving Support* Peer Counseling?

Local Loving Support Peer Counseling Implementation

4. How is the *Loving Support* Peer Counseling Program implemented at participating WIC agencies and how has it been adapted over time?
5. What activities and services are involved in *Loving Support* Peer Counseling?
6. How are the *Loving Support* peer counselors recruited, trained, assigned to WIC mothers, and monitored in each site?
7. What are the prospects for continuing *Loving Support* Peer Counseling at the participating WIC agencies?

State and Local Expenditures for Loving Support Peer Counseling

8. For peer counseling programs that began in the last year, what have been their expenditures?
9. What are the expenditures for *Loving Support* Peer Counseling Programs?
10. In addition to the *Loving Support* Peer Counseling funds, how much regular NSA funding is used to support *Loving Support* Peer Counseling activities that meet the FNS model?
11. Do peer counseling programs supported by regular NSA funds use these funds because they do not meet the requirements of the *Loving Support* model? Are NSA funds used because the *Loving Support* Peer Counseling grant does not provide enough funding to cover expenses of a fully implemented program?

Local Collaborations

12. How do the WIC agencies coordinate their *Loving Support* Peer Counseling Program with activities and services at area hospitals and other organizations?
13. What are the responses of collaborating organization staff to the *Loving Support* Peer Counseling Program?

WIC Loving Support Participants

14. To what extent do WIC mothers participate in the *Loving Support* Peer Counseling Program?
15. What are the responses of WIC staff and WIC participants to the *Loving Support* Peer Counseling Program?

Data Collection and Program Monitoring

16. How does each State track various breastfeeding measures (e.g., ever breastfed, duration, and exclusivity of breastfeeding)?
 17. How does the State use data to evaluate the effectiveness of its *Loving Support* Peer Counseling Program and other breastfeeding promotion activities targeted to WIC participants?
 18. Can those sites implementing *Loving Support* Peer Counseling Programs adequately and effectively monitor changes in breastfeeding rates for initiation and duration?
-

Data Sources

To address these research questions, Phase I of the evaluation uses four data sources:

1. A *web-based survey* of key staff from all State WIC agencies and ITOTs;
2. *On-site interviews* with staff from 40 local WIC agencies (LWAs), local WIC clinics, and collaborating organizations (site visits);
3. Information from *existing program data* from the 40 LWAs; and
4. Use of *extant data*, including the WIC Participant Characteristics (WIC PC) dataset.

Each of these sources is described in more detail below.

Web-Based Survey of State and ITOT WIC Agencies

The on-line survey was completed in fall 2008 and collected data on the implementation of the *Loving Support Peer Counseling Program* from the universe of 85 State WIC agencies and ITOTs receiving FNS Peer Counseling grants (here after referred to as the “FNS grant”). All 85 States and ITOTs completed surveys. (See Appendix A for the instrument.)

Agencies were asked about program administration, support, and monitoring for *Loving Support Peer Counseling*. Other types of information collected included other State-wide breastfeeding promotion efforts, how States monitor breastfeeding rates (e.g., the indicators tracked, definitions of the indicators, methods and frequency of data collection), and State data on those indicators.

On-Site Interviews with Local WIC Agency Staff and Staff from Collaborating Organizations

In April–June 2009, study team members conducted in-depth, in-person interviews with staff from a representative sample of 40 local WIC agencies implementing the *Loving Support Peer Counseling Program*, and if appropriate, with staff from local WIC clinics and collaborating organizations. (See Appendix B for related instruments and Appendix C for a list of sites in the study.)

The key objective of these interviews was to produce a systematic description of how the breastfeeding peer counseling services are implemented in local WIC agencies, clinics, and collaborating organizations nationally. Interview guide topics include: contextual information, such as other breastfeeding promotion activities; staff designated to *Loving Support Peer Counseling* activities; peer counselor qualifications and compensation; staff responsibilities; FNS peer counseling grant expenditures; peer counselor training and supervision; hospital and community partnerships; and perceptions of the *Loving Support Peer Counseling* model.

This report includes a synthesis of information from the 40 site visits. It also uses the interviews from five of LWAs selected for case studies. These LWAs provided information about the different ways that the peer counseling program is operated.

Information from Existing Program Data

As part of the site visits described above, study team members are collecting program data on the *Loving Support Peer Counseling Program* operations and WIC agency expenditures.

WIC Participant and Program Characteristics (WIC PC)

The final source of data for the Implementation Study is the WIC Participant and Program Characteristics (WIC PC) project. This study compiles characteristics of a virtually complete census of WIC participants in April in even-numbered years. Data from the census file for WIC PC 2008¹⁸ were used to characterize the LWAs that are receiving *Loving Support* Peer Counseling funds, including those that were not selected as part of the sample for the on-site interviews.

Sample Design

States, ITOs and Territories

All of the recipients of the FNS grant (including 50 States, the District of Columbia, 30 ITOs and four Territories) were included in the implementation study.

Local WIC Agencies

A nationally representative sample of 40 local WIC agencies was selected randomly for the site visit component of the study. In selecting the sample, the first step was to ask States to identify the local WIC agencies (LWAs) or other local entities that (1) were implementing the *Loving Support* Peer Counseling Program with the FNS grant funding and (2) had a program that was in operation in spring-summer 2009. In cases where another entity besides the LWA was implementing the peer counseling program, such as a university cooperative extension, we included the LWA agency where the WIC participants were receiving the peer counseling services even though the LWA was not operating the program. This process resulted in 475 potential sites.

We then merged the list of LWAs with information about their local office caseloads from the 2006 WIC Participant and Program Characteristics Study (PC 2006) files.¹⁹ Our next step was to stratify the local WIC agencies implementing *Loving Support* Peer Counseling by Census region and then to draw a sample allocated to the four strata proportional to the number of pregnant WIC participants in each Census region. We then selected local agencies (and back-up sites for each agency selected) within each stratum with probability proportional to size, where size is measured by the number of pregnant WIC participants.

As a result, there are four sites in the East, 19 in the South, six in the Midwest, and 11 in the West. (See Appendix C.) Two sites from the initial list could not participate in the Study and were replaced by states in the same Census region. The 40 local WIC agency sites that agreed to participate in the study are located in 25 States. At each of these sites, researchers attempted to interview staff from an organization that collaborates with the local WIC agency to provide *Loving Support* Peer Counseling in addition to staff at the LWA.

¹⁸ U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, WIC Participant and Program Characteristics 2008, WIC-08-PC, by Patty Connor, Susan Bartlett, Michele Mendelson, Katherine Condon, James Sutcliffe, et al. Project Officer, Fred Lesnett. Alexandria, VA: January 2010. <http://www.fns.usda.gov/ora/menu/Published/WIC/FILES/pc2008.pdf>

¹⁹ U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, WIC Participant and Program Characteristics 2006, WIC-06-PC, by Susan Bartlett, Ellen Bobronnikov, Michele Mendelson, et al. Project Officer, Fred Lesnett Alexandria, VA: December 2007. <http://www.fns.usda.gov/ora/menu/Published/WIC/FILES/pc2006.pdf>

Case Study Sites

Prior to making site visits, five LWAs operating the *Loving Support Peer Counseling Program* and using the FNS grant²⁰ were selected to be the focus of the case studies. The sites were selected from States that had variation in the following characteristics, based on results from the web-based survey:

- The degree to which the State augmented the FNS grant with additional funds for the *Loving Support Peer Counseling Program*;
- The degree to which the FNS funds were targeted to relatively few of the State's LWAs versus made available to many/most of the LWAs; and
- The level of State oversight of the program.

One of the LWAs was also purposively selected to describe how the *Loving Support Peer Counseling Program* was implemented in a State where the LWA was not the recipient of the FNS grant.

In addition, the LWAs were selected to maximize variation in region of the country, setting (e.g., rural, urban, suburban), size of the LWA, racial/ethnic composition of the WIC participants served, and breastfeeding initiation rates for participants served by the LWA.

The five case studies include Kings County Hospital Center in Brooklyn, New York; the Houston Health and Human Services Department in Houston, Texas; the Appalachian District Health Department in Boone, North Carolina; the Wayne County Health Department in Wayne, Michigan and Pregnancy Aid of Snohomish in Snohomish, Washington.

Analysis Methods

Analytic methods for the Final Implementation Report are described below.

Survey of the 86 States and ITOTs Receiving the FNS Loving Support Grant

Data from the web-based survey were summarized for all respondents, States, and ITOTs. These data were used for descriptive tables.

Descriptions of LWAs Operating Loving Support Peer Counseling Programs

A list of 627 LWAs operating *Loving Support Peer Counseling Programs* (475 were operating with FNS grant funding, the remainder with other funds) in the 50 States was merged with census data from WIC PC 2008. These data were used to describe the characteristics of the LWAs operating *Loving Support Peer Counseling Programs* and make comparisons with all LWAs.

Description of Local Implementation of the Loving Support Peer Counseling Program

Data from the 40 site visits to local WIC agencies and interviews with organizations were input into an Access database. Close-ended questions were used to develop tables that summarize major aspects of the program. Open-ended questions were synthesized to provide information on general implementation themes as well as to highlight differences in the ways that programs operate.

²⁰ In Michigan, FNS funding is used in combination with other funds to operate the program uniformly throughout the State. The Wayne County Health Department, one of the two LWAs serving that county, is not receiving FNS funding.

Local Case Studies

Data for the five case studies come from 5 of the 40 site visits. The information was used to develop detailed descriptions of the way the *Loving Support* Peer Counseling Program is being implemented in five very different local communities.

Final Report Contents

The remainder of the report is organized as follows:

- Chapter 2 provides information about States' general breastfeeding promotion efforts, staffing for the *Loving Support* Peer Counseling Program, State roles in the program, and related training both offered to and received by State WIC staff, and State funding strategies, including how funds were allocated to LWAs.
- Chapter 3 provides detail about the areas and nature of States' guidance on the different program components of the *Loving Support* Peer Counseling model (e.g., job requirements of peer counselors, required training, required caseloads, etc.).
- Chapter 4 describes the characteristics of the universe of LWAs that operate the *Loving Support* Peer Counseling Program, including their size, location, and the number and characteristics of WIC participants served.
- Chapter 5 provides information on structure and general operation of the *Loving Support* Peer Counseling Program as it is implemented by the 40 LWAs in the sample. It includes information about local context, agencies' general breastfeeding promotion activities and the staffing for the *Loving Support* Peer Counseling Program.
- Chapter 6 provides details about the nature of the *Loving Support* peer counseling services offered by the 40 LWAs, including information about which WIC participants are targeted and served, the types of contacts between WIC participants and peer counselors, the nature of local collaborations and staff perceptions of the program.
- Chapter 7 describes the ways in which States and LWAs collect and use data on breastfeeding outcomes and discusses if the data can be used to understand more about women who participate in the *Loving Support* Peer Counseling Program.
- Chapter 8 includes five case studies of local *Loving Support* Peer Counseling Programs. These case studies provide detailed depictions of program operations "on the ground," and illustrate local program variation within the *Loving Support* Peer Counseling framework.

Chapter 2: State Staffing and Funding for the *Loving Support Peer Counseling Program*

This chapter begins by providing general context about the breastfeeding promotion activities of State and ITOTs.²¹ After describing the number and nature of the staffing for the *Loving Support Peer Counseling Program* and the roles of States and ITOTs in overseeing the local program, it then provides information about relevant training received or sponsored by State WIC staff. The chapter concludes with information about funding from States and ITOTs used for the *Loving Support Peer Counseling Program* in addition to the FNS grant.

State/ITOT Breastfeeding Promotion Activities

As described in the previous chapter, breastfeeding promotion and support is a central tenet of WIC. The responses of States and ITOTs to the study survey are consistent with this philosophy. Respondents were asked to report whether they used any of eight categories of activities to promote breastfeeding targeted to WIC participants (see Exhibit 2.1). All States and all but one ITOT indicated that they engaged in additional breastfeeding promotion activities. For five of the eight activities, half or more of States and ITOTs who had additional activities reported direct involvement. For instance, 93% of States and ITOTs with promotional activities reported that they supported efforts to provide equipment, such as breast pumps to WIC participants, and 92% indicated that WIC staff other than *Loving Support* peer counselors received breastfeeding promotion training. More than 80% also reported media campaigns and/or educational materials.

Less frequently reported activities for this group included supporting the local provision of counseling other than *Loving Support Peer Counseling* and classes or group meetings for WIC participants, with 50% of respondents with promotional activities reporting that they supported these types of activities. Forty-nine percent also reported supporting efforts to make lactation consultants available to WIC participants. Only 18% of respondents with breastfeeding promotion activities indicated that the State supported a warmline or hotline for WIC participants to get answers to questions about breastfeeding.²²

Sixty-five percent indicated that they supported between four and six of the types of activities. Thirteen percent of respondents (including 20% of States and 3% of ITOTs) were involved in seven or eight of the types of activities. Only one respondent (an ITOT) did not select any of the types of activities. (See Exhibit 2.2.)

The survey asked respondents with breastfeeding promotion activities whether they could track funding for them and 88% of States indicated that they could do so. One-third of these respondents indicated that this figure included only what the State spent and excluded the NSA funds spent on breastfeeding promotion at the LWA level; the other two-thirds said that this amount included the NSA spending at the LWA level on breastfeeding promotion activities as well. Of those that reported NSA spending at only the State-level, NSA spending per pregnant participant as reported for WIC PC

²¹ The WIC agencies that responded to the survey included the 50 States, and the District of Columbia (“States”), and 30 ITOs and 4 Territories..

²² See Exhibit 2.1, footnote a, for definition of warmline.

2008 was \$26 for FY 2008.²³ Among those States that also included LWA spending, the spending per pregnant participant for FY 2008 was \$63.²⁴

Exhibit 2.1: Types of Breastfeeding Promotion Activities Supported by State and ITOTs, FY 2008

Types of Breastfeeding Promotion Activities Sponsored	All Respondents (n=84)		States (n=51)		Territories/ITOTs (n=33)	
	Number	Percent	Number	Percent	Number	Percent
Equipment (e.g., breast pumps)	78	93%	47	92%	31	94%
Breastfeeding promotion training to staff other than <i>Loving Support</i> peer counselors	77	92%	49	96%	28	85%
Media campaigns and educational materials (e.g., television ads, posters, brochures)	69	82%	45	88%	24	73%
Peer or other counseling by clinic staff to WIC participants that is different than <i>Loving Support</i> Peer Counseling	42	50%	22	43%	20	61%
Classes or support group meetings for WIC participants	42	50%	20	39%	22	67%
Make lactation consultants available to WIC participants	41	49%	22	43%	19	58%
Sponsor certified lactation counselor training (or similar certification training)	40	48%	32	63%	8	24%
Warmline or Hotline ^a	15	18%	10	20%	5	15%
Other	2	2%	1	2%	1	3%

^a A warmline operates similarly to a hotline, except that it is not always staffed. Callers may need to leave messages, which are responded to as promptly as possible.

Missing responses: none.

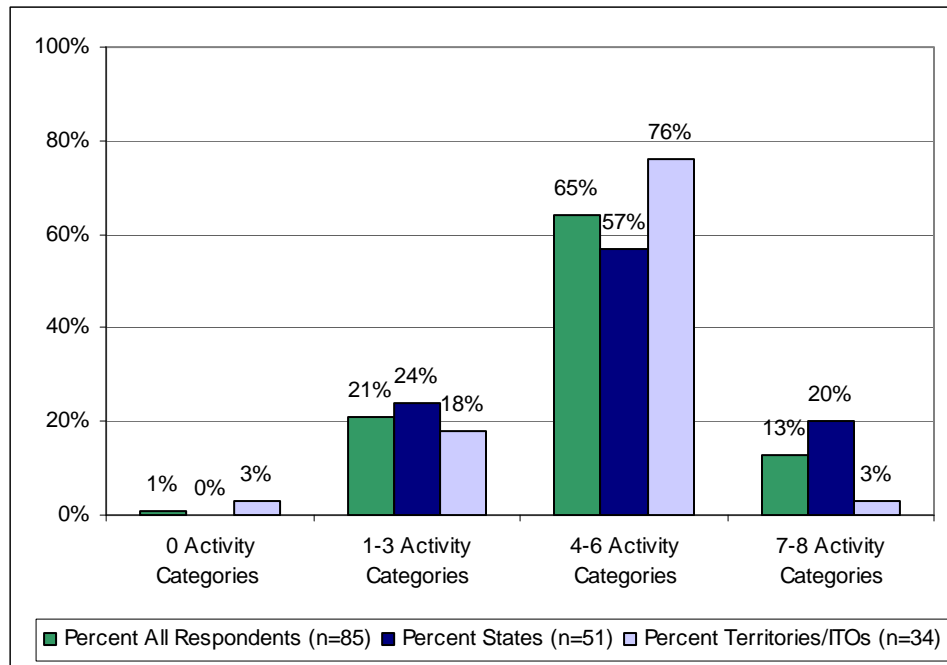
Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

²³ Twelve of the 14 State respondents who indicated that they could track State-level only spending of NSA funds for breastfeeding promotion activities provided spending information. The \$26.00 figure was calculated by summing the total number of pregnant WIC participants from PC 2008 divided by their total spending.

²⁴ Twenty-three of the 28 State respondents who said they could track NSA funds for breastfeeding promotion that included both State and LWA spending provided this information. The \$63.00 figure was calculated by summing the total number of pregnant WIC participants from PC 2008 divided by their total spending.

Exhibit 2.2: Numbers of Breastfeeding Promotion Activity Categories Sponsored by States and ITOTs, FY 2008



Note: No States and 1 ITOT had 0 activity categories; 12 States and 6 ITOTs had 1-3 activity categories; 29 States and 26 ITOTs had 4-6 activity categories; 10 States and 1 ITOT had 7-8 activity categories.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

In addition to their own efforts to promote breastfeeding among WIC participants, respondents were asked to report on other activities at the State/ITOT level that they believed were having an impact on breastfeeding rates, both for WIC participants and for others. Over 60% of the respondents indicated that there were major training initiatives for health professionals to support breastfeeding. Nearly 60% indicated that there were efforts to make hospitals conform to the standards of the Baby-Friendly Hospital Initiative (BFHI), an initiative started in 1991 by UNICEF and the World Health Organization to encourage all hospitals and birthing centers to support breastfeeding. (Please see Appendix D for a description of Baby-Friendly standards.) Others described major public education campaigns, breastfeeding coalitions and task forces, legislative initiatives and employer initiatives. (See Exhibit 2.3.)

Exhibit 2.3: Other General Breastfeeding Promotion Activities Occurring in the States, FY 2008

Types of Breastfeeding Promotion Activities Sponsored	All Respondents (n=78)		States (n=48)		Territories/ITOs (n=30)	
	Number	Percent	Number	Percent	Number	Percent
Major training initiatives for health professionals to support breastfeeding	45	58%	30	63%	15	50%
Efforts to change hospital policies to limit the distribution of formula and make them more "Baby Friendly"	43	55%	26	54%	17	57%
Major public education campaigns, sponsored by either public or private funding	24	31%	18	38%	6	20%
Breastfeeding coalitions or task forces	8	10%	4	8%	4	13%
Legislative initiatives	7	9%	6	13%	1	3%
Employer initiatives	6	7%	6	13%	0	0%
Other	5	1%	5	10%	0	0%

Missing responses: 3 States and 4 ITOTs.

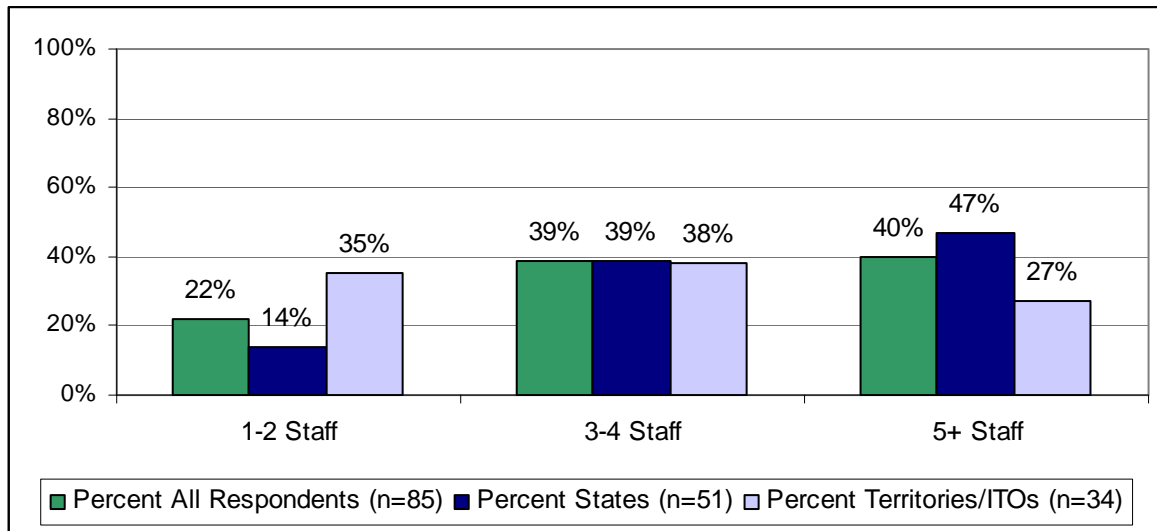
Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

State and ITOT Staffing for *Loving Support* Peer Counseling

States and ITOTs employed up to six WIC staff focused on the *Loving Support* Peer Counseling Program. (See Exhibit 2.4.) Over three-quarters of respondents indicated that more than two WIC staff were involved in the *Loving Support* Peer Counseling Program, with nearly half of the State-only respondents (47%) indicating that at least five staff were working on the program.

Exhibit 2.4: Number of State-Level WIC Staff Working on *Loving Support* Peer Counseling, FY 2008



Note: Seven States and 12 ITOTs had 1 or 2 staff; 20 States and 13 ITOTs had 3 or 4 staff; 24 States and 9 ITOTs had 5 or more staff.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

After adjusting for the number of staff by the size of the State or ITOT, calculated as the number of pregnant WIC participants in their States as of 2008, on average, four State or ITOT staff worked on the *Loving Support* Peer Counseling Program.

As described in Chapter 1, all States must have a designated breastfeeding promotion coordinator. Respondents indicated that in most States and ITOTs, this staff person was involved in the State or ITOT administration of the *Loving Support* Peer Counseling Program. All but 8 of the 85 respondents (which included 44 States and 33 ITOTs) indicated that one of the staff working on the program was also the designated State breastfeeding promotion coordinator.

When asked about the degree to which State WIC staff who were working on the *Loving Support* Peer Counseling Program were supported by the FNS grant, respondents presented a very mixed picture. Thirty-one percent of the 81 who responded to this question said at least one staff person was fully supported by the FNS funds, and 33% said that at least one staff person was partially supported by the grant. In contrast, 46% of respondents (including 65% of States and 18% of ITOTs) indicated that none of their staff were supported by the FNS grant. Of those who responded to the question, only one State indicated that all staff working on the *Loving Support* Peer Counseling Program were fully supported by the FNS grant. (See Exhibit 2.5.)

Exhibit 2.5: Use of FNS *Loving Support* Peer Counseling Funding to Support State and ITOT Staff, FY2008

Degree of FNS Grant Support for State/ITOT Staff	All Respondents (n=81)		States (n=48)		Territories/ITOs (n=33)	
	Number	Percent	Number	Percent	Number	Percent
At least one staff person is fully supported by the FNS <i>Loving Support</i> Peer Counseling grant	25	31%	10	21%	15	45%
All staff are fully supported by the <i>Loving Support</i> Peer Counseling grant	1	1%	1	2%	0	0%
At least one staff person is partially supported by the FNS <i>Loving Support</i> Peer Counseling grant	27	33%	10	21%	17	52%
All staff are partially supported by the FNS <i>Loving Support</i> Peer Counseling grant	5	6%	2	4%	3	9%
No staff are supported by the <i>Loving Support</i> Peer Counseling grant	37	46%	31	65%	6	18%

Missing responses: 3 States and 1 ITOT.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Respondents were asked to estimate the number of monthly State/ITOT staff hours per month that the FNS grant supported. Of the 85 respondents, 71 answered this question.²⁵ The picture presented by the States that responded differed greatly than of the ITOTs that responded. Of the States that responded, nearly two-thirds (64%) indicated that no hours of State staff were supported by the FNS grant; conversely, 23% of ITOTs indicated that this was the case. Similarly, while 9% of the State respondents (4 of the 45 who completed the question) indicated that more than 140 hours per month, 31% of ITOT respondents (8 of the 26 who completed the question) indicated that level of support. (See Exhibit 2.6.)

Exhibit 2.6: State/ITOT WIC Staff Hours Per Month Supported through FNS *Loving Support* Peer Counseling Grant, FY 2008 (n=71)

Hours	All Respondents (n=71)		States (n=45)		Territories/ITOs (n=26)	
	Number	Percent	Number	Percent	Number	Percent
0 hours	35	49%	29	64%	6	23%
1–80 hours	16	23%	7	16%	9	35%
81–140 hours	8	11%	5	11%	3	12%
More than 140 hours	12	17%	4	9%	8	31%

Missing responses: 6 States and 8 ITOTs.

Source: 2008 Survey of State WIC Agencies.

²⁵ Six States and eight ITOTs did not respond to this question.

States and ITOTs reported being highly involved in nearly all aspects of the *Loving Support Peer Counseling Program*; few aspects of the program appear to be without State/ITOT oversight. They reported being engaged in policy development, needs assessments, training and technical assistance, oversight and monitoring. Ninety percent or more of all respondents monitor the implementation of local programs and develop statewide policies. Eighty percent or more of the States and ITOTs also indicated that they work in a number of other program areas, including providing training, developing evaluation and monitoring systems, and providing technical assistance to local programs. (See Exhibit 2.7.)

Exhibit 2.7: State/ITOT Staff Roles and Responsibilities for the *Loving Support Peer Counseling Program*, FY 2008

Staff Roles on the <i>Loving Support Peer Counseling Program</i>	All Respondents (n=84)		States (n=51)		Territories/ITOs (n=33)	
	Number	Percent	Number	Percent	Number	Percent
Monitors the implementation of local WIC peer counseling services	78	93%	50	98%	28	85%
Develops statewide program policies for <i>Loving Support Peer Counseling</i>	76	90%	49	96%	27	82%
Provides training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling	73	87%	49	96%	24	73%
Develops informational materials about breastfeeding, which may include collecting data	73	87%	46	90%	27	82%
Designs and/or participate in evaluation or ongoing monitoring of local WIC peer counseling services including data collection	73	87%	50	98%	23	70%
Provides technical assistance to local WIC programs on basic policies and procedures for a peer counseling program	70	83%	51	100%	19	58%
Reports on the program operations to WIC administrative staff	69	82%	45	88%	24	73%
Provides training to peer counselors about peer counseling duties and responsibilities	68	81%	38	75%	30	91%
Provides technical assistance to local WIC programs to hire a breastfeeding/peer counseling coordinator	51	61%	38	75%	13	39%
Provides information to WIC participants about the peer counseling program	48	57%	18	35%	30	91%
Conducts needs assessment to identify the local program, population, geographic areas, and potential sites to target the WIC peer counseling services	45	54%	28	55%	17	52%
Conducts program promotion with local organizations in the community	43	51%	22	43%	21	64%
Provides direct supervision to local peer counselors	36	43%	8	16%	28	85%
Other	6	7%	6	12%	0	0%

Missing responses: 1 ITOT.

Source: 2008 Survey of State WIC Agencies.

State Training for *Loving Support* Peer Counseling

Respondents reported that State and ITOT WIC staff both received and supported the provision of *Loving Support* Peer Counseling and related training. Ninety-five percent of all respondents reported that State/ITOT staff received *Loving Support* Peer Counseling training. In addition, 90% of the 83 State/ITOT staff who responded reported that they received other training on breastfeeding and/or the role of peer counselors. Lactation management training was also frequently both received. (See Exhibit 2.8.)

Exhibit 2.8: Training Received by WIC State Agency Staff Related to the *Loving Support* Peer Counseling Program, FY 2008

Training Received	All Respondents (n=85)		States (n=51)		Territories/ITOs (n=34)	
	Number	Percent	Number	Percent	Number	Percent
<i>Loving Support</i> Peer Counseling training ^a	81	95%	51	100%	30	88%
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors ^b	75	90%	46	92%	29	88%
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS) ^c	53	65%	37	74%	16	52%
Other lactation courses that award certificates ^d	48	60%	29	60%	19	59%
Other ^a	3	4%	2	4%	1	3%

^a Missing responses: none.

^b Missing responses: 1 State and 1 ITOT.

^c Missing responses: 1 State and 3 ITOTs.

^d Missing responses: 3 States and 2 ITOTs.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Similarly, States and ITOT staff were asked about training they themselves delivered. Ninety-one percent of the 81 State and ITOT staff who responded in indicated that they gave *Loving Support* Peer Counseling training, and 88% of the 81 State and ITOT staff who responded reported that they offered other types of training on breastfeeding and the role of peer counselors. Lactation management training was also frequently offered. (See Exhibit 2.9.)

Exhibit 2.9: Training Offered by WIC State Agency Staff Related to the *Loving Support Peer Counseling Program*, FY 2008

Training Offered	All Respondents (n=85)		States (n=51)		Territories/ITOs (n=34)	
	Number	Percent	Number	Percent	Number	Percent
<i>Loving Support Peer Counseling training</i> ^a	74	91%	47	96%	27	84%
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors ^b	71	88%	47	92%	24	80%
Other lactation courses that award certificates ^c	47	59%	35	70%	12	41%
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS) ^d	43	57%	31	65%	12	43%
Other ^a	3	4%	3	6%	0	0%

^a Missing responses: 2 States and 2 ITOTs.

^b Missing responses: 4 ITOTs.

^c Missing responses: 1 State and 5 ITOTs.

^d Missing responses: 3 States and 6 ITOTs.

Source: 2008 Survey of State WIC Agencies.

State Decisions About Funding for the *Loving Support Peer Counseling Program*

States were asked how they distributed the FNS grant to serve WIC participants. They may direct funding to LWAs, other local organizations, or implement the program at the State level. States may use more than one funding approach. Forty-nine of the 51 States responded to the question. Of these, 80% indicated that at least some of the funding was directed to LWAs. This category includes both those States that distribute the grant to the LWAs as well as those that pay for the services that are offered in the LWAs but do not physically distribute the grant funding. Eighteen percent of States provided funding to within-State regional entities such as regional health districts. These funds are then used to provide services to WIC participants within that district at specific LWAs or clinics. Still others who responded to the question (14%) direct the funding to organizations that are not WIC agencies to operate the program. These non-WIC organizations then collaborate with WIC offices to offer peer counseling services to WIC participants in specified LWAs or clinics. Finally, some State WIC agencies provide services directly to WIC participants; in some cases, States do not have LWAs but instead offer services in local offices of the State WIC agency.²⁶ (See Exhibit 2.10.)

²⁶ Examples of such States include Arizona, Delaware, and Vermont. For Delaware and Vermont, the local State offices are considered LWAs in WIC PC data. For Arizona, the State office is considered to be the LWA.

Exhibit 2.10: Strategies for Distributing FNS *Loving Support Peer Counseling Grant*, FY 2008 (n=49)

Funding Strategies	Number	Percent
State WIC agency directs FNS grant funding to LWA	39	80%
State WIC agency directs grant funding to within-State regional entity	9	18%
State WIC agency directs grant funding to local organizations other than LWAs	7	14%
State WIC agency provides services directly	3	6%

Missing responses: 2 States.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

FNS provided States and ITOTs with a total of \$15 million of FNS grant funding in 2008.²⁷ States also were asked whether the FNS grant was augmented by additional funding. Of the 49 States that responded to the question, 80% indicated that either they used funds from other sources for the *Loving Support Peer Counseling* grant or allowed LWAs to do so. Eight percent indicated that, while they do not direct non-FNS grant funding to LWAs, they do allow LWAs to use other sources of funding for the peer counseling program. Only 12% of States indicated that the FNS grant was the only source of funding for the program. (See Exhibit 2.11.)

Exhibit 2.11: Use of Funds Other than the FNS Grant for the *Loving Support Peer Counseling Program*, FY 2008 (n=49)

Use of Funds	Number	Percent
State directs other funds for the local implementation of the <i>Loving Support Peer Counseling Program</i>	39	80%
State does not direct other funds to the local implementation of <i>Loving Support Peer Counseling Program</i> but does allow local sites to spend their NSA allocation on the program	4	8%
State and local sites only use FNS grant for the <i>Loving Support Peer Counseling Program</i>	6	12%

Missing responses: 1 State.

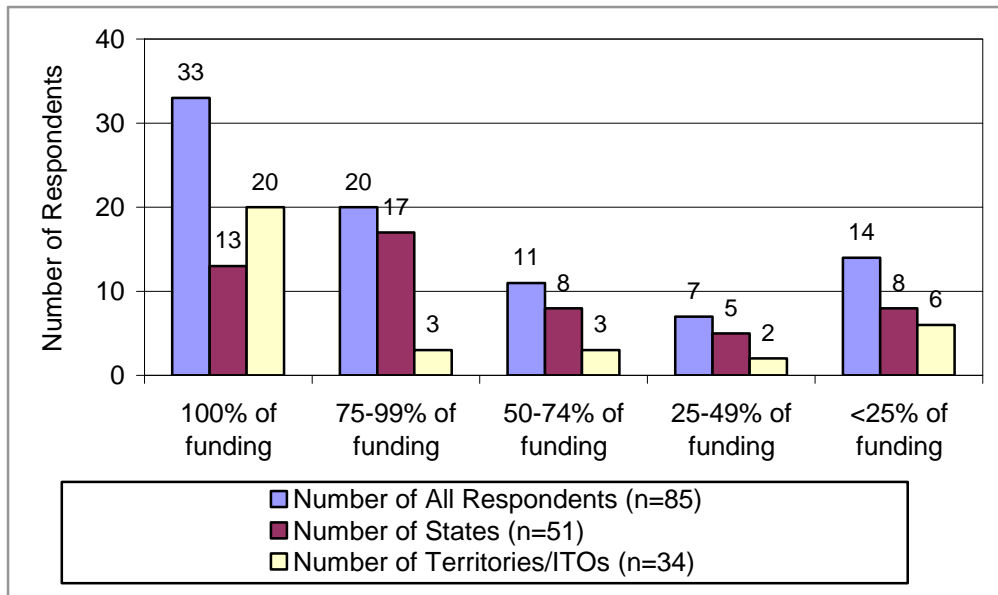
Source: 2008 Survey of State WIC Agencies.

All States that augmented the FNS grant used NSA funding to do so. In addition, 10% indicated that other State non-WIC funds were used. Three percent said they used private, philanthropic funding.

As part of the survey of State WIC Agencies and ITOTs, respondents were asked to estimate the percent of funding for the *Loving Support Peer Counseling Program* that came from FNS funding. While 33 of the 85 respondents (13 States and 20 of ITOTs) reported that they estimated that 100% of the funding came from the FNS grant, a substantial proportion of respondents indicated that there were other major sources of funding for the peer counseling program. Twenty-one respondents indicated that the FNS grant paid for less than half of the program costs (including 7 respondents, 25–49% of the funding; and 14 respondents, less than 25% of the funding). (See Exhibit 2.12.)

²⁷ In FY2010 the annual grant amount for the *Loving Support Peer Counseling Program* was increased to \$80 million.

Exhibit 2.12: Proportion of Funding for *Loving Support* Peer Counseling Program Coming From FNS Grant as Reported by State and ITOT WIC Staff, FFY 2007



Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

States were asked which strategies they used when deciding how to distribute the FNS grants, and their answers reflect their diverse strategies. Fifty-nine percent indicated that they focus grant funds on a small number of LWAs, rather than trying to make funding available to all LWAs. Conversely, 27% indicated that they tried to distribute the grant funding to as many sites as possible, rather than concentrating funding on relatively few sites. Thirty-three percent indicated that they focused the grants on sites that were beginning peer counseling programs and 24% said they used the funds on-site to enhance existing peer counseling programs. In addition, slightly more than half (55%) indicated that they spent funds at the State level for program direction, training, reporting, and activities. (See Exhibit 2.13.)

Exhibit 2.13: State Strategies for Distributing the FNS *Loving Support* Grant Funds, FY 2008 (n=51)

Strategy	Number	Percent
Focus the grant funds on a small number of sites, rather than trying to make funding available to all sites	30	59%
Use some grant funds at the State level	28	55%
Focus the grant funds on sites that were beginning peer counseling programs	17	33%
Distribute the grant funds to as many sites as possible rather than concentrating funding on relatively few sites	14	27%
Focus the grant funds on sites that were enhancing existing peer counseling programs	12	24%
Other	6	12%

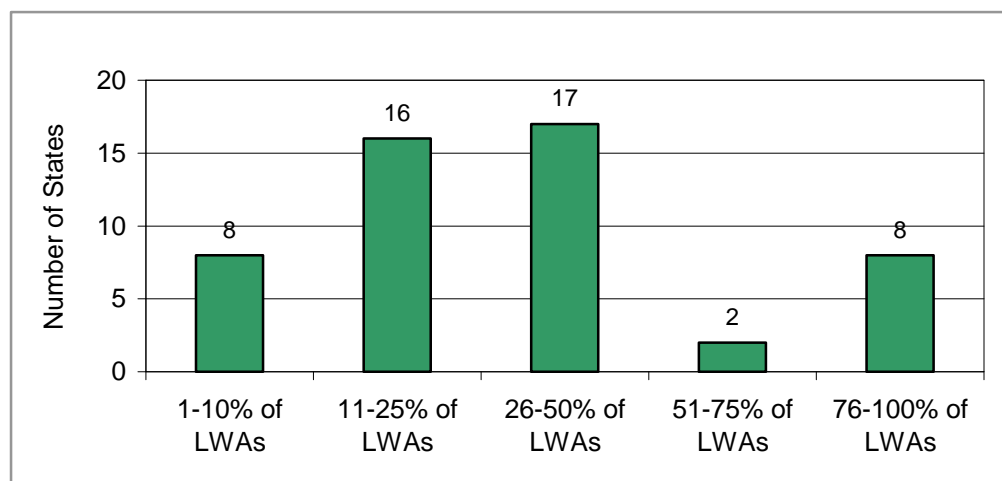
Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

States provided information about the specific LWAs where WIC participants were offered the *Loving Support* Peer Counseling Program, either because the LWA was operating the program directly or another organization was providing peer counseling services to the LWA's WIC participants. They were asked to indicate whether the program was funded by the FNS grant and/or by other sources. The information they provided is consistent with their responses to the questions above. Exhibit 2.14 shows the percent of LWAs in States that operated the *Loving Support* Peer Counseling Program, funded at least in part by the FNS grant. Eight States directed the funding to less than 10% of their LWAs. At the other extreme, eight States provided FNS funds to 75% or more of their LWAs.

Exhibit 2.14: Percent of LWAs in Each State with FNS-Funded *Loving Support* Peer Counseling Program, by State, FY 2008 (n=51)



Note: In 2008, FNS provided \$13,476,000 to 50 States and the District of Columbia. The States reported allocating grant funding 475 out of a total of 1,810 Local WIC Agencies.

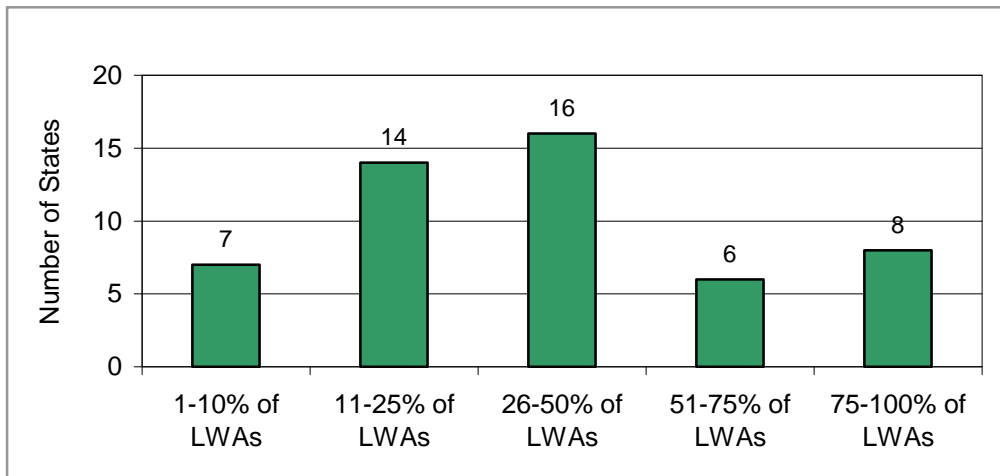
Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

Some of the States provide LWAs with non-FNS grant funding to operate the *Loving Support Peer Counseling Program*. When these LWAs are included, the picture is slightly different. For instance, while 10 States direct the FNS grant to more than half of the LWAs in their State, when including all sources of funding, the number of States rises to 14. (See Exhibits 2.14 and 2.15.)²⁸

For the WIC Program and Participants Characteristics report, States report from April of 2008, or for an average month, the number and characteristics of WIC participants served by each LWA. Using these data, we used WIC PC census files to calculate State-level estimates of WIC participants, as reported for WIC PC 2008, served by agencies that received the FNS grant. This calculation is meant to adjust for LWA size. In actuality, these agencies may be serving all participants or only a proportion of them, depending upon how their program is structured.²⁹

Exhibit 2.15: Percent of LWAs in States with *Loving Support Peer Counseling Program*, All Funding Sources, FY 2008 (n=51)



Missing responses: none.

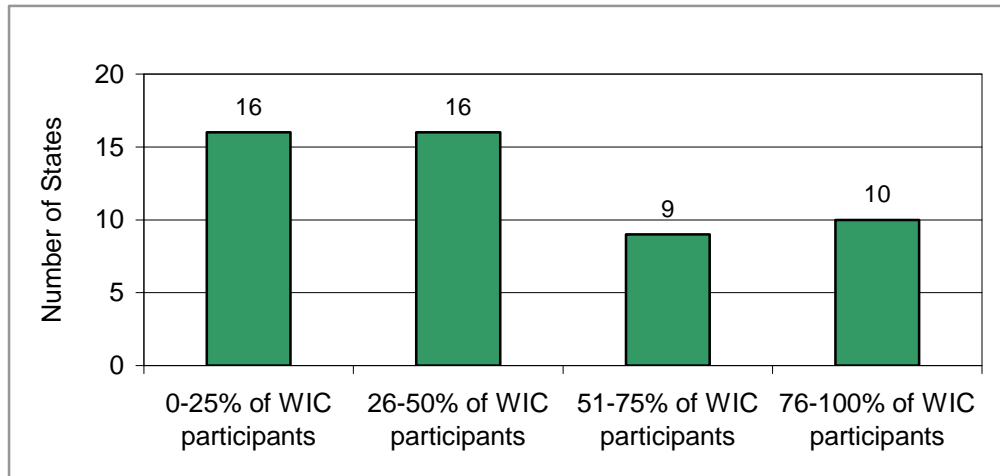
Source: 2008 Survey of State WIC Agencies.

As Exhibit 2.16 shows, in 16 States, funds go to LWAs serving under 25% of pregnant WIC participants and in an additional 16 States, funding goes to LWAs serving between 26% and 50% of pregnant WIC participants. At the other end of the spectrum, 10 States direct the FNS funding to LWAs serving more than 75% of WIC participants.

²⁸ Chapter 4 provides more information about the characteristics of LWAs that are operating *Loving Support Peer Counseling Programs*, using data from WIC PC 2008.

²⁹ More information about participant characteristics of in LWAs that are using FNS grant funding is found in Chapter 4.

Exhibit 2.16: Proportion of Pregnant WIC Participants Served by LWAs Receiving FNS Funding, by State, FY 2008 (n=51)

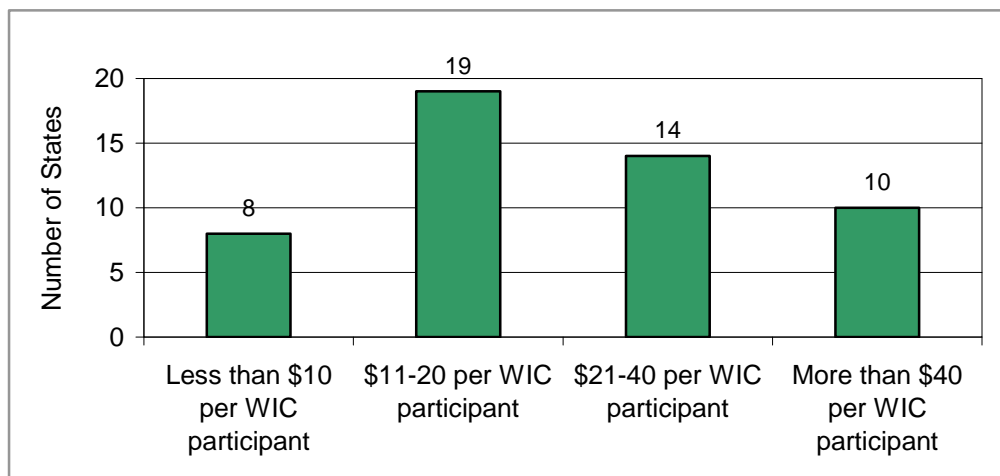


Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

The FNS grant amount for FY 2008 was \$15 million.³⁰ Using this grant amount, we developed a State-level estimate of FNS funding per pregnant WIC participant reported in WIC PC census data served by LWAs that receive the FNS grant funding. This amount ranged from \$5.35 per pregnant WIC participant to \$117.32, with an average amount of \$26.69 per pregnant participant. As shown in Exhibit 2.17, in eight States, the FNS grant amount per pregnant WIC participant as reported in WIC PC 2008 was less than \$10; in ten States, the amount exceeded \$40 per pregnant participant.

Exhibit 2.17: Amount of Funding per Pregnant WIC Participants Served by LWAs Receiving FNS funding, by State, FFY 2007 (n=51)



Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

³⁰ For FY2010, Congress appropriated \$80 million for the *Loving Support* Peer Counseling Program.

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Chapter 3: State Policy Guidance for the *Loving Support Peer Counseling Program*

As described in Chapter 1, the *Loving Support Peer Counseling Program* model includes ten required components to maximize the effectiveness of peer counselors to support breastfeeding among WIC participants (See Exhibit 1.1). This chapter describes guidance that States offer LWAs as it relates to these required components, as well as other important aspects of program implementation.

Specifically, it describes the content of guidance that States and ITOTs give local WIC agencies regarding: 1) *Loving Support Peer Counseling Program* staffing and supervision; 2) the amount, location and timing of contact between peer counselors and WIC participants; 3) peer counselor availability and caseloads; and 4) session documentation. It also discusses the extent to which States and ITOTs provide guidance on peer counselor wages, benefits and career paths.

Type and Amount of Guidance Provided to Local WIC Agencies

States and ITOTs provide extensive guidance to local WIC agencies about how the *Loving Support Peer Counseling Program* should be implemented. (See Exhibit 3.1.)

As Exhibit 3.1 shows, over 90% of States and ITOTs indicate that they provide written guidance on the qualifications of peer counselors, their job activities, the ways in which the sessions should be documented, and the types of contact (i.e., in-person, over the telephone) that peer counselors have with WIC participants. In addition, 88% provide guidance about how peer counselors should be supervised and 85% about the nature of training and support that peer counselors should receive.

Most States and ITOTs also provide guidance about the timing of peer counselors' contact with program participants. Eighty-six percent of respondents give guidance about when peer counselors must first contact participants, and/or about the frequency of contact between peer counselors and participants.

Similarly high percentages of respondents provide local WIC agencies with guidance about where and when peer counseling should occur. Eighty-six percent of respondents provide guidance about the settings at which peer counseling services are provided to participants and 85% provide guidance about the extent to which peer counselors should be accessible outside of standard WIC clinic hours.

States and ITOTs provide less written guidance about the number of WIC participants the peer counselors may serve and the maximum amount of time individuals may receive peer counseling. Less than half of respondents (44%) provide guidance to local WIC agencies on the size of peer counselors' caseloads; and less than a third (31%) provide guidance regarding the maximum amount of time individuals can receive peer counseling. Finally, over half of States (59%) provide some guidance about community partnerships related to the *Loving Support Peer Counseling Program* that local WIC agencies must establish.

Eighty-five percent or more of States and ITOTs indicate that they provided written guidance to LWAs aligned with several of the required components of the *Loving Support Peer Counseling Program* (see Exhibit 1.1), including:

- Having an appropriate definition of peer counselors (Component I);
- Having defined job parameters and job descriptions for peer counselors (Component III)
- Having designated peer counseling coordinators or managers at the State or local level (Component II);
- Providing adequate supervision of peer counselors (Component VII);
- Providing a range of supports to peer counselors, including regular, systematic contact with supervisors (Component IX); and
- Training appropriate local peer counseling management and clinic staff (Component V)

Slightly smaller percentages of States and ITOTs appear to specify guidelines for LWAs to provide adequate compensation and reimbursement of peer counselors (Component IV), and/or to promote the establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program for peer counselors (Component VII). The percentage of States engaged in providing guidance relevant to these particular components is 69% and 59%, respectively.³¹ (See Exhibit 3.1.)

³¹ This chapter does not address Component VI: “establishment of standardized breastfeeding peer counseling programs policies at the State and local level as part of Agency nutrition plan.”

Exhibit 3.1: Respondents with Written Guidance to LWAs on *Loving Support Peer Counseling* Program Implementation, FY 2008

Aspects of <i>Loving Support Peer Counseling</i> Program Implementation	All Respondents (n=85)		States (n=51)		Territories/ITOs (n=34)	
	Number	Percent	Number	Percent	Number	Percent
Qualifications of local WIC peer counselors	80	94%	51	100%	29	85%
Peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).	79	93%	51	100%	28	82%
Documentation of peer counselors' interactions with WIC participants.	78	92%	49	96%	29	85%
The types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants	77	91%	48	94%	29	85%
Role, responsibilities, and qualifications of local WIC peer counseling coordinator	76	89%	49	96%	27	79%
Supervision and job monitoring of peer counselors	75	88%	48	94%	27	79%
Content of peer counseling activities with participants (e.g., topics/issues to discuss, etc.)	74	87%	48	94%	26	76%
Timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital)	73	86%	48	94%	25	74%
Frequency of peer counselor's contact with program participants	73	86%	45	88%	28	82%
Settings where peer counseling services are provided to participants	73	86%	46	90%	27	79%
Accessibility of peer counselors to participants outside WIC clinic hours	72	85%	47	92%	25	74%
Nature and amount of initial and ongoing training and support that peer counselors receive	72	85%	45	88%	27	79%
Procedures for referrals of <i>Loving Support Peer Counseling</i> participants to other related services participants.	68	80%	43	84%	25	74%
Wages or benefits and career paths for peer counselors	59	69%	43	84%	16	47%
Community partnerships related to the <i>Loving Support Peer Counseling</i> Program that local agencies must establish	50	59%	32	63%	18	53%
Caseload, number of participants for each peer counselor	37	44%	23	45%	14	41%
Maximum length of time that WIC participants may receive peer counseling	26	31%	15	29%	11	32%
None. State/ITOT provides no written guidance.	4	5%	0	0%	4	12%

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

It would be possible for States to leave some of these implementation decisions up to LWAs with general directions to conform to the program model. However, as Exhibit 3.2 shows, 90% of all States provide guidance on 11 or more of the 17 areas of program implementation specified in Exhibit 3.1.

Exhibit 3.2: Amount of Written Guidance to LWAs for *Loving Support* Peer Counseling Program, FY 2008

Number of Aspects of Program Implementation	All Respondents (n=85)		States (n=51)		Territories/ITOs (n=34)	
	Number	Percent	Number	Percent	Number	Percent
No aspects of program implementation	4	5%	0	0%	4	12%
1–5 aspects of program implementation	1	1%	2	2%	0	0%
6–10 aspects of program implementation	4	5%	2	2%	3	9%
11–16 aspects of program implementation	66	78%	43	84%	23	68%
All 17 aspects of program implementation	10	12%	6	12%	4	12%

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

Peer Counselor Coordinators' Qualifications and Responsibilities

A core component of the *Loving Support* Peer Counseling Program is the designation of a peer counseling coordinator at the LWA or State level (Component II). This individual is tasked with supervising peer counselors and often is responsible for overseeing major aspects of the daily operations of the program. Sixty-seven of the 85 respondents (46 States and 21 ITOTs) indicated that they provided LWAs with guidance about the educational level or experience of the local peer counselor coordinator. Exhibit 3.3 summarizes this guidance for 66 or the 67 respondents who provided further information.³²

³² There was one missing response from an ITOT.

Exhibit 3.3: State/ITOT Guidance Provided to LWAs on Qualifications of Local Peer Counselor Coordinators, FY 2008

Recommended or Required Training, Work and Educational Experience ^a	All Respondents (n=66)		States (n=46)		Territories/ITOs (n=20)	
	Number	Percent	Number	Percent	Number	Percent
Qualifications and Experience						
Experience in breastfeeding promotion	46	71%	32	71%	14	70%
Training in lactation management	46	71%	33	73%	13	65%
Experience in counseling	34	52%	23	51%	11	55%
Personal experience in breastfeeding	23	35%	10	22%	13	65%
Computer skills	21	32%	9	20%	12	60%
Registered dietician or nutritionist	20	31%	16	36%	4	20%
Experience in program management	20	31%	15	33%	5	25%
International Board Certified Lactation Consultant Of IBCLC eligible	19	29%	16	36%	3	15%
Experience in peer counseling	17	26%	9	20%	8	40%
Registered nurse	11	17%	10	22%	1	5%
Experience as health-related program supervisor	5	8%	3	7%	2	10%
Bilingual	5	8%	1	2%	4	20%
Other	2	3%	2	4%	0	0%
Educational Attainment						
Bachelors degree	21	32%	18	40%	3	15%
Associates degree	7	11%	4	9%	3	15%
High school diploma/GED	2	3%	1	2%	1	5%

^a The survey did not ask respondents to distinguish whether a specific qualification was recommended or required.

Missing responses: 1 ITOT.

Source: 2008 Survey of State WIC Agencies.

The guidance of States and ITOTs is primarily focused on ensuring that peer counselor coordinators have experience and training in breastfeeding promotion and lactation management. Seventy-one percent of the respondents who provided guidance on this topic recommend or require that local peer counselor coordinators have one or both of these qualifications, although only 29% recommend or require that peer counselor coordinators are International Board Certified Lactation Consultant (IBCLC) eligible. The majority of these States and ITOTs (52%) recommend or require that peer counselor coordinators have experience in counseling and 26% recommend or require some experience in peer counseling specifically.³³

About one-third of States and ITOTs who provide guidance on the characteristics of peer counselor coordinators include various personal experiences of peer counselor coordinators. Thirty-five percent of these States and ITOTs recommend or require that Local WIC Agencies employ peer counselor

³³ The survey did not ask respondents to distinguish whether a specific qualification was recommended or required.

coordinators with experience breastfeeding and 31% indicate peer counselor coordinators should have experience in program management. Interestingly, almost a third (32%) recommend that or require peer counselor coordinators have computer skills.

A smaller percentage of States and ITOTs provide guidance to LWAs about the educational qualifications of peer counselor coordinators and experience in counseling, lactation management, and breastfeeding promotion. Thirty-two percent recommend or require a Bachelor's Degree, 11% recommend or require an Associate's Degree and 3% require a High School Diploma or GED.

In addition to the necessary job qualifications of peer counselor coordinators, 68 of the 85 State and ITOTs have guidelines on peer counselor coordinator responsibilities.³⁴ Exhibit 3.4 illustrates the extent to which these States and ITOTs encourage Local WIC agencies to provide adequate supervision and monitoring of peer counselors (Component VII), and the specific strategies they suggest local WIC agencies employ to help peer counselor coordinators fulfill these responsibilities.

As Exhibit 3.4 illustrates, most of the 68 States and ITOTs who have guidance on this topic recommend or require that local peer counselor coordinators undertake a range of activities as they pertain to program management and administration. Unsurprisingly, the most commonly stipulated responsibility for peer counselor coordinators is supervising and monitoring peer counselors. Ninety-six percent of the 68 respondents who have guidance on the peer counseling coordinator role include this responsibility for peer counselor coordinators. On a related note, 91% of these States and ITOTs encourage local peer counselor coordinators to monitor the implementation *Loving Support Peer Counseling* services. Ninety-three percent of these 68 States and ITOTs recommend or require that peer counseling coordinators report on program operations to State WIC administrative staff and 81% of them recommend or require that States participate in establishing the basic policies and procedures for the program.

As part of these responsibilities, some States and ITOTs that provide guidance on the peer counselor coordinator role recommend or require local peer counselor coordinators help promote and publicize the program both within their agencies and in their communities. Over three quarters of the 68 States and ITOTs encourage local peer counselor coordinators to promote the *Loving Support Peer Counseling Program* (79%) and to provide information to WIC participants about the program (76%). Another 76% of these States and ITOTs recommend or require that peer counselor coordinators initiate or serve as the point of contact for local community organizations that collaborate with their agencies on *Loving Support Peer Counseling*.

Most of the 68 States and ITOTs with guidance on the peer counselor coordinator role also stipulate that local peer counselor coordinators participate in some way in the training of other staff as it relates to the peer counseling program. Ninety-one percent provide guidance related to the participation of local peer counseling coordinators in the training of their peer counselors and 82% provide similar guidance as it relates to training about breastfeeding and peer counseling to other LWA staff.

³⁴ The survey did not ask respondents to distinguish whether a specific peer counselor coordinator responsibility was recommended or required.

Exhibit 3.4: State/ITOT Guidance Provided to LWAs on Responsibilities of *Loving Support* Peer Counseling Coordinators, FY 2008

Peer Counselor Coordinator Responsibilities ^a	All Respondents (n=68)		States (n=47)		Territories/ITOs (n=21)	
	Number	Percent	Number	Percent	Number	Percent
Supervise and monitor work performance of peer counselors	65	96%	46	98%	19	90%
Report on the program operations to State WIC administrative staff	63	93%	45	96%	18	86%
Provide training to peer counselors	62	91%	44	94%	18	86%
Monitor the implementation of peer counseling services	62	91%	44	94%	18	86%
Participate in the training of LWA staff about breastfeeding and peer counseling	56	82%	37	79%	19	90%
Participate in LWA program's establishment of basic policies and procedures for peer counseling program	55	81%	37	79%	18	86%
Conduct promotion activities for peer counseling program	54	79%	36	77%	18	86%
Initiate or serve as point of contact for community organizations that collaborate on <i>Loving Support</i> activities	52	76%	34	72%	18	86%
Provide information to WIC participants about the peer counseling program	52	76%	33	70%	19	90%
Design and/or participate in evaluation of local peer counseling services	44	65%	33	70%	11	52%
Conduct needs assessments related to peer counseling services	32	47%	20	43%	12	57%
Other	2	3%	2	4%	0	0%

^a The survey did not ask respondents to distinguish whether a specific qualification was recommended or required.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

Slightly smaller percentages of this group of States and ITOTs encourage local peer counselor coordinators to be involved in needs assessments and evaluations. Sixty-five percent of States recommend or require local peer counselor coordinators to design or participate in local evaluations, and 47% require them to conduct needs assessments related to the program.

Peer Counselors' Qualifications

Peer counselors are the lifeblood of the *Loving Support* Peer Counseling Program. Accordingly, it is not surprising that almost all States and ITOTs (80 of 85 respondents) provide guidance to local WIC agencies about the experience and educational level that peer counselors should have. (See Exhibit

3.1.) Exhibit 3.5 summarizes responses for 71 of the 80 States and ITOTs that said they provided guidance regarding peer counselor experience and training.³⁵

Guidance on peer counselor qualifications tends to focus more on peer counselors' personal experiences and beliefs about breastfeeding than on formal certification. The 71 States and ITOTs who provided additional information about guidance on such qualifications most often ask that LWAs ensure that local peer counselors have themselves breastfed (97%) and are enthusiastic about breastfeeding (93%). Conversely, only 6% of the 71 States and ITOTs in this group provide recommendations related to professional certifications, such as being an International Board of Lactation Consultant.

A significant amount of the specific guidance provided by the 71 States and ITOTs who have guidance on peer counselor qualifications relates to skills needed for peer counselors to do their jobs well. Seventy-nine percent of respondents with guidance on peer counselor qualifications recommend or require that peer counselors have good interpersonal communication skills. Another 79% provide guidance that peer counselors should have the ability to recognize when they need to refer WIC participants to other services, specialists and programs; and 56% assert that they should project a positive image of WIC and be able to present information in ways consistent with WIC philosophy. Fifty-nine percent encourage LWAs to employ peer counselors who are paraprofessionals.³⁶ Interestingly, only 3% of the 71 States and ITOTs provide guidance about the computer skills of peer counselors.

Many of the 71 States and ITOTs who provided details about guidelines on peer counselor qualifications encourage LWAs to hire peer counselors with similar backgrounds to those of targeted program participants. Seventy-two percent of these 71 States and ITOTs encourage LWAs to work with peer counselors who are current or former WIC recipients. Another 62% of these States and ITOTs provide guidance to hire peer counselors who are from the same communities as the targeted *Loving Support Peer Counseling* participants, and 56% of the 71 States and ITOTs provide guidance about working with peer counselors who either speak the same language as and/or have a similar ethnic background to target participants. About one-third (35%) of these States and ITOTs encourage LWAs to hire peer counselors that are similar in age to target participants. Twenty-one percent of the 71 respondents provide guidance to LWAs related to peer counselors being good parenting models.

In addition, many of the 71 States and ITOTs have recommendations or requirements related to peer counselors' educational attainment, although significantly more provide guidance about the personal characteristics and experiences of peer counselors than about whether they should have educational degrees. Forty-five percent of the 71 States and ITOTs recommend or require that LWAs hire peer counselors with high school diplomas or GEDs and only 1% of them indicate that peer counselors have either an Associate or a Bachelor degree.

³⁵ The survey did not ask respondents to distinguish whether a specific qualification was recommended or required.

³⁶ FNS defines paraprofessionals as "those without extended professional training who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function."

Exhibit 3.5: State/ITOT Guidance Provided to LWAs on Qualifications of Peer Counselors, FY 2008

Recommended or Required Training, Work, and Education Experience ^a	All Respondents (n=71)		States (n=49)		Territories/ITOs (n=22)	
	Number	Percent	Number	Percent	Number	Percent
Qualifications and Experience						
Current or previous breastfeeding experience	69	97%	48	98%	21	95%
Enthusiastic about breastfeeding	66	93%	46	94%	20	91%
Available to participants outside the usual clinic hours	64	90%	45	92%	19	86%
Available to participants outside the WIC clinic setting	60	85%	41	84%	19	86%
Have good interpersonal communication skills	56	79%	38	78%	18	82%
Recognize when to make referrals to other services, specialists, and programs	56	79%	36	73%	20	91%
Current or previous WIC participant	51	72%	38	78%	13	59%
Have access to reliable transportation	50	70%	32	65%	18	82%
Must have telephone	49	69%	31	63%	18	82%
Live in the same community as they target peer counseling program participants	44	62%	31	63%	13	59%
Paraprofessional	42	59%	35	71%	7	32%
Available to conduct peer counseling services for a minimum number of hours per week	41	58%	26	53%	15	68%
Ethnic background similar to the targeted peer counseling program participants	40	56%	29	59%	11	50%
Speak the same language as the targeted peer counseling program participants	40	56%	32	65%	8	36%
Project a positive image of WIC, present information consistent with WIC philosophy	40	56%	26	53%	14	64%
Willing to travel to remote parts of the WIC service area	29	41%	13	27%	16	73%
Age similar to the target peer counseling program participants	25	35%	21	43%	4	18%
Good parenting model	15	21%	8	16%	7	32%
Minimum length of commitment to serve as a peer counselor	6	8%	4	8%	2	9%
Professional certification (e.g. IBCLC or IBCLC eligible, registered dietician or nutritionist, lactation management)	4	6%	2	4%	2	9%
Computer skills	2	3%	2	4%	0	0%
Other	4	6%	3	6%	1	5%
Educational Attainment						
GED or high school completion	32	45%	18	37%	14	64%
Associate's degree	1	1%	1	2%	0	0%
Bachelor's degree	1	1%	1	2%	0	0%
Master's degree	0	0%	0	0%	0	0%

^a The survey did not ask respondents to distinguish whether a specific qualification was recommended or required.

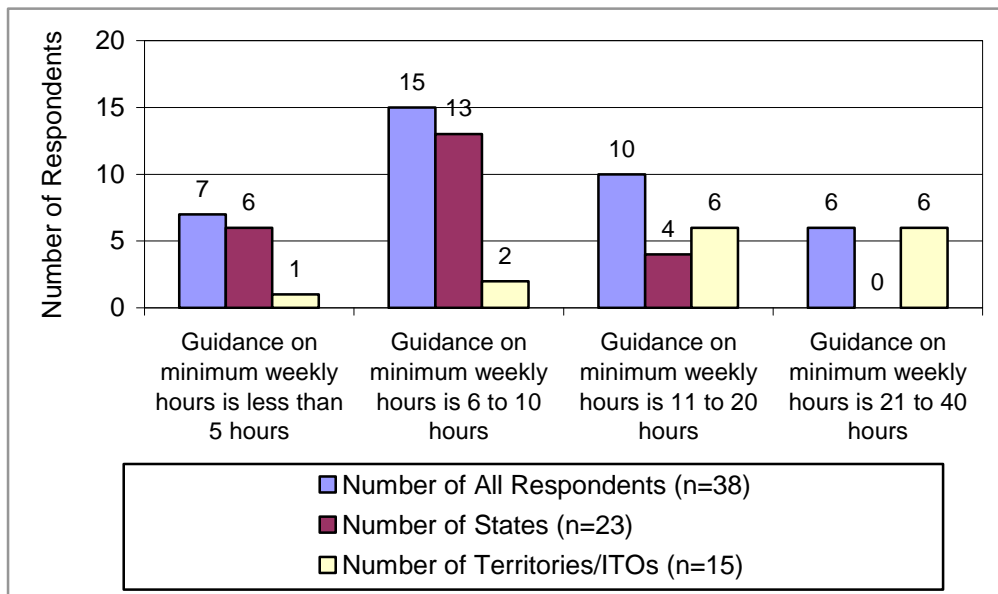
Missing responses: 2 States and 7 ITOTs.

Source: 2008 Survey of State WIC Agencies.

The vast majority of the 71 States and ITOTs with guidance on peer counselor qualifications ask that LWAs ensure that peer counselors have the ability to meet some of the logistical requirements of service provision. Ninety percent of the 71 States and ITOTs stipulate that local peer counselors should be available to WIC participants outside of usual clinic hours, and another 85% of them provide guidance that they should be available outside of the usual WIC clinic setting. On a related note, 69% of the 71 States and ITOTs provide guidance to ensure that peer counselors have telephones and an additional 70% of the 71 respondents recommend that or require LWAs to ensure that peer counselors have access to reliable transportation. A smaller percentage of the 71 States and ITOTs (41%) provide guidance to ensure that peer counselors are willing to travel to remote parts of their service delivery areas.

As shown in Exhibit 3.5, 41 of the 71 States and ITOTs who provided guidance on qualifications of peer counselors recommend or require that peer counselors be available for a minimum number of hours per week. As Exhibit 3.6 shows, of the 38 who responded to the follow-up question to provide more detail, 22 States and ITOTs indicated that these requirements are quite minimal: from 10 or fewer hours per week.

Exhibit 3.6: State/ITOT Guidance Provided to LWAs about Minimum Hours That Peer Counselors Work Each Week, FY 2008



Missing responses: 3 States.

Source: 2008 Survey of State WIC Agencies.

Loving Support Peer Counseling Program Operations

Peer counselor/WIC participant contact is one of the cornerstones of the program. Accordingly, it is unsurprising that many States and ITOTs provide LWAs with guidance about how frequently peer counselors should reach out to WIC participants and when they should do so, where contact and when contact should occur, and how peer counselors should communicate with WIC participants (by telephone, in person, etc.).

Timing and Frequency of Contacts Between Peer Counselors and WIC participants

Most States and ITOTs indicated that they have guidelines related to the frequency of contact between local peer counselors and WIC participants (see Exhibit 3.1). Among the 73 respondents who indicated that they had guidelines about such contacts, 92% of States and ITOTs have guidelines related to contacts during pregnancy and 97% have guidelines for post partum contacts.³⁷ More specifically, 80% of respondents with guidelines about frequency of contact had them for the third trimester; 97% had them for the first week post-partum, 93% of them had guidelines for weeks 2-4 post-partum and 91% had them for months 2-4 post-partum.³⁸

Although the specific mandates regarding the frequency of contact during pregnancy and post-partum periods vary a great deal, during pregnancy more States and ITOTs with guidelines about frequency recommend or require that contact is monthly than any other schedule. As shown in Exhibit 3.7, for example, those that specify frequency of contacts, 41% of States and ITOTs provide guidance that these contacts should occur on a monthly basis in the last month post partum.

As shown in Exhibit 3.7, after delivery, States and ITOTs with guidelines tend to recommend or require more frequent contacts between peer counselors and WIC participants during the first few weeks postpartum than during pregnancy. During the first week postpartum (after hospitalization), 86% of States and ITOTs who have guidance about frequency indicate that contact should occur at least in the week (65%) if not more frequently (21%). During weeks two through four, 64% of States and ITOTs with guidance about frequency recommend or require that contacts continue weekly or more frequently than weekly; another 10% require bi-weekly contact.

As mothers become more comfortable caring for their babies and as the babies get older, State and ITOT guidance is for less frequent contact between peer counselors and WIC participants. During months two through four, only 17% of States and ITOTs with guidance about frequency indicate that contact should occur on at least a bi-weekly basis, and this number decreases dramatically from that point onward.

³⁷ Sixty-six respondents (41 States and 25 ITOTs) have specific guidelines for frequency of contact during pregnancy. Seventy respondents (43 States and 27 ITOTs) have specific guidelines for frequency of contact post-partum.

³⁸ As indicated in Exhibit 3.7, all but 2 States (which accounted for 3% of respondents) had guidelines for the first week post-partum. All but 7 respondents (6 States and 1 ITOT, or 9% of the respondents) had specific guidelines for Months 2-4 post partum).

Exhibit 3.7: State/ITOT Guidance Provided to LWAs on Frequency of Peer Counseling, FY 2008

Frequency of Contact	All Respondents (n=72)		States (n=45)		Territories/ITOs (n=27)	
	Number	Percent	Number	Percent	Number	Percent
<i>During Third Trimester^a</i>						
Every 2 weeks or more frequently	12	17%	4	9%	8	31%
One time per month	29	41%	16	36%	13	50%
Every 2 or 3 months	10	14%	9	20%	1	4%
As needed	6	8%	4	9%	2	8%
Did not specify guidelines for the time period	14	20%	12	27%	2	8%
<i>During the First Week Post-Partum (after hospital):^b</i>						
More frequently than weekly	15	21%	10	23%	5	19%
One time during the week	46	65%	27	61%	19	70%
As needed	8	11%	5	11%	3	11%
Did not specify guidelines for the time period	2	3%	2	5%	0	0%
<i>During Weeks 2-4 Post Partum^a</i>						
More frequently than weekly	2	3%	1	2%	1	4%
One time per week	43	61%	25	56%	18	69%
Every 2 weeks	7	10%	4	9%	3	12%
One time in the three-week period	4	6%	3	7%	1	4%
As needed	9	13%	7	16%	2	7%
Did not specify guidelines for the time period	6	8%	5	11%	1	4%
<i>During Months 2-4 Post Partum^a</i>						
Every 2 weeks or more frequently	12	17%	6	13%	6	23%
One time per month	37	53%	21	47%	16	62%
Every 2 or 3 months	5	7%	5	11%	0	0%
As needed	10	14%	7	16%	3	12%
Did not specify guidelines for the time period	7	10%	6	13%	1	4%

^a Missing responses: 1 ITOT.

^b Missing responses: 1 State.

Source: 2008 Survey of State WIC Agencies

Twenty-six of the respondents (15 States and 11 ITOTS) provide guidance on the maximum length of time that WIC participants can receive peer counseling support. As shown in Exhibit 3.8, the majority (62%) of these 26 reported that the maximum amount of time that WIC participants may receive peer counseling was 12 months. Only 19% of these 26 States and ITOTs report that the maximum of time a WIC participant is allowed to be in the program is six months or less.

Exhibit 3.8: State/ITOT Guidance Provided on LWAs on Maximum Length of Time WIC Participants Can Receive Peer Counseling, FY 2008

Maximum Length of Peer Counseling	All Respondents (n=26)		States (n=15)		Territories/ITOs (n=11)	
	Number	Percent	Number	Percent	Number	Percent
3 to 6 months	5	19%	3	20%	2	18%
7 to 11 months	2	8%	1	7%	1	9%
12 months	16	62%	9	60%	7	64%
As long as mother is breastfeeding	2	8%	1	7%	1	9%
Other	1	4%	1	7%	0	0%

Missing responses: none.

Source: 2008 Survey of State WIC Agencies.

Forty-five percent of the 73 States and ITOTs that have guidelines about frequency of contact also have guidelines about how quickly peer counselors should get back into touch with WIC participants when WIC participants request help.³⁹ On average, two and a half days can elapse between a request for assistance and contact from a peer counselor. The average for States is slightly longer (three days); the average for ITOTs is two days.

Nature and Location of Contact

Many States and ITOTs also provide guidance regarding the types of contact (e.g., over the telephone, by mail, in person) that peer counselors have with WIC participants and the location in which contact, if it is in person, occurs. As discussed earlier in this chapter, 91% of States and ITOTs provide guidance regarding the type of contacts. (See Exhibit 3.1.) Of those, 79% require at least some contact to be in person.

As shown in Exhibit 3.1, 86% of States and ITOTs also provide guidance about some of the settings where peer counseling services potentially could occur. Seventy of the 73 States and ITOTs who provided guidance about settings described a range of guidelines related to contact in WIC offices after office hours, in hospitals and in participants' homes. Exhibit 3.9 describes the responses of 70 of the 73 States and ITOTs that indicated they had any guidelines about settings. The exhibit shows whether these States and ITOTs provide guidelines about contact in a specific setting, and, if they do, whether contact is prohibited or if liability concerns are addressed.

³⁹ These include 45 States and 26 ITOTs. There were missing responses from 2 ITOTs.

Exhibit 3.9: State/ITOT Guidance Provided to LWAs on Peer Counselors' In-Person Contact with WIC Participants, FY 2008

	All Respondents (n=70)		States (n=44)		Territories/ITOs (n=26)	
	Number	Percent	Number	Percent	Number	Percent
Guidelines provided for contact in WIC participants' homes	59	84%	35	80%	24	92%
<i>Of those with Guidelines, they...</i>						
Prohibit contact ^a	13	22%	11	31%	2	9%
Address liability issues ^b	7	13%	2	6%	5	20%
Guidelines provided for contact in the hospital	55	79%	35	80%	20	77%
<i>Of those with Guidelines, they...</i>						
Prohibit contact ^a	6	11%	5	14%	1	6%
Address liability issues ^b	10	18%	4	13%	6	28%
Guidelines provided for contact in local WIC offices after hours	31	44%	20	45%	11	42%
<i>Of those with Guidelines, they...</i>						
Prohibit contact ^a	13	43%	10	50%	3	30%
Address liability issues ^c	4	15%	1	6%	3	30%

^a Missing responses: 1 ITOT.

^b Missing responses: 4 States and 2 ITOTs.

^c Missing responses: 3 States and 1 ITOT.

Source: 2008 Survey of State WIC Agencies.

Eighty-four percent of the 70 States and ITOTs with guidelines about settings have guidelines regarding contact in WIC participants' homes; of those, 22% of them prohibit contact and 13% address liability issues. A slightly smaller percentage of States and ITOTs provide guidance regarding contact between WIC participants and peer counselors while WIC participants are in hospitals (79%) and a smaller percentage of those respondents prohibit contact (11%), but a slightly larger percentage (18%) have guidelines that address liability issues pertaining to work in hospitals.

Finally, less than half (44%) of States who have guidelines on settings include guidance regarding contact in local WIC offices after hours. A relatively higher percentage of these States (43%) prohibit this kind of contact. Fifteen percent of States with guidelines specifically about contact in WIC office after hours addresses liability issues.

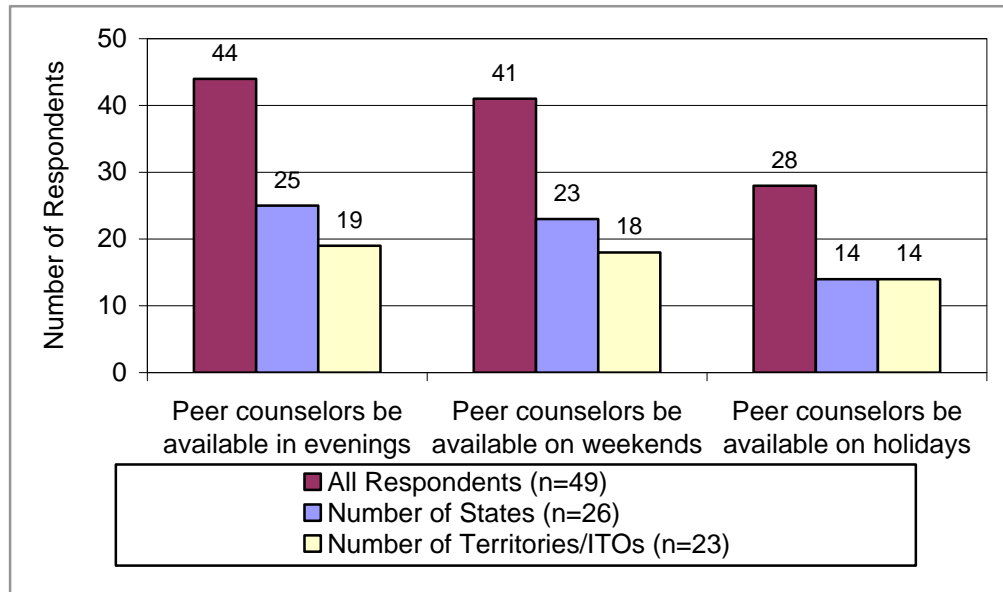
Peer Counselor Accessibility

Seventy-two States and ITOTs (85%) indicated that they provided guidance about peer counselors' accessibility to WIC participants outside of clinic hours (see Exhibit 3.10).

Of those who provided guidance, 51 respondents indicated that they had guidance specifically related to telephone availability. Fifty of these indicated that they provided guidance specifically about

whether peer counselors should be available during evenings, weekends, and holidays.⁴⁰ Of these, 90% indicated that they recommend or require that peer counselors be available during the evening, 84% that they be available on weekends, and 57% that they be available on holidays.

Exhibit 3.10: State/ITOT Guidance Provided to LWAs on the Availability of Peer Counselors After Standard Work Hours, FY 2008



Missing responses: 1 State.

Source: 2008 Survey of State WIC Agencies.

In cases where States and ITOTs specified guidance about after-hour telephone contact, 49 of the 50 respondents provided guidance about equipment that peer counselors should be provided to facilitate this contact. Of those with such guidance, 73% of States and ITOTs require local WIC agencies to provide peer counselors with phones or cell phones; 33% require local WIC agencies to provide peer counselors with answering machines and 14% encourage local agencies to provide peer counselors with beepers. (See Exhibit 3.11.)

⁴⁰ There was a missing response from one State.

Exhibit 3.11: State/ITOT Guidance Provided to LWAs about the Equipment for Peer Counselors to Facilitate After Hours Contact, FY 2008

Type of Equipment	All Respondents (n=49)		States (n=26)		Territories/ITOs (n=23)	
	Number	Percent	Number	Percent	Number	Percent
Phones/Cell phones	36	73%	17	65%	19	83%
Answering machines	16	33%	10	38%	6	26%
Beepers	7	14%	7	27%	0	0%
No special equipment is recommended or required	8	16%	4	15%	4	7%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Peer Counselor Wages, Benefits and Career Paths

As discussed earlier in Exhibit 3.1, 59 States and ITOTs (69%) indicated that they provide LWAs with guidance on wages or benefits for peer counselors. Of those, 95% recommend or require that peer counselors be paid (93% of States and 100% of ITOTs). Seventy-five percent of those that have this recommendation (68% of States and 94% of ITOTs) specify a minimum amount for their wages. Sixty-two percent (44% of States and 93% of ITOTs) set the minimum amount equivalent to other WIC entry-level wages.⁴¹

In addition, 75% of States and ITOTs that provide LWAs with guidance about wages, benefits or career paths also make recommendations about non-wage compensation. Most guidance about non-wage compensation (95%) is provided about compensation for job related expenses. Twenty-nine percent of States and ITOTs also have guidelines about career paths for peer counselors.⁴²

Peer Counselor Training, Support, Supervision and Monitoring

Peer Counselor Training

The required components of the *Loving Support* Peer Counseling Program include a focus on training. Accordingly, it is not surprising that 85% of States and ITOTs provide local WIC agencies with guidance about the nature and amount of training local peer counselors receive. (See Exhibit 3.1.) Exhibit 3.12 summarizes the kinds of guidance States provide about specific types and amount of training that LWAs should provide peer counselors.

Seventy-one of these 72 States and ITOTs provided additional information about their guidance on peer counselor training. As Exhibit 3.12 shows, 96% of them provide guidance about the minimum

⁴¹ There were 59 respondents to this question (43 States and 16 ITOTs) and no missing responses. Fifty-six respondents (40 States and 16 ITOTs) required peer counselors to be paid. Forty-two respondents (27 States and 15 ITOs) specified a minimum amount for wages and 26 respondents (12 States and 14 ITOTs) set the minimum amount at WIC entry level wages.

⁴² Of the 56 respondents that required peer counselors to be paid, 42 (32 States and 10 ITOTs) also made recommendations about non-wage compensation. Seventeen respondents (12 States and 5 ITOTs) had guidelines about career paths.

amount of initial training that peer counselors must receive. Among those States and ITOTs that specify a minimum, 37% indicated that it exceeds that specified by the *Loving Support Peer Counseling* model. In addition, 66% of those States and ITOTs with any guidelines about training also have guidelines about the amount of in-service training for peer counselors.

Exhibit 3.12: State/ITOT Guidance Provided to LWAs about Training and Support for Peer Counselors, FY 2008

Guidance	All Respondents (n=71)		States (n=45)		Territories/ITOs (n=26)	
	Number	Percent	Number	Percent	Number	Percent
Have guidelines about minimum amount of initial training peer counselors must receive	68	96%	44	98%	24	92%
<i>Of those with guidelines...^a</i>						
Minimum training guidelines exceed the <i>Loving Support Peer Counseling</i> guidelines	25	37%	15	34%	10	42%
Have guidelines about the amount of in-service training that peer counselors must receive ^b	47	66%	29	64%	18	69%

^a This response is based on the 68 respondents who answered yes to the previous question.

^b This question was asked of all 71 respondents.

Missing responses: 1 ITOT.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

In addition to guidelines about training, 65 of the 71 States and ITOTs (41 States and 24 ITOTs)⁴³ who provide guidelines about training also provide guidelines about the kinds of support peer counselors should receive including: having regular contact with a peer counseling supervisor and access to breastfeeding experts, participating in WIC staff meeting and having opportunities to meeting with fellow peer counseling staff. As shown in Exhibit 3.13, at least 80% of those States and ITOTs that provided guidance about these supports recommend or require each of them.

⁴³ One of the 24 ITOTs did not provide follow-up information.

Exhibit 3.13: State/ITOT Guidance Provided to LWAs about Support for Peer Counselors, FY 2008

Types of Ongoing Support for Peer Counselors	All Respondents (n=64)		States (n=41)		Territories/ITOs (n=23)	
	Number	Percent	Number	Percent	Number	Percent
Regular contact with local peer counseling supervisor	62	97%	40	98%	22	96%
Access to breastfeeding consultants and other experts	60	94%	37	90%	23	100%
Participation in WIC agency/clinic staff meetings	56	88%	35	85%	21	91%
Opportunities to meet regularly with other peer counselors	51	80%	35	85%	16	70%

Missing responses: 1 ITOT.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Peer Counselor Supervision

In addition to receiving training, peer counselors are supported by peer counseling coordinators and other WIC staff to help them to deliver services most effectively. As described earlier, 88% of States and ITOTs provide guidance to local WIC agencies about supervision and job monitoring of peer counselors (see Exhibit 3.1). Exhibit 3.14 provides more detail about the nature of that guidance.

As Exhibit 3.14 shows, most States and ITOTs that provide guidance in this area recommend or require that supervisors be closely involved in monitoring and supporting peer counselors. Eighty-nine percent recommend or require that supervisors review participant contact logs. Eighty-four percent make recommendations regarding peer counselors' attendance at supervisory or weekly staff meetings. Another 82% provide guidance that supervisors should conduct routine spot checks on peer counselors, and 77% recommend or require that supervisors observe peer counseling activities. Seventy-seven percent also give guidance regarding the frequency of contact between *Loving Support* peer counselors and their supervisors.

Seventy-eight percent of States and ITOTs who provide guidance about supervision and monitoring of peer counselors also encourage staff to review documentation of peer counseling activities, including peer counselors' timesheets, phone logs, travel vouchers, etc. In a similar vein, 78% of these respondents encourage LWAs to have peer counselors submit monthly work activity reports.

Slightly less than half of the 73 States and ITOTs (49%) offer guidance about local WIC agency procedures for conducting performance reviews and evaluations of peer counselors. Forty-five percent encourage local agencies to monitor the rates of individual WIC participants' participation and retention in the *Loving Support* Peer Counseling Program.

Exhibit 3.14: State/ITOT Guidance Provided to LWAs about Supervision and Monitoring of Peer Counselors, FY 2008

Guidance	All Respondents (n=73)		States (n=47)		Territories/ITOs (n=26)	
	Number	Percent	Number	Percent	Number	Percent
Review of participant contact logs/activity records by coordinator/supervisor	66	89%	43	90%	23	88%
Attendance of <i>Loving Support</i> peer counselors in supervisory meetings and/or WIC staff meetings	62	84%	41	85%	21	81%
Routine spot checks by coordinator/supervisor	61	82%	39	81%	22	87%
Submission of monthly work activity reports by peer counselors	58	78%	38	79%	20	77%
Review of counselors' time sheets, travel vouchers, phone logs, paperwork	58	78%	38	79%	20	77%
Frequency of contact with <i>Loving Support</i> peer counselor coordinator/supervisor	57	77%	38	79%	19	73%
Observation of <i>Loving Support</i> Peer Counseling activities by coordinator/supervisor	57	77%	39	81%	18	69%
Formal performance evaluation/review of <i>Loving Support</i> peer counselors	36	49%	21	44%	15	58%
Monitoring WIC participant participation and retention rates for individual peer counselors	33	45%	21	44%	12	46%

Missing responses: 1 State; 1 ITOT.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Documentation of Peer Counseling Services

As noted earlier in Exhibit 3.1, 92% of States and ITOTs provide local WIC agencies with guidance about documenting service delivery. Exhibit 3.15 shows the specific *Loving Support* Peer Counseling activities included in that documentation.

All of the 77 States and ITOTs that provide guidance to LWAs about service documentation encourage them to record information about the method by which WIC participants are contacted. An additional 73% of these respondents also require LWAs to track the locations at which participant contacts occur.

Over 90% of the respondents with guidance about service documentation also recommend or require that LWAs track the topics discussed with participants, referrals made for other services and the status of participants' breastfeeding activities. In addition, 87% of States and ITOTs provide guidelines that local agencies track unsuccessful contacts. A smaller percentage (57%) recommend or require that local agencies track demographic information about WIC participants.

Exhibit 3.15: State/ITOT Guidance Provided to LWAs about Peer Counseling Session Documentation, FY 2008

	All Respondents (n=77)		States (n=49)		Territories/ITOs (n=28)	
	Number	Percent	Number	Percent	Number	Percent
Method of contact (e.g., home visit, phone)	77	100%	49	100%	28	100%
Topics/issues discussed with participant	76	99%	48	98%	28	100%
Referrals made	75	97%	49	100%	26	93%
Status of breastfeeding (initiation, exclusivity)	72	94%	44	90%	28	100%
Unsuccessful contacts	67	87%	42	86%	25	89%
Materials sent to participants	58	75%	33	67%	25	89%
Location of contact	56	73%	34	69%	22	79%
Demographic data about participant and her baby	44	57%	23	47%	21	75%
Other	9	12%	9	18%	0	0%

Missing responses: 1 ITOT.

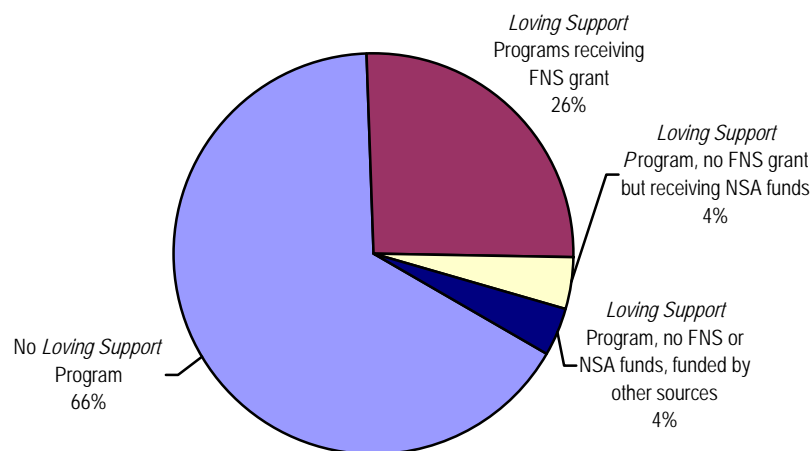
Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Chapter 4: Characteristics of LWAs Offering *Loving Support* Peer Counseling Programs

This chapter relates specifically to local WIC agencies (LWAs) located in the 50 States and the District of Columbia.⁴⁴ WIC services are offered by 1810 of these LWAs.⁴⁵ In a survey conducted in the fall of 2008, States were asked to indicate which of their LWAs were operating *Loving Support* Peer Counseling Programs⁴⁶ and to specify the funding sources. As of that time, as reported in Chapter 2, 475 of the LWAs (approximately one quarter of the total) received funding from the *Loving Support* Peer Counseling grant, in some instances augmenting them with NSA and/or other funds (Exhibit 4.1). States also indicated that an additional 152 LWAs operated *Loving Support* Peer Counseling Programs without the assistance of the FNS grant. Most of these LWAs received NSA funds or other State assistance for their programs. In all, one-third of the LWAs (627) offered the *Loving Support* Peer Counseling Program.

Exhibit 4.1: LWAs Implementing *Loving Support* Peer Counseling Programs and Their Funding Sources, FY 2008



Missing responses: none.

Source: 2008 WIC Survey of State WIC Agencies.

As described in Chapter 1, we combined this information with data abstracted from the WIC Participant and Program Characteristics project from 2008. These data were used to describe the numbers and characteristics of WIC participants being served by LWAs that operated *Loving Support*

⁴⁴ WIC services are also offered in 34 Territories and ITOs, not included in the analysis.

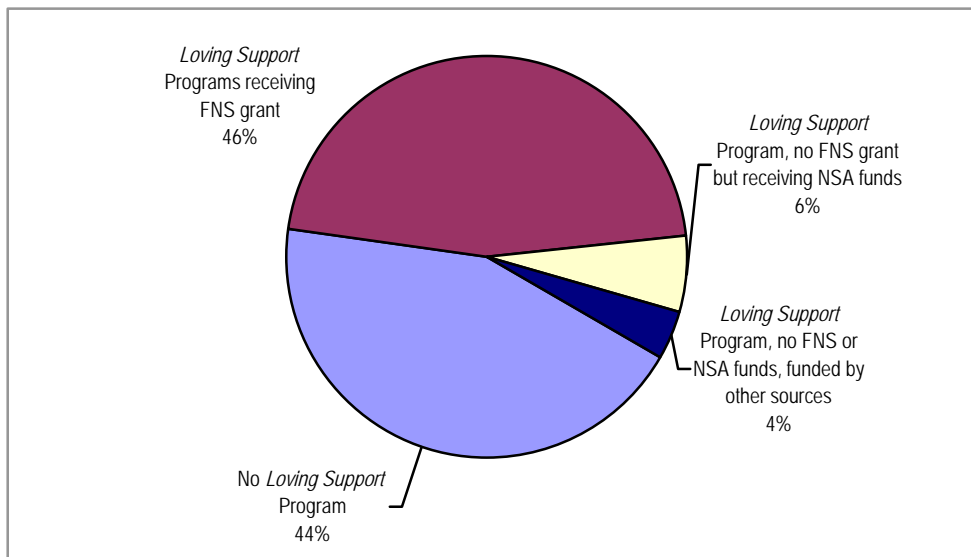
⁴⁵ Source: Special tabulations using WIC PC 2008 Census File.

⁴⁶ As described in the previous chapter, several States have used organizations that are not LWAs to implement the *Loving Support* Peer Counseling Program. In this chapter, when referring to sites “operating” *Loving Support* Peer Counseling Programs, we include both LWAs directly operating the program as well as those LWAs where WIC participants are being offered a *Loving Support* Peer Counseling Program implemented by another entity, such a community service organization.

Peer Counseling Programs. For the analysis in this chapter, we only describe LWAs that are located in the States.⁴⁷

The LWAs that offer *Loving Support* Peer Counseling Programs serve well over half of pregnant WIC participants (Exhibit 4.2). About 46% of participants are served by LWAs receiving FNS grants for *Loving Support* Peer Counseling Programs, and another 10% of participants are in LWAs supported by other funding.

Exhibit 4.2: WIC Participants Served By LWAs in States Implementing the *Loving Support* Peer Counseling Program, FY 2008



Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

It should be noted that peer counseling services are not necessarily available to all pregnant WIC participants served by the LWAs with such programs. Data gathered from the 40 site visits conducted for this study indicate that some LWAs limit the program to only some of their service delivery sites, while others target the program to specific participants (e.g., first-time mothers). Five case studies with descriptions of how WIC participants are targeted and served appear in Chapter 8 of this report.

In this chapter we characterize the 475 LWAs receiving FNS grants for the *Loving Support* Peer Counseling Programs and 627 LWAs operating such programs, relative to WIC overall in the 50 States and the District of Columbia. Descriptors come from the 2008 WIC Participant and Program Characteristics study. In the sections that follow we describe 1) the LWAs in terms of size and distribution across the seven FNS regions; 2) the key sociodemographics of the women they serve; and 3) the breastfeeding patterns of these WIC participants. Additional characteristics are tabulated and compared in Appendix E, including site profiles of participant categories, risk priority codes, additional sociodemographic measures, and prevalence of certain nutritional risks.

⁴⁷ Many of the ITOTs did not or were not able to report on the distribution of FNS funding.

The tabulations presented in this chapter indicate that the LWAs that received funding from the FNS grant are generally representative of WIC throughout the 50 States and District of Columbia. The broader group of LWAs operating *Loving Support* Peer Counseling, regardless of funding source, also closely resembles US WIC. The profiles are qualitatively similar for nearly all the measures examined, with a single important exception that is already suggested by a comparison of Exhibits 4.1 and 4.2: FNS *Loving Support* grants are substantially more likely to be received by large than by small local WIC agencies, as measured by the number of pregnant women served. In addition, agencies receiving FNS grants for *Loving Support* Peer Counseling Programs serve a somewhat higher proportion of Hispanic women.

Tests of statistical significance have not been performed because the data represent a census rather than a sample.

Size and Geographical Distribution of LWAs Offering *Loving Support* Peer Counseling

As noted in the introduction to this chapter, while only one third of LWAs (35%) are operating *Loving Support* Peer Counseling Programs, these LWAs serve the majority (56%) of pregnant WIC participants. This difference is because the LWAs with programs tend to be larger than the LWAs without such programs.

The size distribution of LWAs overall is extremely skewed. At the extremes, 54 of the 1810 WIC LWAs in the 50 States and the District of Columbia served 10 or fewer pregnant women in April 2008, while three LWAs served 10,000 or more. LWAs serving up to 115 pregnant women comprised a third of all LWAs nationwide (“small” LWAs), while those serving 390 or more comprised another third of all LWAs nationwide (“large” LWAs) (see Exhibit 4.3). Thus by definition there are equal numbers of “small”, “medium”, and “large” LWAs in US WIC. The mean number of pregnant women served per LWA in April 2008 was 545.

Exhibit 4.3: Local WIC Agencies Operating *Loving Support* Peer Counseling, by Size, FY 2008

Size of Agency	LWAs that Operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not Operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Small ^a	14%	15%	14%	43%	33%
Medium ^b	33	36	34	33	34
Large ^c	53	49	52	24	33
Total	100	100	100	100	100

^a 115 or fewer pregnant WIC participants in April 2008.

^b 116 to 389 pregnant WIC participants in April 2008.

^c More than 389 pregnant women served in April 2008.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

“Small” and “large” LWAs comprise very different shares of LWAs operating *Loving Support Peer Counseling Programs* using funding from the FNS grant. Only 14% of 475 LWAs with FNS grants are “small,” and 53% of LWAs with grants are “large.” The corresponding proportions for all LWAs, regardless of funding source, with *Loving Support Peer Counseling Programs* follow a nearly identical pattern (14% and 52%).

A consequence of the skewed size distribution of WIC LWAs is that the overwhelming majority (83%) of all pregnant participants are served by “large” LWAs and only 6% by “small” LWAs (Exhibit 4.4). The skew is even greater among those LWAs with an FNS-grant-funded *Loving Support Peer Counseling Program*: 91% of pregnant women served by these LWAs are in “large” LWAs, and only 1% are in “small” LWAs. Virtually identical proportions are seen for the broader group of 627 LWAs that operate *Loving Support Peer Counseling Programs* regardless of funding source.

Exhibit 4.4: Pregnant WIC Participants Served by *Loving Support Peer Counseling*, by Size of Local WIC Agency, FY 2008

Size of Agency	Participants in LWAs that Operate a <i>Loving Support Peer Counseling Program</i> and ...			Participants in LWAs that do not Operate a <i>Loving Support Peer Counseling Program</i>	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Small ^a	1%	2%	1%	6%	3%
Medium ^b	8	13	9	20	14
Large ^c	91	86	90	74	83
Total	100	100	100	100	100

^a 115 or fewer pregnant WIC participants in April 2008.

^b 116 to 389 pregnant WIC participants in April 2008.

^c More than 389 pregnant women served in April 2008.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

Looking across the seven FNS Regions, *Loving Support Peer Counseling Programs* supported by FNS grants are found in relatively more Northeast and Mid-Atlantic LWAs than Western LWAs (Exhibit 4.5).⁴⁸ For example, Western LWAs comprise 15% of all LWAs, but account for only 8% of LWAs with FNS grant-funded programs. Conversely, 10% of all LWAs are in the Northeast Region, but 16% of the *Loving Support Peer Counseling Programs* with FNS grants are in this Region.

The pattern changes somewhat when we consider all 627 *Loving Support* programs. LWAs in the Western and Mountain Plains Regions are very unlikely to operate peer counseling programs without FNS grants, while LWAs in the Midwest are quite likely to do so. The net effect is that *Loving*

⁴⁸ The tabulations refer to whether a LWA received grant funding. Data were insufficient to analyze the actual amount of funding that the LWAs received.

Support Peer Counseling is offered in roughly a constant proportion of LWAs per region, with the exception of the Western Region where only 15% of LWAs operate a program.

Exhibit 4.5: Local WIC Agencies Operating *Loving Support* Peer Counseling, by FNS Region, FY 2008

FNS Region	LWAs that Operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not Operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Northeast	16%	4%	13%	9%	10%
Mid-Atlantic	11	13	12	3	6
Southeast	18	9	16	14	15
Midwest	19	48	26	22	24
Southwest	8	19	11	10	10
Mountain Plains	20	6	17	23	21
Western	8	1	6	19	15
Total	100	100	100	100	100

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

FNS distributed grants to States according to the size of their WIC programs but allowed the States to decide which LWAs to fund. Despite the paucity of LWAs in the Western Region receiving FNS grants for *Loving Support* Peer Counseling Programs, WIC participants in this Region are as likely as other WIC participants to be served by a site that has FNS grant funding (Exhibit 4.6). The Western Region includes 24% of all pregnant WIC participants, and also includes 22% of all pregnant WIC participants in LWAs receiving funding from the FNS grant. Similarly, the Northeast Region includes both 9% of all pregnant WIC participants, and 9% of those served by LWAs receiving FNS program grants. Only small differences are seen among regions in their shares of US WIC pregnant participants and their shares of these participants in LWAs with *Loving Support* Peer Counseling Programs.

Exhibit 4.6: Pregnant WIC Participants Served by LWAs Operating *Loving Support Peer Counseling*, by FNS Region, FY 2008

FNS Region	Participants in LWAs that Operate a <i>Loving Support Peer Counseling</i> Program and ...			Participants in LWAs that do not Operate a <i>Loving Support Peer Counseling</i> Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Northeast	9%	1%	8%	11%	9%
Mid-Atlantic	7	16	9	7	8
Southeast	26	5	22	22	22
Midwest	10	38	15	14	15
Southwest	19	36	22	8	16
Mountain Plains	7	4	6	7	7
Western	22	1	19	32	24
Total	100	100	100	100	100

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

Sociodemographic Characteristics of Women Served by LWAs with *Loving Support Peer Counseling* Programs

Women served by the LWAs that receive FNS grants to operate *Loving Support Peer Counseling* Programs closely resemble other WIC participants with respect to age, race, and participation in means-tested programs. They are, however, somewhat more likely to be of Hispanic ethnicity.

Overall, 85% of pregnant WIC participants are aged 18 to 34, and the remainder are equally divided between the older and younger categories (Exhibit 4.7). This same distribution is seen both in LWAs that receive an FNS grant to operate a *Loving Support Peer Counseling* Program, and the broader group of all LWAs operating such programs regardless of funding source.

Exhibit 4.7: Participation in Means-Tested Programs by Pregnant WIC Participants at the Time of Pregnancy Certification Served by LWAs Operating *Loving Support Peer Counseling*, By Age, FY 2008

Participant Age	Participants in LWAs that Operate a <i>Loving Support Peer Counseling</i> Program and ...			Participants in LWAs that do not Operate a <i>Loving Support Peer Counseling</i> Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
17 and under	8%	8%	8%	7%	8%
18 to 34	85	86	85	86	85
35 or older	8	6	7	7	7
Total	100	100	100	100	100

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

Among all pregnant WIC participants, race is recorded as “White only” for 67%, and as “Black/African American only” for 20% (Exhibit 4.8). The corresponding proportions among participants served in LWAs receiving FNS grants to operate *Loving Support Peer Counseling* Programs are quite similar, at 65% and 21%, respectively. Broadening the group of *Loving Support* LWAs to include those that do not receive FNS grants leaves these proportions virtually unchanged, at 66% and 21%.⁴⁹

Hispanic ethnicity is indicated for 39% of all pregnant WIC participants, but for a higher proportion (43%) of those served by LWAs receiving FNS *Loving Support* grants. Among all LWAs operating *Loving Support* programs regardless of ethnicity, 41% of pregnant participants are Hispanic.

⁴⁹ The racial category “American Indian/Alaskan Native only” should be interpreted with caution. Prior to 2006, LWAs recorded participants’ race and ethnicity jointly in a five-fold categorization: white, black, Hispanic, Native American/Alaskan Native, and Asian/Pacific Islander. Native Americans comprised about 1% of participants. Starting in 2006, race and ethnicity were reported separately, and large fractions of Hispanic participants in some States such as California were assigned to the Native American/Alaskan Native racial category.

Exhibit 4.8: Pregnant WIC Participants Served at the Time of Pregnancy Certification by LWAs Operating *Loving Support* Peer Counseling, by Race and Ethnicity, FY 2008

Participant Race/Ethnicity	Participants in LWAs that Operate a <i>Loving Support</i> Peer Counseling Program and ...			Participants in LWAs that do not Operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Asian only	3%	2%	3%	3%	3%
Black/African American only	21	23	21	19	20
Native Hawaiian/ Pacific Islander only	1	1	1	1	1
American Indian/ Alaskan Native only	9	3	8	10	9
White only	65	71	66	67	67
Multiple race	2	2	2	3	2
Hispanic	43	31	41	35	39
Total	100	100	100	100	100

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

TANF is received by only 5% of pregnant WIC participants nationwide at time of certification (Exhibit 4.9). This relatively low participation rate reflects several considerations: many pregnant participants do not yet have dependent children; they are more likely to have earnings at time of certification than later in their WIC participation cycle; and TANF income eligibility criteria are substantially more stringent than those of WIC. In contrast, reported participation rates in SNAP and Medicaid for pregnant WIC participants are 20% and 61%, respectively. For all three of these means-tested programs, the participation rates are quite similar for women in LWAs that receive FNS grants to operate *Loving Support* Peer Counseling Programs—5%, 19%, and 59% respectively. Rates are virtually identical in the broader group of LWAs that operate *Loving Support* Peer Counseling Programs regardless of funding source.

Exhibit 4.9: Participation Rates in Means-Tested Programs for Pregnant WIC Participants at the Time of Pregnancy Certification Served by LWAs Operating *Loving Support Peer Counseling*, FY 2008

Program	Participants in LWAs that Operate a <i>Loving Support Peer Counseling</i> Program and ...			Participants in LWAs that do not Operate a <i>Loving Support Peer Counseling</i> Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
TANF	5%	4%	5%	5%	5%
SNAP	19	19	19	21	20
Medicaid	59	55	59	65	61

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

Breastfeeding Rates Among LWAs With *Loving Support Peer Counseling* Programs

Local agencies collect information on several measures of breastfeeding. While the data are not of uniform quality across State agencies, there is no reason to believe that they are not comparable between *Loving Support Peer Counseling* LWAs and other LWAs. All of the breastfeeding measures indicate that LWAs operating *Loving Support* programs, whether or not they receive FNS grants, are very similar to US WIC in this domain.

Overall, 62% of WIC infants initiate breastfeeding (Exhibit 4.10).⁵⁰ The corresponding proportions for LWAs that receive FNS grants for *Loving Support Peer Counseling* and for all LWAs that offer *Loving Support Peer Counseling* are practically the same, at 63% and 62% respectively.

Of infants who initiated breastfeeding and for whom duration is recorded, 48% nationwide were reportedly breastfed for more than 6 weeks and 11% were breastfed for more than 24 weeks. Again, these proportions are very similar in LWAs receiving grants for *Loving Support*—47% and 11% respectively—and in all *Loving Support* LWAs—46% and 10%, respectively.

A final measure of breastfeeding prevalence is the number of breastfeeding WIC participants in a site relative to the number of breastfeeding plus postpartum women. This prevalence was 47% for US WIC, 49% for LWAs receiving FNS *Loving Support Peer Counseling* grants, and 47% for all *Loving Support* LWAs.

⁵⁰ Measured for WIC infants aged 6 to 13 months. This statistic differs from the published value of 59% for US WIC because of several methodological differences in its construction. First, this average excludes ITOs and territories. Second, it includes States with more than 25% missing data. Third, for consistency with all other cross-site analyses on this project, site rates were combined using the number of pregnant women served in each site as a weight, rather than the number of infants aged 6 to 13 months.

These data describe the breastfeeding rates of WIC participants in LWAs operating *Loving Support* Peer Counseling Programs but in no way indicate the effects of the program, as rates may have been lower without the peer counseling program in place.

Exhibit 4.10: Measures of Breastfeeding Incidence and Duration by *Loving Support* Peer Counseling Status, FY 2008

Incidence and Duration	Participants in LWAs that Operate a <i>Loving Support</i> Peer Counseling Program and ...			Participants in LWAs that do not Operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Breastfeeding initiation	63%	57%	62%	62%	62%
Breastfeeding duration: more than 6 weeks	47	42	46	49	48
Breastfeeding duration: more than 24 weeks	11	9	10	12	11
Breastfeeding prevalence among women	49	41	47	47	47

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; special tabulations using WIC PC 2008 Census Files.

Chapter 5: Local WIC Agencies Implementing *Loving Support Peer Counseling*: Context, Program Structure and Program Staffing

This chapter describes the way in which the *Loving Support Peer Counseling* Program is implemented in the representative sample of 40 local WIC agencies (LWAs) that were selected for the study.⁵¹ It begins with a description of contextual information, including the size and locations of the LWAs, the demographic characteristics of WIC participants served, and breastfeeding promotion activities in addition to *Loving Support Peer Counseling*. The chapter then describes the establishment of *Loving Support Peer Counseling* Programs and gives detailed information about LWA staff who work on the program, including their qualifications, responsibilities and remuneration.

Context

Size and Geographical Distribution of LWAs in the Study

As described in Chapter 1, the LWAs in the sample were selected with a probability proportional to size; therefore larger LWAs had a higher probability of being selected. LWAs were selected in this way so that the sample would be representative of the *Loving Support Peer Counseling* Program as experienced by WIC participants.

Not surprisingly, most of the LWAs in our sample (68%) are relatively “large,” 28% are medium and only 5% are small. (As noted in Chapter 4, 53% of LWAs receiving the FNS grant are large agencies, 33% are of medium size, and 14% are classified as small.) See Appendix C for a list of selected LWAs.

Exhibit 5.1: Size of LWAs in Sample, FY 2009 (n=40)

Size	Number	Percent
Large ^a	27	68%
Medium ^b	11	28%
Small ^c	2	5%

^a 390 pregnant women or more in April 2008.

^b 116–389 pregnant WIC participants in April 2008.

^c 115 pregnant WIC participants or fewer in April 2008.

Missing responses: none.

Percentages do not sum to 100% due to rounding error.

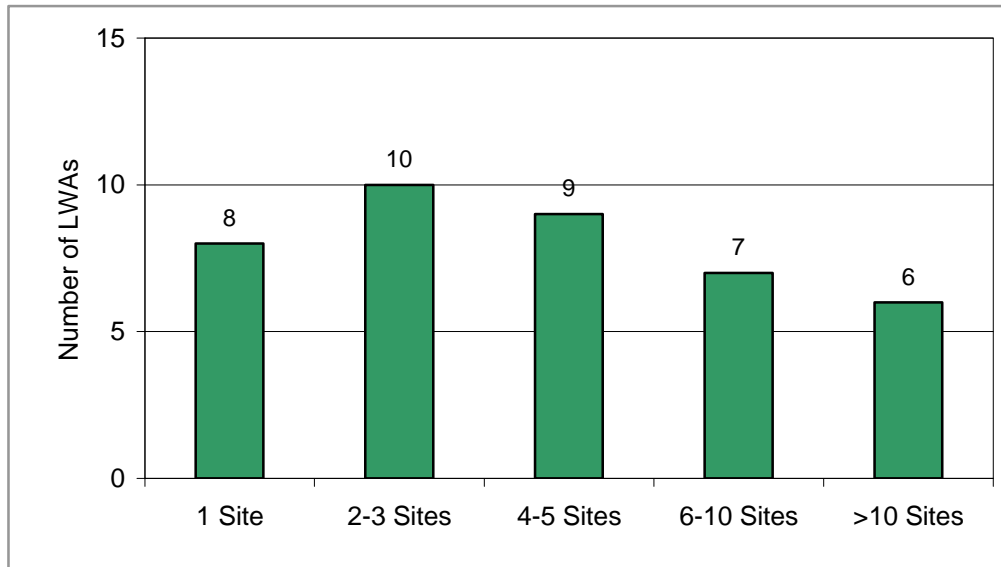
Source: Special tabulations using WIC PC 2008 Census Files.

The number of service delivery sites, or clinics, at each LWA in the sample is displayed in Exhibit 5.2. More LWAs have two or three service delivery sites than any other number (10 or 25% of the

⁵¹ See Chapter 1 for more information about the study design.

sample).⁵² One-fifth of the LWAs in the sample (eight LWAs) have only one service-delivery site; 18% (seven LWAs) operate six to 10 sites, and 15% (six LWAs) operate more than 10 service delivery sites.

Exhibit 5.2: Number of Service Delivery Sites at LWAs Implementing *Loving Support Peer Counseling* in the Sample, FY 2009 (n=40)



Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

Thirty of the 40 LWAs operate the *Loving Support Peer Counseling* at all of their service delivery sites and the remaining LWAs offer the peer counseling program in at least half of them.

Exhibit 5.3 shows the geographic distribution of the sample, both in terms of Census Regions and in terms of FNS Regions. As described earlier, the sample was selected to be proportional to the number of pregnant WIC participants in each Census Region. Accordingly, almost half of the LWAs in the sample (48%) are from the South, a quarter (28%) are from the West, 15% are from the Midwest and 10% are from the Northeast.

In terms of FNS Region, majority of the LWAs in the sample are located in the Southeast and Southwest, which account for 23% and 18% of the study sample, respectively. An additional 18% are located in the Western FNS Region and 10% are located in the Midwest. Another 10% of the sites in the sample are in the Mid-Atlantic FNS Region, and a final 10% are in the Northeast FNS Region.

⁵² We define service delivery sites as the offices where WIC participants can go to receive services. Some of the LWAs refer to service delivery sites as “clinics.”

Exhibit 5.3: Geographical Region of Sampled LWAs, FY 2009 (n=40)

Census Region	Number of LWAs	Percent of LWAs	FNS Region	Number of LWAs	Percent of LWAs
South	19	48%	Southeast	9	23%
West	11	28%	Southwest	7	18%
Midwest	6	15%	Western	7	18%
Northeast	4	10%	Mountain Plains	5	13%
			Midwest	4	10%
			Northeast	4	10%
			Mid-Atlantic	4	10%

Note: See Appendix C for a list of selected LWAs.

Missing responses: none.

Source: Special tabulations using WIC PC 2008 Census Files.

Demographic Characteristics of Women Served by LWAs in the Study

The demographic characteristics of our LWAs, in terms of pregnant WIC participants, are shown in Exhibit 5.4. Most of the WIC participants are between the ages of 18 and 34 (85%), with the remaining 16% evenly divided between women either 17 and under (8%) or 35 and older (8%). The age distribution parallels that of all LWAs that operate *Loving Support Peer Counseling Programs* with funding from FNS and, more broadly, for WIC participants at all LWAs as was described in Chapter 4.

The majority (68%) of the WIC participants served by LWAs in the sample are White, and close to one-fifth (19%) are Black or African American. (See Exhibit 5.4.) As is true with age, the distribution of race and ethnicity of WIC participants in the sample of LWAs closely resembles that of both in the universe WIC agencies and those agencies that receive the FNS grant for *Loving Support Peer Counseling*. In addition, 47% of the pregnant WIC participants in the sampled LWAs are Hispanic, which again similar to all LWAs receiving FNS funding, where 43% of pregnant WIC participants are Hispanic.

The majority of pregnant WIC participants in the LWAs participate in Medicaid (58%) and 19% receive SNAP benefits (formerly food stamps). Only 4% of pregnant women at sampled LWAs receive TANF. Participation rates for WIC participants in the sample are similar to those both at LWAs that receive the FNS grant for *Loving Support Peer Counseling* and at the universe of LWAs.

Exhibit 5.4: Demographic Characteristics of Pregnant WIC Participants at the Time of Pregnancy Certification in Sampled LWAs, FY 2008

Characteristic	Percent
Age	
17 and under	8%
18 to 34	85%
35 or older	8%
Race/Ethnicity	
White only	68%
Black/African American only	19%
American Indian/ Alaskan Native only	9%
Multiple race	2%
Native Hawaiian/ Pacific Islander only	<1%
Asian only	2%
Hispanic	47%
Participation in Means-Tested Program	
Medicaid	58%
Food Stamps/SNAP	19%
TANF	4%

Missing responses: none.

Percentages do not sum to 100% due to rounding error.

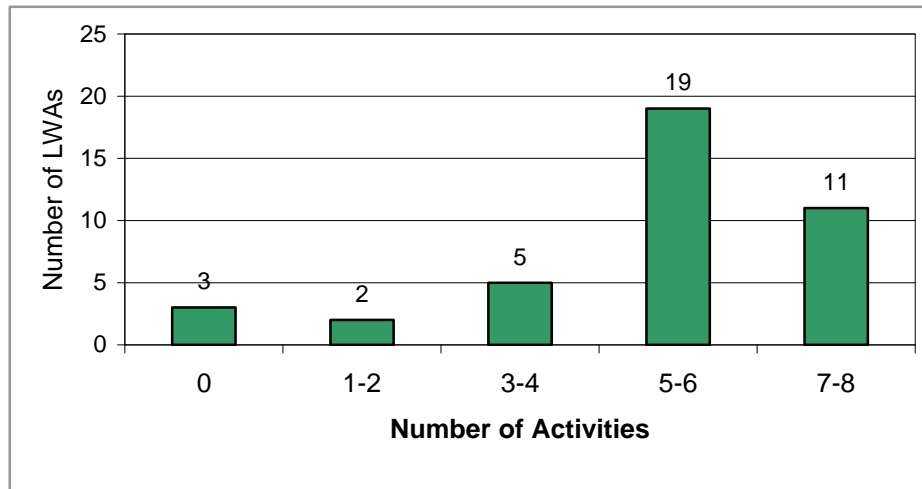
Source: Special tabulations using WIC PC 2008 Census Files. .

Breastfeeding Promotion Efforts In Addition to *Loving Support* Peer Counseling

Most of the LWAs are involved in breastfeeding promotion efforts that complement and support the *Loving Support* Peer Counseling Program. As Exhibit 5.5 shows, 37 of the 40 LWAs offer at least one type of additional breastfeeding promotion activity and 30 offer five or more. The fact that most LWAs are engaged in breastfeeding promotion activities is not surprising in light of guidelines regarding funding that States and LWAs must allocate for breastfeeding promotion and support.⁵³

⁵³ Breastfeeding Promotion in WIC: Current Federal Requirements. <http://www.fns.usda.gov/wic/Breastfeeding/bfrequirements.HTM>

Exhibit 5.5: LWAs Offering Multiple Types of Breastfeeding Promotion Activities, FY 2009 (n=40)



Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

Exhibit 5.6 shows the general types of additional breastfeeding promotion activities. Eighty-five percent reported participation in some sort of public awareness activity, including posting flyers at WIC offices and/or participating in a media campaign, with about one-fourth of the LWAs specifically mentioning participation in World Breastfeeding Awareness. Another 85% of LWAs provide WIC participants with equipment that supports nursing, such as nursing bras and pads and breast pumps.⁵⁴

Seventy-eight percent of the LWAs make lactation consultants and other trained breastfeeding professionals available to WIC staff, 78% have a lactation consultant on-staff and 70% provide special training to nutritionists or other WIC staff on breastfeeding. Another 78% offer a warmline or a hotline.

A less commonly offered support is providing some sort of peer counseling for WIC participants that is *different* from *Loving Support Peer Counseling* and was offered by 13% of the LWAs. These LWAs reported on a variety of counseling efforts, including a formal program called Breastfeeding to the Rescue. A few had very similar programs as the *Loving Support Peer Counseling* Program, but these were not funded by the FNS grant and therefore were seen as separate programs serving separate populations, and differed on one or more program dimensions from *Loving Support Peer Counseling*. For instance, one of the LWAs operated an FNS grant-funded program at one of its clinics and had two other clinics with peer counseling programs funded by SNAP-Ed funds. The only major difference between the peer counseling program at FNS-funded clinic and the SNAP-Ed funded clinics was that the FNS-funded program served WIC participants up to six months post-partum; WIC participants at the other two clinics were eligible to receive services up to four months post partum.

⁵⁴ According to Federal regulations, State agencies may use funds earmarked for food expenditures to purchase and rent breast pumps. Code of Federal Regulations, Title 7, Volume 4, Revised January 2009, page 413-415. Cite: 7CFR246.14. http://edocket.access.gpo.gov/cfr_2009/janqtr/7cfr246.14.htm.

Exhibit 5.6: LWAs Offering Various Types of Breastfeeding Promotion Activities, FY 2009 (n=40)

Types of Breastfeeding Promotion Activities Sponsored	Number	Percent
Media campaigns and/or posing materials in public places, such as WIC clinics	34	85%
Equipment (e.g. breast pumps)	34	85%
Making lactation consultants and other trained specialists available to WIC participants	31	78%
Warmline or hotline	31	78%
Lactation consultant on staff	31	78%
Support groups or classes for WIC participants	29	73%
Special training to nutritionists or other WIC staff	28	70%
Peer counseling or other counseling to WIC participants that is different from <i>Loving Support</i> peer counseling	5	13%
Other	2	5%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Although 16 of the 40 LWAs that offer additional breastfeeding promotion activities provided some general information about overall funding, in most cases, staff did not know the exact amount of funding allocated for a specific activity. When estimates were provided, they were given in various formats (e.g., dollar amounts, percentages of grants) and are not comparable.

Over half (22) of the sites that engage in breastfeeding promotion activities collect evidence of the effectiveness of these efforts. Evaluation activities range from informal check-ins with WIC participants to formal surveys and evaluation forms.

Starting Up and Adapting the *Loving Support* Peer Counseling Program

Staff from 24 of the 40 sampled LWAs noted they had some sort of peer counseling program in place prior to receiving *Loving Support* Peer Counseling funding. Almost all of those LWAs asserted that their original programs were more informal, with less training, less structure, and often with either uncompensated or minimally compensated volunteers as peer counselors. Some reported that services provided were different among their service delivery sites, with variations in intensity, messaging and supervision. Some staff reported that the pre-existing peer counseling programs sometimes could not be sustained as they were often staffed by unpaid volunteers and/or funding for them was erratic. Nine LWAs indicated that their original programs were similar to the *Loving Support* model but on a much smaller scale.

After receiving FNS funding for *Loving Support* Peer Counseling, LWAs engaged in a variety of activities to begin a new program or to adapt and expand an existing one. As Exhibit 5.7 shows, almost all of the LWAs (88%) made staffing changes, including hiring new peer counselors, expanding hours of existing peer counselors, and/or hiring or promoting peer counseling coordinators.

Staff from 58% of the LWAs also said that after receiving the FNS funding, they engaged other WIC staff in the *Loving Support Peer Counseling* initiative, including educating staff about the program, establishing new relationships among staff, and having peer counselors attend staff meetings.

Forty-five percent of respondents indicated that their LWAs made changes in agency policies after receiving FNS funding for the program. These included creating, modifying, or formalizing agency policies so that they were aligned with the *Loving Support Program* model; actively promoting breastfeeding to all mothers in addition to only mothers already interested in breastfeeding; and allowing paid staff to work part-time or off-site. Thirty-eight percent of LWAs indicated that they made changes in general agency operations in addition to policies related specifically to the peer counseling program. For instance, several LWAs indicated making changes in general referral processes to enhance information sharing about WIC participants between nutritionists and peer counselors. Others indicated making changes in their procedures and systems for collecting, storing and/or retrieving data about WIC participants.

Exhibit 5.7: Agency Changes to Implement *Loving Support Peer Counseling*, FY 2009 (n=40)

Types of Changes	Number	Percent
Staffing	35	88%
Engaging new staff in the initiative	23	58%
Purchase of new equipment	22	55%
Changing agency policies to accommodate needs of peer counselors and other program staff	18	45%
General operations	15	38%
Other changes	2	5%

Missing responses: none.

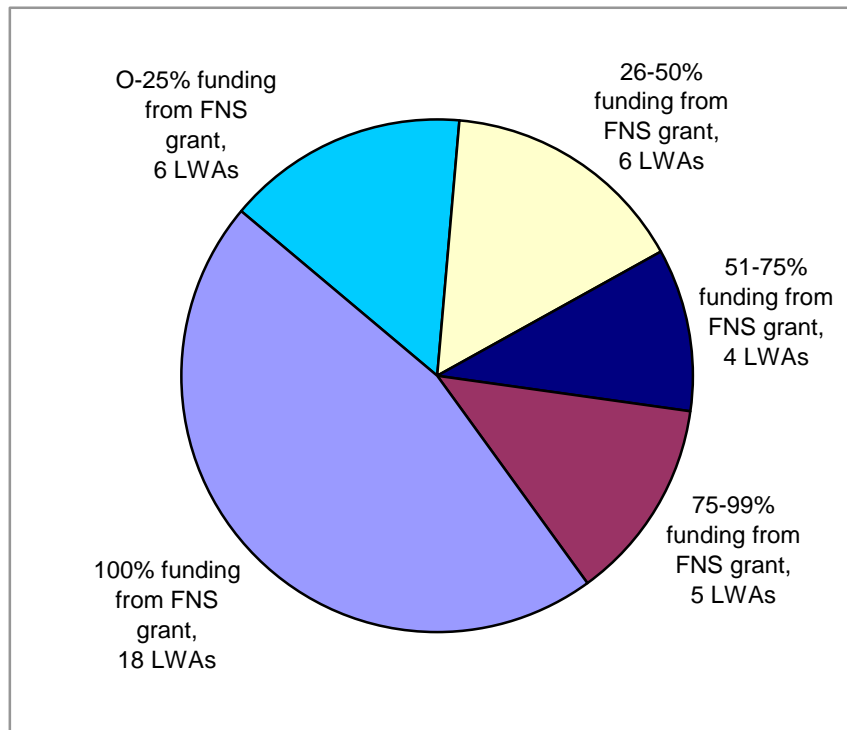
Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Program Funding

LWAs reported on the amount and use of funding for the *Loving Support Peer Counseling Program*. Of the 39 LWAs who could specify the source of the funding, 18 indicated that the FNS grant was the sole funding source for the program. The remaining LWAs were fairly evenly distributed in terms of the proportion of funding from the peer counseling program that came from the FNS grant with five LWAs reporting that 76% to 100% of the funding came from the grant and five LWAs reporting that 25% or less came from it. (See Exhibit 5.8.)

Exhibit 5.8: Proportion of Funding for Peer Counseling From the FNS *Loving Support* Peer Counseling Grant, by Number of LWAs, FY 2009 (n=39)



Missing responses: 1 LWA.

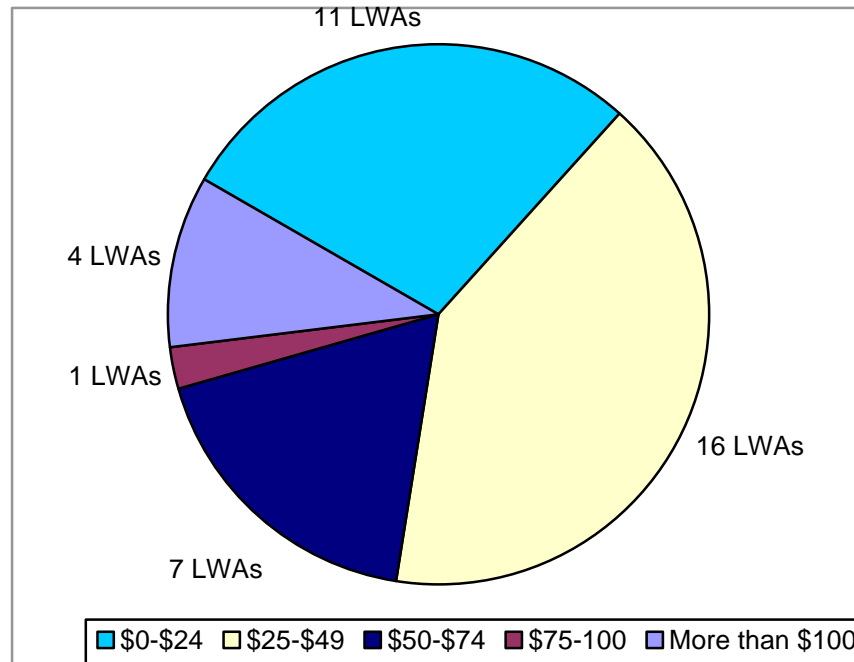
Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Funding to augment the *Loving Support* FNS grant came from several sources. Of the 39 LWAs that could specify funding sources, 11 reported that additional funds came from the NSA grant, 6 said that funding came from State sources and 7 said that resources came from non-State, non-WIC sources. Funding from the latter category most frequently came from States' SNAP-Ed funds (formally known as Food Stamp Nutrition Education or FSNE).

The FNS grant amounts for the LWAs that could provide the information range from \$2,700 to approximately \$134,000 with a median amount of \$19,853. When grant amounts were adjusted by agency size, the median grant amount was \$34 per pregnant WIC participant. Again, the LWAs varied greatly, with 11 LWAs spending less than \$25 per pregnant WIC participant and 4 LWAs spending more than \$100.⁵⁵ (See Exhibit 5.9.)

⁵⁵ As in the rest of the report, the number of pregnant WIC participants served by the LWAs, as reported by WIC PC 2008, was used to adjust for agency size.

Exhibit 5.9: Amount of FNS *Loving Support* Peer Counseling Funding Per Pregnant WIC Participant, by Number of LWAs, FY 2009 (n=39)



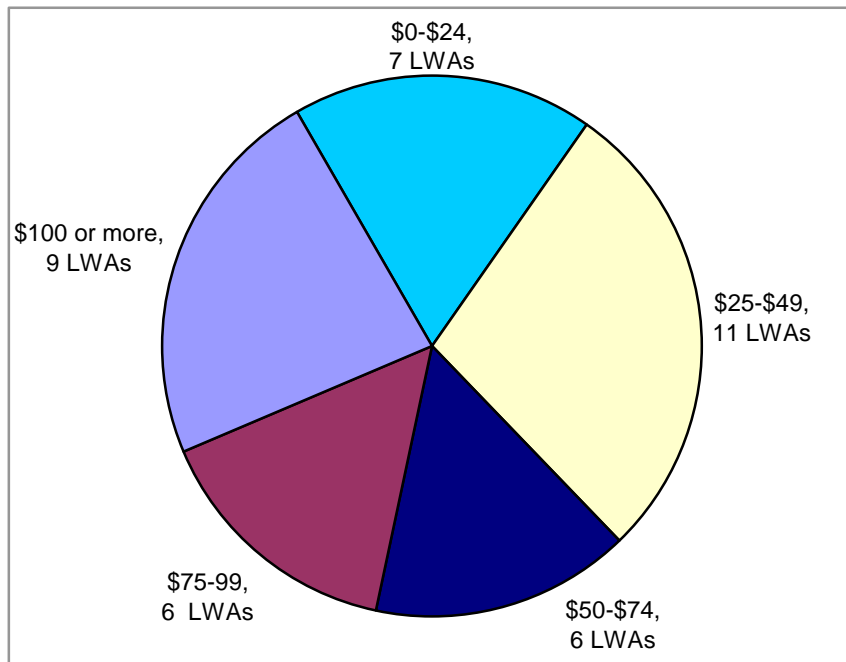
Missing responses: 1 LWA.

Source: 2009 interviews with local WIC Agency staff, Program Data Collection Form; special tabulations using WIC PC 2008 Census Files.

When considering the total funding per pregnant WIC participant from all sources, the amount of funding was considerably higher.⁵⁶ LWAs' total funding ranged from \$14,000 to \$265,000 with a median amount of \$41,000. When grant amounts are adjusted by agency size, we see that again, in Exhibit 5.10, the expenditures per WIC participant varied greatly but also that they were higher when all funding was considered.

⁵⁶ As in the rest of the report, the number of pregnant WIC participants served by the LWAs, as reported by WIC PC 2008, was used to adjust for agency size.

Exhibit 5.10: Amount of Funding Per Pregnant WIC Participant, All Sources, by Number of LWAs, FY 2009 (n=39)



Missing responses: 1 LWA.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form; special tabulations using WIC PC 2008 Census Files.

Staffing for *Loving Support* Peer Counseling

A variety of local agency staff play critical roles in the *Loving Support* Peer Counseling Program. Integral to the success of the program are peer counselors, the peer counselor coordinator, and the breastfeeding promotion coordinator. In many cases, lactation consultants (who may or may not be peer counselor or breastfeeding coordinators) and other staff also support the program. The following section describes these individuals' roles and responsibilities for *Loving Support* Peer Counseling.

Peer Counselor Coordinator Qualifications

As described earlier in this report, the *Loving Support* Peer Counseling Program model requires a designated peer counselor coordinator who has a written job description. All of the LWAs in the study have peer counselor coordinators and job descriptions. In 70% of the LWAs, the breastfeeding coordinator is designated as the *Loving Support* Peer Counseling Coordinator.

LWAs vary in terms of their preferred qualifications for peer counselor coordinators (see Exhibit 5.11). The majority of the 40 LWAs in the sample indicated that peer counselor coordinators should have completed some sort of formal training. More specifically, over half (53%) specified that peer counselor coordinators should complete certified lactation consultant training, 13% some type of general breastfeeding training, and 13% some type of training specifically about *Loving Support* Peer Counseling.

Sixty-five percent of LWAs indicated that some type of educational qualification is necessary.⁵⁷ Specifically, 18% require a Master’s or other advanced degree and one quarter (25%) require a Bachelor’s degree. Another 18% of LWAs require some sort of formal nutrition credential (such as a being certified as a dietician or competent professional authority (CPA)). Five percent of LWAs require peer counseling coordinators to have GEDs or high school diplomas.

Fewer of the LWAs require that peer counseling coordinators have breastfeeding experience and/or were similar to the WIC participants that the agency served. Thirteen percent indicated that peer counselor coordinators should have breastfeeding experience, and another 13% indicated that peer counselor coordinators should be culturally or linguistically similar to the WIC participants. Three percent of LWAs indicated that peer counselor coordinators should be current or past WIC participants.

In most cases, practices at LWAs regarding peer counselor coordinator qualifications seem to reflect guidance received from States. For instance, as noted in Chapter 3, 73% of the 46 States with guidelines on peer counselor coordinator responsibilities recommend or require that LWAs employ peer counselor coordinators with training (See Exhibit 3.3). Similarly, 66% of the LWAs in our sample require that the coordinators complete some sort of lactation management training (53%) or general breastfeeding training (13%). Likewise, 32% of States and ITOTs recommend or require that peer counselor coordinators have Bachelors’ degrees; 25% of LWAs in our sample also specify these requirements.

Exhibit 5.11: Job Qualifications of Peer Counselor Coordinators, FY 2009 (n=40)

	Number	Percent
Qualifications and Experience		
Specified certified lactation consultant training	21	53%
General breastfeeding training	5	13%
Breastfeeding experience	5	13%
Cultural/language similarity	5	13%
Specified <i>Loving Support</i> peer counseling training	2	5%
Other	2	5%
Current/past WIC participation	1	3%
Educational Attainment		
Bachelor’s degree	10	25%
Master’s or advanced degree	7	18%
Nutrition education (dietitian/nutritionist)	7	18%
High school degree or GED	2	5%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

⁵⁷ As shown in Exhibit 5.11, a total of 26 LWAs (65% of the sample) include educational attainment requirements for peer counselor coordinators.

The only sizable difference in the policies of the LWAs in our sample compared to guidance provided by all of the States and ITOTs appears to be regarding peer counselor coordinators' personal experience with breastfeeding. Thirty-five percent of States and ITOTs recommend or require that LWAs consider personal breastfeeding experience, compared to 13% in the LWAs sample.

Peer Counselor Coordinator Responsibilities

Not surprisingly, peer counselor coordinators at 97% of the 37 LWAs who responded to the question are tasked with supervising and monitoring the work of peer counselors (see Exhibit 5.12). At 84% of these LWAs, peer counselor coordinators monitor program implementation and at another 84% of these LWAs, they develop basic policy and procedures for the program.

Exhibit 5.12: Roles and Responsibilities of *Loving Support* Peer Counseling Coordinators, FY 2009 (n=37)

Role/Responsibility	Number	Percent
Supervise and monitor work performance of <i>Loving Support</i> peer counselors	36	97%
Provide training to peer counselors about peer counseling duties and responsibilities	36	97%
Design and/or participate in evaluation of local WIC Peer Counseling Services	33	89%
Provide training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling	32	87%
Provide information to WIC participants about the peer counseling program	32	87%
Develop basic policy and procedures for local <i>Loving Support</i> Peer Counseling Programs	31	84%
Monitor <i>Loving Support</i> Peer Counseling Program implementation (i.e. peer counseling caseloads, number of women served, breastfeeding initiation and duration rates among WIC participants, etc.)	31	84%
Initiate or serve as point of contact for community organizations that collaborate on <i>Loving Support</i> peer counseling activities	30	81%
Develop and implement outreach strategies for <i>Loving Support</i> Peer Counseling	29	78%
Conduct program promotion with local organizations in the community	29	78%
Report on the program operations to State WIC administrative staff	28	76%
Conduct needs assessment to target the WIC Peer Counseling <i>Loving Support</i> Services	22	60%
Other	6	16%

Missing responses: 3 LWAs.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff..

The 37 LWAs reported that peer counselor coordinators train key staff on breastfeeding, with 97% of respondents indicating that they train peer counselors, and 87% that they train other WIC staff about breastfeeding and *Loving Support* Peer Counseling.

In 87% of the 37 LWAs, peer counselor coordinators also provide information to WIC participants about the program, and in 78% they develop and implement outreach strategies for *Loving Support* Peer Counseling. In addition to promoting the program to WIC participants, peer counselor

coordinators are responsible for promoting the program to organizations in the community. Eighty-one percent of the 37 LWAs encourage peer counselor coordinators to work with organizations that collaborate on *Loving Support* Peer Counseling activities, and 78% conduct program promotion with local organizations in the community.

Peer counselor coordinators from a large percentage of the 37 LWAs monitor and report on program activities. For instance, peer counselor coordinators design or participate in program evaluations (89% of LWAs); are responsible for monitoring data about program implementation (84% of LWAs); and report on program operations to State administrative staff (76% of LWAs). At 60% of the LWAs, peer counselor coordinators also conduct needs assessments. Finally, 16% of the LWAs reported that peer counselor coordinators have other responsibilities, ranging from grant writing, to serving clients, to reporting on program operations internally.

As is the case requirements regarding peer counselor coordinators' background and experience, generally speaking, peer counselor coordinators' actual roles and responsibilities reflect guidance provided by States. For example, as shown in Exhibit 3.4, 96% of the sampled 68 States and ITOTs with guidance on peer counselor coordination responsibilities encourage LWAs to have peer counselor coordinators supervise and monitor the work of peer counselors, 91% encourage them to monitor the implementation of peer counseling services, and 81% encourage them to develop basic policy and procedures for the program.

By and large, peer counselor coordinators spent only a small proportion of their time on the program. Just under half of the peer counselor coordinators in the sample (48%) spend between one and 10 hours per week on the peer counseling program. At an additional 27%, they spend between 11 and 20 hours per week.

Exhibit 5.13: Number of Weekly Hours Peer Counselor Coordinators Devote to *Loving Support* Peer Counseling, FY 2009 (n=44)

Hours per Week	Number	Percent
1–10	21	48%
11–20	12	27%
21–30	2	5%
31–40	8	18%

^a Note that 2 LWAs in the sample had 2 peer counseling coordinators. For this reason, there were 44 respondents instead of 40.

Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

Roles of Other Key Staff

In addition to peer counselors and peer counselor coordinators, LWAs identified a variety of other staff who support the *Loving Support* Peer Counseling Program. These are discussed below.

Breastfeeding Coordinator

At 30% of LWAs, there is a breastfeeding coordinator in addition to a peer counseling coordinator. At these LWAs, the breastfeeding coordinator's responsibilities tend to relate to sharing technical

expertise; training peer counselors and the peer counseling coordinator; and supervising the peer counseling coordinator. In turn, the peer counseling coordinator tends to be more focused on direct program implementation and administration. The breastfeeding coordinator also tends to be responsible for promoting both breastfeeding and the *Loving Support* Peer Counseling Program to other agency staff and, in some cases, to collaborating agencies and organizations in the community.

Local WIC Agency Director

Local WIC agency directors vary in their level of involvement in the *Loving Support* Peer Counseling Program. Respondents in 30% of the LWAs reported that the agency director is very involved in the program, 33% asserted that the agency director is somewhat involved, and 36% reported the director is informed about the program but not very involved in daily operations. Although nearly two-thirds said that they were somewhat or very involved, only 10% of respondents indicated that the salaries of agency directors were supported even in part by the FNS grant.

Other Staff

Lactation consultants and nutritionists also facilitate the *Loving Support* Peer Counseling Program. Of these, lactation consultants tend to be more involved. They educate peer counselors, breastfeeding coordinators, and peer counselor coordinators both about the benefits of breastfeeding, and about how to support breastfeeding. In some cases, lactation consultants also serve either as breastfeeding coordinators or as peer counselor coordinators. In cases where they do not, the amount of time they spend on *Loving Support* Peer Counseling varies, with approximately one-third spending less than a day per week on the program; another third spending two to three days per week on the program, and the remaining lactation consultants working full-time on *Loving Support* Peer Counseling.

Nutritionists facilitate the program by referring clients to peer counselors if they are eligible for the program and/or have questions about breastfeeding. Most LWAs report that, unless these individuals are serving as peer counselor coordinators or breastfeeding coordinators, they spend less than 10% of their time supporting *Loving Support* Peer Counseling.

***Loving Support* Peer Counseling Staff**

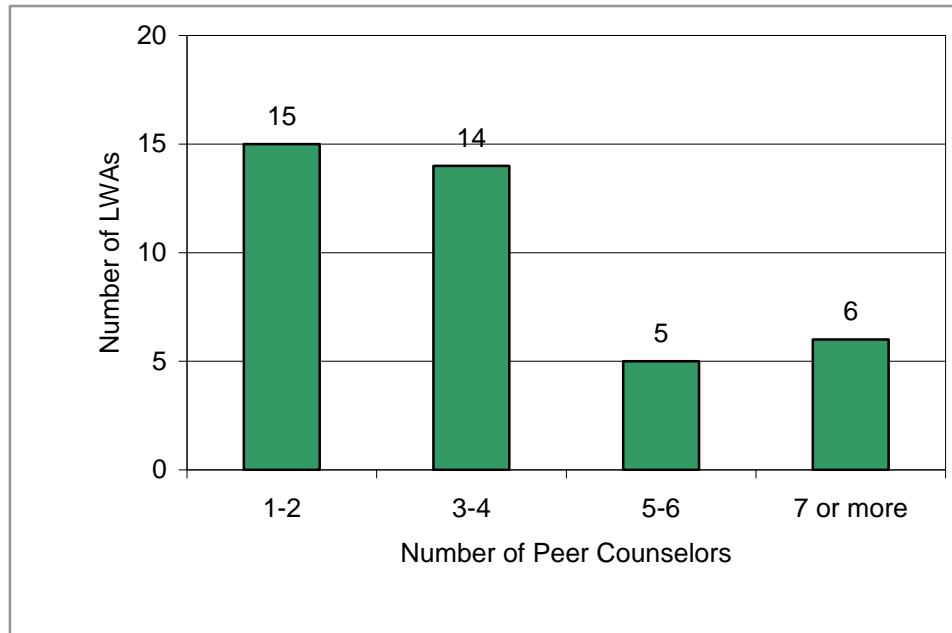
The success of the *Loving Support* Peer Counseling Program is rooted in the knowledge, accessibility, and commitment of peer counselors. The next section describes how these individuals are hired, compensated, and trained. It also describes the actual services they deliver.

Number of Peer Counselors and Total Peer Counseling Time

Although many of the 40 LWAs in the sample (38%) employ one or two peer counselors, the majority (63%) employ three or more (Exhibit 5.14). Fifteen percent of LWAs in the sample employ seven or more peer counselors.⁵⁸ At most of the 40 LWAs in the sample (55%) peer counselors work at multiple service delivery sites.

⁵⁸ While it is likely that larger sites employ more peer counselors, due to the distribution of our sample, comparisons between relatively large and small sites are not viable.

Exhibit 5.14: Number of Peer Counselors Employed per LWA, FY 2009 (n=40)



Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

In addition to gathering information about the number of peer counseling staff, LWAs were asked about the combined total number of peer counseling hours provided by all peer counselors. As Exhibit 5.15 illustrates, total peer counseling time was less than 200 hours a month at 46% of the LWAs in the sample, between 200 and 400 hours at another 28% of LWAs, between 401 and 1000 hours at 18% of LWAs and over 1,000 hours per month at only 8% of LWAs.

Exhibit 5.15: Total Peer Counseling Time Provided, FY 2009 (n=39)

Hours per Month	Number	Percent
< 200	18	46%
200-400	11	28%
>400-1000	7	18%
>1000	3	8%

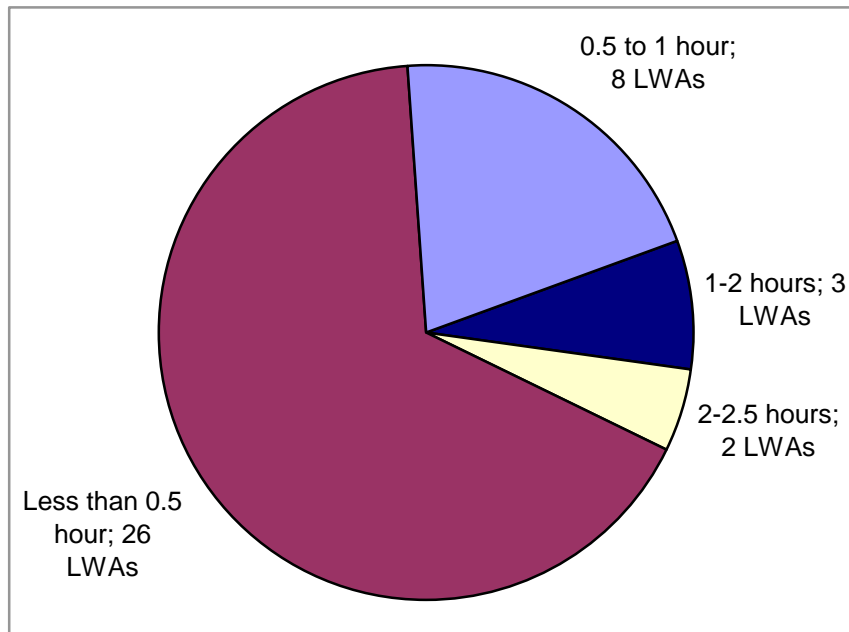
Missing responses: 1 LWA.

Source: 2009 Interviews with Local WIC Agency Staff, Program Data Collection Form.

In order to develop a standard way to compare the number of peer counseling hours among the agencies of different sizes in our sample, we used the number pregnant WIC participants served by the agencies as reported in WIC PC 2008. Please note that this is a means to make a uniform comparison among the sites and is not intended to indicate the actual hours of peer counseling that WIC participants receive; only some pregnant WIC participants may take up peer counseling services and many post-partum women are targeted as well. Exhibit 5.16 shows the wide variation in the amount of peer counseling time compared to agency size. At 26 of the agencies, there is less than ½

hour of peer counseling time per pregnant WIC participant. Among the 15% (five sites in the sample), there is between one and 2½ hours of peer counseling time per participant.⁵⁹

Exhibit 5.16: Peer Counselor Time per Month Per Pregnant WIC Participants, FY 2009 (n=39)



Missing responses: 1 LWA.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form; special tabulations using WIC PC 2008 Census Files.

Recruitment and Hiring

Most of the 40 LWAs in the sample recruit peer counselors from either current or former WIC participants. Most respondents said they post recruitment flyers in WIC service delivery sites, but many also said they rely on word-of-mouth and references from current peer counselors. Several maintain running lists of program participants who seem like they would be viable candidates. A few LWAs noted that the people most interested in serving as peer counselors are likely to be those who have been providing breastfeeding advice and support informally as volunteers.

Exhibit 5.17 describes the qualifications of peer counselors specified by the 40 LWAs in the sample. As per the *Loving Support* Peer Counseling Program model, the vast majority of these LWAs recommend or require peer counselors to be similar to WIC participants in some way.⁶⁰ Sixty-eight percent indicated that peer counselors should be current or prior WIC participants, and 15% indicated that peer counselors should be culturally similar to WIC participants and/or should speak the same language that the majority of WIC participants. Seventy-eight percent specified that peer counselors must have personal experience breastfeeding. In addition, nearly two-thirds (63%) indicated that peer counselors should have a high-school GED. Although all 40 LWAs require that peer counselors undertake training, 60% of the LWAs included training in their peer counselor job descriptions.

⁵⁹ Please see the next chapter for more discussion about caseloads and WIC participants targeted for peer counseling services.

⁶⁰ Respondents did not indicate whether a specific qualification was recommended or required.

Exhibit 5.17: Recommended or Required^a Training, Work, and Educational Experience for Peer Counselors, FY 2009 (n=40)

	Number	Percent
<i>Qualifications and Experience</i>		
Breastfeeding experience	31	78%
Current/past WIC participation	27	68%
General breastfeeding training	16	40%
Specified <i>Loving Support</i> peer counseling training	8	20%
Cultural or language similarities	6	15%
Specified certified lactation consultant training	3	8%
<i>Educational Attainment</i>		
High school degree or GED	25	63%
Other	2	5%

a Respondents did not indicate whether a specific qualification was recommended or required.

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

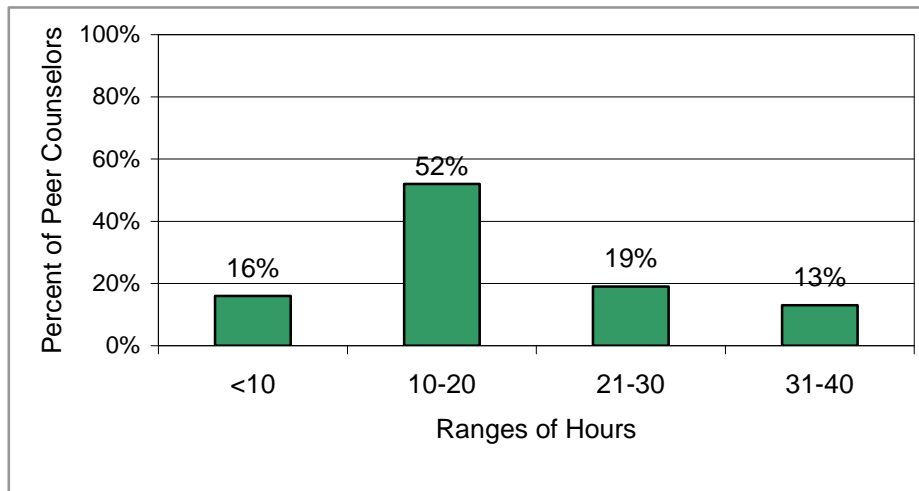
Source: 2009 Interviews with Local WIC Agency Staff.

Salary, Benefits, Hours, and Advancement

One of the requirements of the *Loving Support* Peer Counseling Program is that peer counselors be paid, and, indeed, respondents from all 40 LWAs indicated that they do so. The average wage range for peer counselors is from \$10.20 per hour to \$11.75 per hour. For nearly two-thirds of LWAs (63%), this amount is roughly equivalent to other entry-level staff at the agency. At 15% of LWAs, the wage amount is lower than wages for other entry-level support staff, while at 18% it is higher.

The 40 LWAs provided information about the hours worked of all of their peer counselors. Most peer counselors work half-time or less (see Exhibit 5.18), with the majority (52%) working between 10 and 20 hours per week, and 16% working fewer than 10 hours per week. Only 13% work 31 hours per week or more.

Exhibit 5.18: Hours Individual Peer Counselors Work, FY 2009 (n=134)

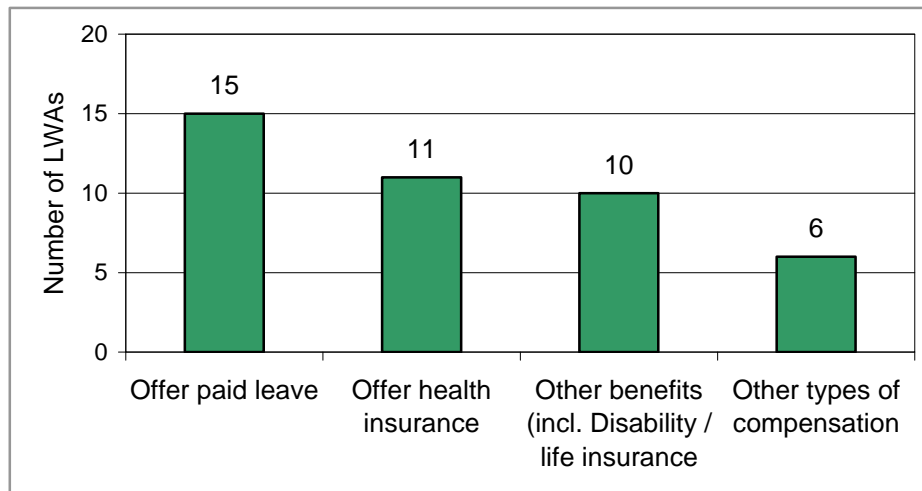


Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

All of the LWAs provide peer counselors with compensation for work-related expenses. In addition, most LWAs (88% or 35 out of 40 LWAs) also provide peer counselors with some kind of non-wage compensation. Fifteen of the 35 LWAs that offer benefits provide peer counselors with paid leave (for holidays, sick time, etc.), 11 of those that offer benefits provide health insurance and 10 provide other benefits, including disability and/or life insurance. Six of the 35 LWAs offer a variety of other types of compensation, including uniforms for peer counselors and tuition reimbursement. (See Exhibit 5.19.)

Exhibit 5.19: Types of Non-Wage Compensation for Peer Counselors in LWAs that Offer Such Compensation, FY 2009 (n=35)



Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Staff from half of the LWAs reported that there are career paths for peer counselors. These included opportunities for peer counselors to take advantage of additional training and other such activities as mentoring other peer counselors and/or doing presentations about the program at collaborating organizations.

Training and Support

As stated before, training is a standard component of the *Loving Support* Peer Counseling model. Exhibit 5.20 shows the types of relevant training offered to peer counselors and to other WIC staff.

Exhibit 5.20: *Loving Support* Peer Counseling Training Provided to Peer Counseling and Other WIC Staff, FY 2009 (n=40)

Training Offered	Percent of LWAs Where Staff EVER Received Training			
	Peer Counseling Staff		Other WIC Staff	
	Number	Percent	Number	Percent
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	30	75%	32	80%
“ <i>Loving Support</i> through Peer Counseling” training	29	73%	18	45%
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPs)	22	55%	26	65%
Other lactation courses that award certificates	20	50%	25	63%
Training in filling out paperwork or data entry	19	48%	15	38%
“Using <i>Loving Support</i> to Manage Peer Counseling Programs” training	17	43%	21	53%
Training about the role of peer counselors, “Using Peer Counseling: Making a Difference for WIC Families”	12	30%	12	30%
Train-the-trainer session held by your FNS region on “ <i>Loving Support</i> through Peer Counseling”	10	25%	15	38%
Other	2	5%	4	10%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

LWAs report that staff attend a number of specific trainings about peer counseling and implementing the *Loving Support* Peer Counseling Program. Peer counseling staff at almost three-quarters of LWAs in the sample (73%) completed the “*Loving Support* through Peer Counseling” training. In addition, peer counseling staff at 43% of the LWAs received the “Using *Loving Support* to Manage Peer Counseling” training. Lower percentages of other WIC staff compared to peer counseling staff received the first type of training (45% versus 73%) and higher percentages (53% versus 43%) received the second type of training.

More LWAs indicated that peer counselors and WIC staff received local and/or State-offered training on breastfeeding and/or role of peer counselors than any of the official *Loving Support* trainings. Three-quarters of the sites in the sample (75%) provide peer counseling staff with this kind of training; 80% of sites in the sample provide this kind of training to all WIC staff.

In half of the LWAs, peer counseling staff also completed training about lactation management and support. Lactation management training that is approved through IBCLC continuing education recognition points (CERPs) is offered to peer counseling staff at 55% of the LWAs. Fifty percent of the LWAs also said they offer peer counseling staff other lactation courses that award certificates. Lactation management training that is approved through IBCLC also is offered to other WIC staff at 65% of the LWAs, and 63% of the LWAs offer other WIC staff other lactation courses that award

certificates. Peer counseling staff also receive training in filling out paperwork and data entry for 48% of staff receiving this training.

The *Loving Support* Peer Counseling Program model specifies that in addition to initial training, *Loving Support* peer counselors should receive ongoing training, supervision and support. All of the LWAs provide newly hired peer counselors with on-the-job mentoring or job shadowing, and 93% of LWAs periodically invite peer counselors to participate in staff meetings or other agency activities. Ninety-eight percent of LWAs in the sample provide peer counselors with access to lactation consultants. These consultants either work on-site (as they do at 78% of the LWAs) or work elsewhere, such as at a local hospital, and are available for consultation.

Turnover

Peer counselor turnover does not appear to be a major problem for most LWAs in the sample. When asked about turnover, many respondents had to think back several years to find examples of turnover, as many if not most of the original peer counselors had been in place since the FNS funding was received. When asked why peer counselors did leave, about half of the respondents said that most of them did so for personal reasons or because they needed full-time jobs or higher wages. A few LWAs asserted that when the program was just beginning turnover was higher than it is currently, due to the fact that the LWA either initially hired more peer counselors than was necessary and/or did not fully understand what individuals would be best suited to serve as peer counselors.

Program Documentation and Monitoring

LWAs collect a variety of data about the implementation of the *Loving Support* Peer Counseling Program. Most LWAs in the sample (93%) collect some program implementation data. This section describes the information that they collect and how it is used. (Chapter 7 of this report discusses the data States and LWAs collect about breastfeeding indicators.)

The most commonly collected information is the numbers of individuals served, with three-quarters of the LWAs (75%) doing so (see Exhibit 5.21). Sixty percent collect information about the number of pregnant WIC participants and/or postpartum WIC participants in the program. Another 45% track the number of weeks or months over which individual participants receive peer counseling services, post-partum.

Over half of the LWAs track the frequency of peer counseling, both pre-delivery and postpartum. Fifty-five percent of LWAs track the frequency of individual prenatal *Loving Support* Peer Counseling sessions and 58% track the frequency of peer counseling received by individual participants after delivery.

Sixty percent of LWAs record data about the type of prenatal peer counseling received and 58% record information about the type of peer counseling received after delivery. Twenty-eight percent of LWAs collect summary statistics about *Loving Support* participants' experiences in the program. These LWAs collect information about specific individuals' number of peer counselor contacts, types of breastfeeding concerns, number of months in the program, and/or reasons for leaving the program, etc.

Exhibit 5.21: *Loving Support* Peer Counseling Program Implementation Information Collected By LWAs, FY 2009 (n=40)

Information	Number	Percent
Overall number of WIC participants in <i>Loving Support</i> Peer Counseling	30	75%
Number of pregnant WIC participants receiving <i>Loving Support</i> Peer Counseling	24	60%
Number of postpartum WIC participants receiving <i>Loving Support</i> Peer Counseling	24	60%
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	24	60%
Type of <i>Loving Support</i> Peer Counseling received by individual participants after delivery	23	58%
Frequency of <i>Loving Support</i> Peer Counseling received by individual participants after delivery	23	58%
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	22	55%
Number of weeks or months over which postpartum <i>Loving Support</i> Peer Counseling services are received by individual participants	18	45%
Demographic information about <i>Loving Support</i> Peer Counseling participants	14	35%
Summary statistics about <i>Loving Support</i> Peer Counseling participants' experiences in the program	11	28%
Demographic information about <i>Loving Support</i> Peer counseling participants separate from demographic information about WIC participants	10	25%
None of the above	3	8%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

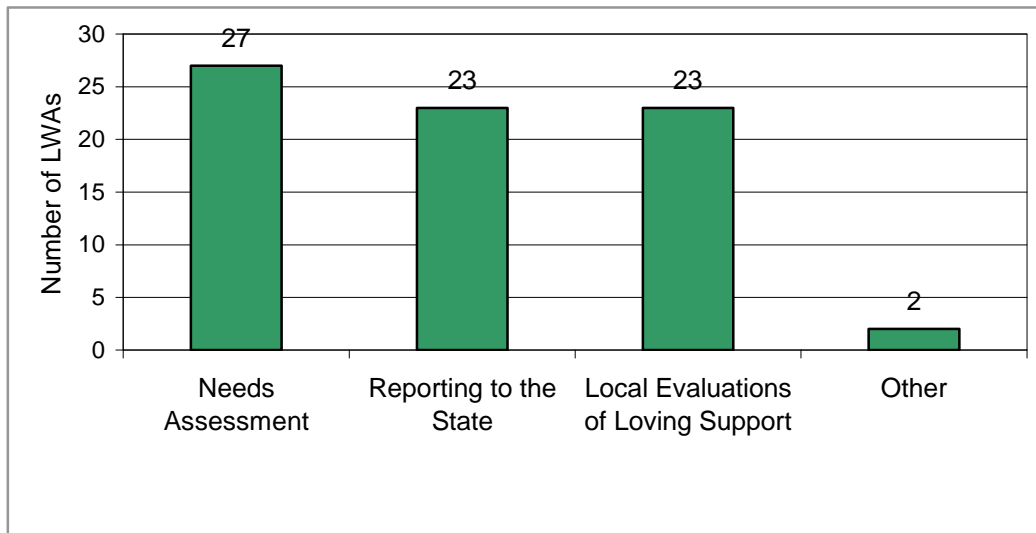
Source: 2009 Interviews with Local WIC Agency Staff.

Least commonly collected is demographic information about peer counseling participants, with only 35% of LWAs doing so, and only 25% of sites in the sample indicated that they could provide separate demographic information about *Loving Support* peer counseling participants (as opposed to all WIC participants).⁶¹

LWAs use these data for a variety of purposes. As Exhibit 5.22 shows, 27 of the LWAs in the sample that reported collecting the items described above used those data to conduct needs assessments of their programs. Twenty-three LWAs that collected these data reported using them for reporting to the State and/or for local evaluations of their programs. Two LWAs asserted that they used these data for other purposes, such as reports for grants received by sources other than FNS.

⁶¹ For information about data LWAs collect about breastfeeding outcomes (including breastfeeding initiation, duration and exclusivity) for *Loving Support* Peer Counseling participants, see Chapter 6 of this report.

Exhibit 5.22: How LWAs Use Program Implementation Information, FY 2009 (n=40)



Missing responses: none.

Response categories are not exclusive; totals do not sum to 40.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

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Chapter 6: The Nature of *Loving Support* Peer Counseling Offered to WIC Participants

This chapter describes how the *Loving Support* Peer Counseling Program is provided to WIC participants based on interviews with staff in the 40 LWAs in the sample. Accordingly, it provides an overview of how LWAs determine who to serve, how they reach out to participants, and how they assign peer counselors to work with specific individuals. It also describes how LWAs define peer counselor caseloads and contacts, as well as the most prevalent types of contact at various agencies. In addition, it describes how LWAs collaborate with local hospitals and other organizations to implement the program. The chapter concludes with information about how staff plan to adapt the program and summarizes staff perceptions of the program's greatest challenges and accomplishments.

Providing Peer Counseling Services to WIC Participants

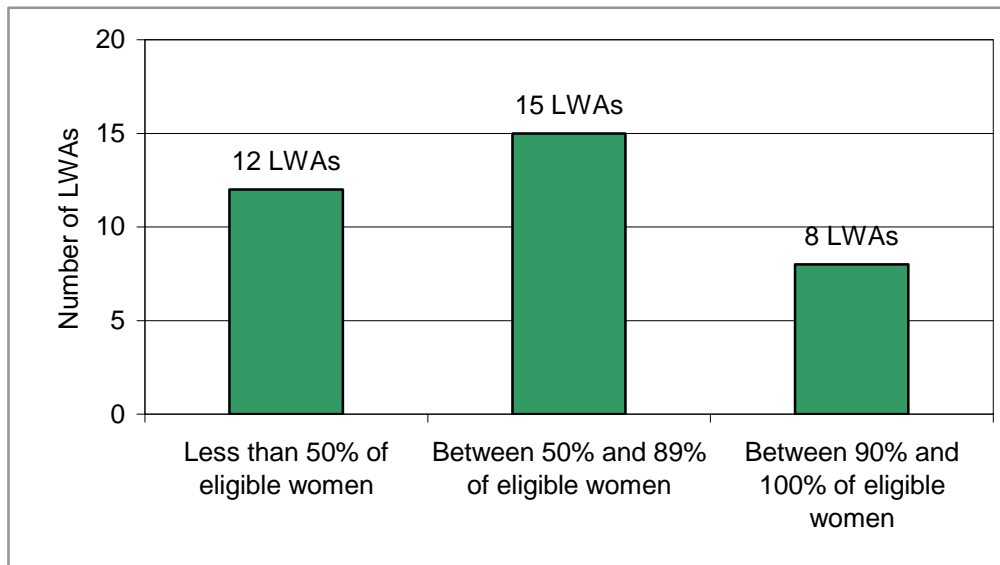
Peer counselors' outreach to and ongoing communication with WIC participants is a critical piece of the *Loving Support* Peer Counseling Program. The following section describes which WIC participants are targeted for the program, how they are matched with peer counselors, and some of the ways that peer counselors and WIC participants work together. It also describes additional duties of peer counselors.

Targeting WIC Participants

Staff from 37 of the 40 LWAs report that they offer peer counseling to all pregnant and post-partum WIC participants. The few LWAs that do not offer services to these WIC participants target women either immediately before or after their due dates. These LWAs asserted that they could not offer services to all WIC participants due to limited peer counselor time.

Despite the fact that the vast majority of LWAs said that they did not have eligibility requirements for peer counseling participation other than to be pregnant or post-partum and breastfeeding, the percentage of women that actually receive services varies tremendously among the LWAs. Thirty-five of the 40 LWAs were able to estimate the percentage of targeted women who received services. As Exhibit 6.1 shows, staff from nearly one-third of these 35 LWAs (12) reported that fewer than half of the women targeted for services actually take them up. On the other end of the spectrum, eight of the 35 LWAs estimate that 90-100% of WIC participants targeted for services actually have contact with a peer counselor. The discrepancy between the percent of women targeted and who take up services can be because although all women were eligible for services, one group is specifically targeted, such as women who express interest in breastfeeding and indicate that they would like to have a peer counselor. In other cases, all potentially eligible women received a letter and a follow-up call but some chose not to respond.

Exhibit 6.1: Percentage of Women Who Take Up *Loving Support* Peer Counseling, FY 2009 (n=35)



Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

Staff provided a range of explanations about why women targeted for the program do not use the services. The most commonly cited reason is that there are social and cultural disincentives to breastfeed among WIC participants. Some WIC staff reported that some WIC participants who are new immigrants perceive breastfeeding as unsophisticated and un-American. Other reasons included that some participants receive incorrect information about the risks and benefits of breastfeeding from other family members or from their peers. Several LWAs reported that women refuse services because they have considered their options and simply do not want to breastfeed. Several LWAs asserted that women who know they will have to return to work shortly after giving birth are unlikely to breastfeed because they view it as incompatible with working. A handful of LWAs noted that some women (often those with previous children) refuse peer counseling because they do not need the support and will breastfeed successfully without the program. Staff from one LWA lamented that a collaborating hospital started distributing formula and blamed this change for WIC participants' current lack of interest in the peer counseling program.

Requests for Services from Women not on WIC

Respondents from 33 of the 40 LWAs said they receive requests for peer counseling from women who are not on WIC. LWAs serve these women in a number of ways that both help them to get the support they need and do not use resources allocated for the *Loving Support* Peer Counseling Program. Specifically, LWAs encourage them to apply for WIC if they are eligible, refer them to hospitals or to other social service agencies, and invite them to participate in general breastfeeding classes that are open to the public. A quarter of the LWAs said they offer non-WIC participants some kind of counseling. These LWAs assert that they either provide a modified, less-intensive form of counseling to these women (one call only, limited follow-up, etc.) or that they provide the standard program of services, but are able to do so provide through funding from non-WIC sources.

Matching WIC Participants to Counselors

After WIC participants are targeted for *Loving Support* Peer Counseling, most are matched with specific peer counselors. At three of the LWAs in the sample, peer counselors are not assigned to work with specific individuals and, instead, provide peer counseling to any women who have questions during the times during which peer counselors are working.

In the LWAs that match WIC participants with specific peer counselors, staff consider logistical factors, such as the number of WIC participants that will be offered services, the locations at which WIC participants are likely to receive them, and the number of hours peer counselors work. In many sites, these logistical considerations are the primary or only factors that determine assignments.

At LWAs where there are WIC participants with limited English proficiency and peer counselors who speak their native languages, assignments also are made based on language. In a handful of LWAs, staff consider other factors, such as matching teen mothers with peer counselors who also were teen mothers, previous relationships between WIC participant and specific peer counselors, and the skill set of particular peer counselors and likely needs of particular women. In one site, one peer counselor works with only pregnant mothers and another works only with mothers who are post-partum. In another, a specific peer counselor is matched with women likely to have questions about breastfeeding and returning to work. One LWA staff member reports that in “ideal circumstances,” she considers location, age, cultural matching and mothers’ requests, but that what she actually ends up doing has a lot more to do with peer counselors’ availability.

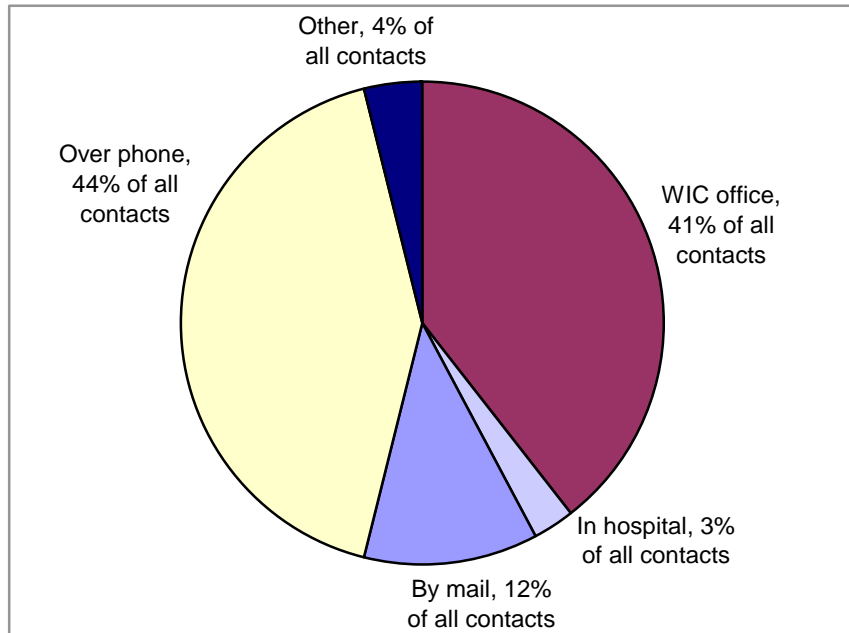
Peer Counselor Caseloads

Since most LWAs match specific WIC participants with peer counselors, peer counselors in these agencies have their own caseloads. However, the way that the LWAs define who is receiving peer counseling services varies and thus it is not possible to describe caseloads in a standard way. In some cases, a WIC participant is considered to be in the caseload even if she has never responded to a letter or telephone call or met with the peer counselor. (Many of the LWAs have a standard number of weeks or attempts at contact before they are dropped from the caseload.) In other LWAs, a WIC participant is on the caseload after she has actively applied for peer counseling but may not have yet had a direct interaction with a peer counselor. In still other cases, the WIC participant is not counted as part of the caseload until she has met with or talked to the peer counselor at least one time.

Types of Contact Between Peer Counselors and WIC Participants

Contact between WIC participants and peer counselors can occur in a variety of ways. Thirty-six of the 40 LWAs in the sample were able to provide a breakdown of types of contacts, which are summarized across all LWAs in Exhibit 6.2. It shows, overall, although more contact occurs over the telephone (44% of contacts), a nearly equal percentage of contacts also occur in the WIC office (41% of contacts). Some but not all of the LWAs included letters to WIC participants in their definition of “contacts” and 12% of contact occurs by mail. Less than 5% of contacts occur in hospitals (3%) and other locations (4%), such as the WIC participants’ homes.

Exhibit 6.2: Location of Total Contacts between WIC Participants and Peer Counselors, FY 2009 (n=36)

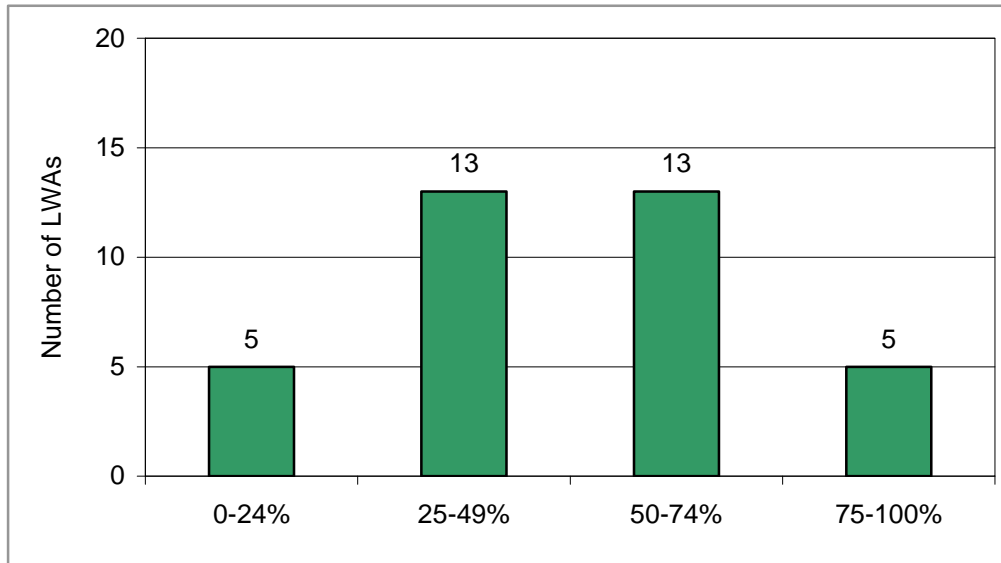


Missing responses: 4 LWAs.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

As Exhibits 6.3 and 6.4 illustrate, there was substantial variation in terms of the relative percentages of phone, in person, and other types of contact most prevalent at individual LWAs. For instance, in the 5 LWAs of the 36 that could break down contacts, less than one-fourth of contacts are by phone. Conversely, in 14 of the LWAs, less than one-fourth of contacts are in person.

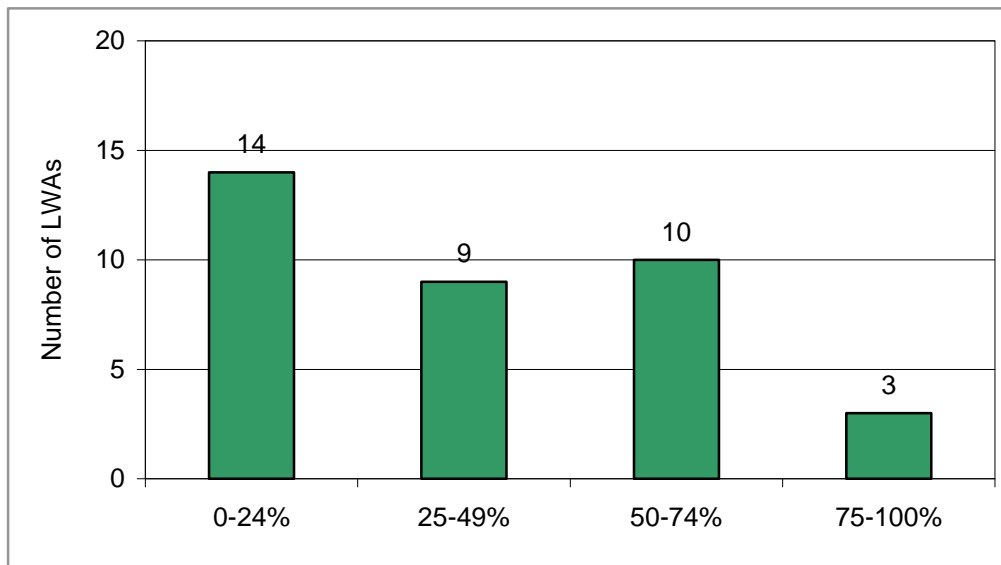
Exhibit 6.3: Percent of Contacts between *Loving Support* Peer Counselors and WIC Participants Made by Phone, FY 2009 (n=36)



Missing response: 4 LWAs.

Source: 2009 Interviews with Local WIC Agency Staff.

Exhibit 6.4: Percent of Contacts between *Loving Support* Peer Counselors and WIC Participants Made in Person, FY 2009 (n=36)



Missing response: 4 LWAs.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Home Visits. Respondents from 25 of the LWAs reported that peer counselors could or did visit WIC participants at their homes. However, although these visits are allowed, they were discouraged by most LWAs because of home visits are resource-intensive and budgets are very limited. Thus, staff from those LWAs that permit home visits said that such visits are rare and only occur under special

circumstances. The most commonly cited justification was that some mothers have transportation issues that prohibit meeting with their peer counselors. Other reasons given for home visits included mothers having health issues, multiple births, or additional young children. However, for 6 of the 40 LWAs, home visits are a standard practice. Although most of these LWAs note that these visits occur on an “as needed” or occasional basis, at one LWA, “home visits are a core part of the [program] philosophy.”⁶²

LWAs that permit home visits are divided in their concern over liability and safety issues. Some do not consider liability issues at all. Among those that do, some said that they addressed the issue with liability insurance through the local city or county, and other sites said they had established detailed rules and/or systems of consent forms for mothers to sign before permitting home visits. LWAs also vary in their strategies for ensuring peer counselors’ safety. At some LWAs, peer counselors travel in teams; at others they call the main LWA office before beginning visits and when visits are over to inform staff that they have completed the visits safely. However, many staff did not mention safety concerns as an issue.

Hospital Visits. Similarly, although hospital visits only account for 3% of all peer counselor/WIC participant contacts, 18 of the 40 of LWAs allow or encourage peer counselors to work with WIC participants at local hospitals. LWAs that permit hospital visits are extremely varied in the extent to which they actively promote peer counselor hospital visits. Some have formal procedures and policies for encouraging them. These LWAs employ a variety of strategies, including: encouraging program participants to allow peer counselors to visit as guests (the most common strategy); routinely calling hospitals to ask staff if potentially eligible mothers have delivered; relying on hospital staff (social workers, nurses or other staff) to alert LWA staff that when WIC mothers have just delivered; and/or on having formal memoranda of understanding (MOUs) with hospitals that allow peer counselors to visit. Staff at two of the LWAs noted that either peer counselors or the on-staff breastfeeding coordinator are employed either by or through area hospitals. In these cases, it is relatively easy for these individuals to gain access to new WIC mothers who are eligible for the program.

As was true with home visiting, LWAs that allow hospital visits varied in the extent to which they articulated concerns about liability. Many did not mention the issue; several asserted that it was not a concern. Others asserted that peer counselors were trained in HIPAA policies and/or received “volunteer clearance” from local hospitals, which addressed liability issues.

Timing and Frequency of Contact with WIC Participants

As Exhibit 6.5 illustrates, at most LWAs (63% of those in the sample), peer counselors usually first contact WIC participants during pregnancy. More than one-fourth (28%) report that initial contact tends to coincide with a WIC participants’ certification, whether certification happens during pregnancy or post-partum.

⁶² See Chapter 8 for a description of the *Loving Support* Peer Counseling Program offered by the Wayne County Department of Health, which operates a program model based on home visits.

Exhibit 6.5: LWAs' Timing of Intended First Contact with WIC Participants, FY 2009 (n=40)

Time Period	Number	Percent
During pregnancy	25	63%
Coincides with certification, either during pregnancy or post-partum	11	28%
As early as possible	3	8%
Post-partum	1	3%

Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff.

After initial contact is established, peer counselors maintain regular communication with WIC participants. The frequency of this communication is related to the stage of the WIC participants' pregnancy and delivery, with most contact occurring during the third-trimester and in the first few weeks post-partum (see Exhibit 6.6). Thirty-one LWAs require contact during the third trimester. Thirty LWAs also require contact during the first week post-partum. Thirty-three require contact within weeks two through four after delivery.⁶³ Although most LWAs also require contact during the first two trimesters of pregnancy and for contact from the second month postpartum until after the sixth month postpartum, most LWAs tend to encourage monthly contact during these periods.

In addition to specifying minimum requirements for contacts at certain times, the 40 LWAs also have guidelines about how soon peer counselors must respond to requests for assistance. Thirty-four of the 40 LWAs require that peer counselors return participants' calls within 24 hours.

⁶³ As reported in Exhibit 6.6, in the third trimesters, 7 LWAs have guidelines for contact every 2 weeks, 14 for one time per month; 9 for every two months and one specifies other guidance. Similarly, for weeks 2-4 after delivery, 25 have guidelines that WIC participants should be contacted one time per week, 6 every two weeks, and 2 require one time in the three-week period.

Exhibit 6.6: Frequency of LWA Contact Between Peer Counselors and WIC Participants, FY 2009 (n=40)

	Number	Percent
<i>Frequency of Contact During the Third Trimester</i>		
Every 2 weeks	7	18%
One time per month	14	35%
Every 2 or 3 months	9	23%
Other	1	3%
Do not have specific guidelines	9	23%
<i>Frequency of Contact During the First Week Post-Partum^b</i>		
One time per week	29	73%
Other	1	3%
Do not have specific guidelines	10	25%
<i>Frequency of Contact During Weeks 2-4 Post-Partum^c</i>		
One time per week	25	63%
Every 2 weeks	6	15%
One time in the three-week period	2	5%
Do not have specific guidelines	7	18%
<i>Frequency of Contact During Months 2-4 Post-Partum^d</i>		
Every 2 weeks or more frequently	4	10%
One time per month	21	53%
Every 2 or 3 months	4	10%
Do not have specific guidelines	11	28%

Missing responses: none.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Content of Sessions

During peer counseling sessions, peer counselors talk with WIC participants about a range of issues. Content is not standardized in 28 of the 40 LWAs. Despite this fact, many LWAs noted that peer counselors are encouraged to bring up particular topics during specific stages of pregnancy or months post-partum. (In some cases peer counselors complete forms about their contact with program participants and these forms prompt them to consider certain issues at certain times.) For example, before delivery, peer counselors work with pregnant mothers to promote breastfeeding and to anticipate and address potential breastfeeding challenges. Immediately post-partum, peer counselors often discuss how to address physical challenges in breastfeeding as well as how to determine if babies are receiving enough nourishment. After several months have elapsed, peer counselors often discuss mothers' return to work or school and mothers' options for continuing breastfeeding when they do so.

In addition to providing specific guidance and advice, staff at many agencies stressed that important work is to build a strong relationship with participants, provide general encouragement to mothers to breastfeed and give mothers positive feedback and support for doing so. Staff at one LWA reported that, during pregnancy, peer counselors work to establish rapport and to "get a feel for the mom" and

try and determine “what the mom would need to hear [to make an informed decision about whether or not to breastfeed].” Staff at another LWA stated that, “during pregnancy, the goal is to plant the seed about breastfeeding and to answer basic questions [about breastfeeding].”

Local Collaborations

In addition to asking staff from the 40 LWAs in the sample to describe local collaborations, interviews were conducted with staff from 21 collaborating organizations.⁶⁴ The following section summarizes information that was gathered from both sources.

Extent of Collaboration and Type of Collaborating Organizations

Staff from 30 of the 40 LWAs said that they work in close collaboration with local hospitals and/or community-based organizations on the *Loving Support* Peer Counseling Program. Eight of LWAs indicated no collaboration at all with any outside organizations. Two noted that they had some collaboration with outside agencies, but that collaboration was extremely limited. In the latter case, activities included activities such as posting or distributing flyers at the offices of the collaborating organizations and/or staff from the LWA organization serving on the collaborating organization’s board of directors.

Altogether, the LWAs described Exhibit 6.7 shows the types of organizations with which they collaborate. Even though peer counselors do not often visit WIC participants when they are in the hospital, more than half of the LWAs in the sample (60%) had collaborations with hospitals. The types of activities with hospitals included referring WIC participants to hospital staff (or hospital staff referring new mothers to WIC), joint training, and/or providing WIC participants or peer counselors with access to a hospital’s lactation consultants. In addition, more than one fourth (28%) of LWAs collaborate with local breastfeeding awareness groups. Eighteen percent collaborate with programs that serve economically disadvantaged mothers, and 15% collaborate with local public health departments.

⁶⁴ Twenty-six of the LWAs in the sample (65%) provided contact information for collaborating organizations for interviews as part of the data collection for this report. Five of these organizations did not participate in the interview process due to either changes in staff or to lack of involvement in the program at the time of interview.

Exhibit 6.7: Type of Organizations With Which LWAs Collaborate on the *Loving Support Peer Counseling Program*, FY 2009 (n=40)

	Number	Percent
No or minimal collaborations with any type of organization	10	25%
Hospitals	24	60%
Local breastfeeding awareness groups	11	28%
Programs for disadvantaged mothers	7	18%
Local public health departments	6	15%

Missing responses: none.

The last four response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Breastfeeding Policies at Collaborating Hospitals

In addition to describing collaborations with hospitals, LWAs were asked to provide information the policies of the local hospitals that served their WIC participants regardless of whether there was a formal collaboration. Twenty-four LWAs provided information about a total of 41 hospitals.⁶⁵

As Exhibit 6.8 shows, although only a few (2%) of the hospitals that serve WIC participants from the LWAs are designated “baby-friendly” as defined by UNICEF and the World Health Organization, although most implement a range of policies that are required in order to be baby-friendly support breastfeeding.⁶⁶ Eighty-five percent of collaborating hospitals allow newborns to room-in with new mothers; 78% have lactation consultants on staff, and 76% encourage mothers to breastfeed within the first hour after birth. A significant minority (46%) also have provided staff with training in lactation management within the past three years. Appendix D includes the additional information about the UNICEF baby-friendly initiative.

⁶⁵ Of the 24 LWAs in our sample that provided this information, 5 collaborate with three hospitals, 7 collaborate with two hospitals, and 12 collaborate with one hospital.

⁶⁶ The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation. The BFHI assists hospitals in giving breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies. It gives special recognition, such as the designating hospitals as Baby-Friendly, to hospitals that encourage and support breastfeeding.

Exhibit 6.8: Percentage of Hospitals Involved in Collaborations with LWAs that Have “Baby-Friendly” Policies, FY 2009 (n=41)

	Number	Percent
Have rooming-in for newborns	35	85%
Have lactation consultants on staff	32	78%
Encourage mothers to breastfeed within the first hour after birth	31	76%
Do not routinely give breastfeeding infants supplementation (including water)	26	63%
Have provided staff with training in lactation management within the past 3 years	19	46%
Do not provide formula discharge packs	14	34%
Are designated baby-friendly, as outlined by UNICEF and the World Health Organization	1	2%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

In addition to these supportive policies, many hospitals also had policies that do not support breastfeeding. Sixty-six percent provide formula discharge packs and 37% routinely give breastfeeding infants supplementation.

Collaboration Activities

Both staff from LWAs and collaborating organizations were interviewed about the nature of their collaborations for the *Loving Support Peer Counseling Program*. Staff at collaborating organizations said that they refer individuals to the program and engage with peer counselors to promote breastfeeding. They also provide training on breastfeeding and breastfeeding promotion to peer counseling staff. Hospital staff reported contacting peer counselors or peer counselor coordinators about patients who either are in the *Loving Support Peer Counseling Program* or who are eligible for it. Finally, in some cases, hospital staff also supervise peer counselors when they provide services at hospitals.

Data Collected About Collaboration Activities

Although none of the organizations that collaborate with LWAs reported collecting data specifically about the *Loving Support Peer Counseling Program*, two-thirds (67%) collect some data on breastfeeding outcomes (such as breastfeeding initiation, exclusivity and duration). Slightly more than a quarter of those collaborating organizations (29%) said they could calculate separate rates for *Loving Support Peer Counseling* participants.

Perceptions of the Value of the Collaboration

Staff at collaborating organizations perceived their work with LWAs on *Loving Support Peer Counseling* in a positive way. All of the organizations that assessed the value of collaboration activities reported favorably, although some did note that not everyone at their organizations knows about *Loving Support Peer Counseling*. Others also reported that the collaboration, although valuable, did create some additional work for key staff.

Individuals at collaborating organizations attributed a range of benefits to the program. As Exhibit 6.9 shows, the most commonly cited program benefits are improving the quality of services that collaborating organizations provide (cited by 44% of the organizations that provided data about program accomplishments) and, despite the fact that a few reported that the collaboration created additional work for key staff, 44% also said that it reduced their staff’s workload. Respondents from 25% of the collaborating organizations asserted that a major accomplishment was providing services that the organizations could not otherwise provide.

Exhibit 6.9: Perceived Benefits of Collaborating with LWAs on *Loving Support Peer Counseling* (Collaborator Perspective), FY 2009 (n=24)

	Collaborating Organizations that Provided Data about Program Accomplishments	
	Number	Percent
Improves the quality of services provided	7	29%
Reduces workload [of collaborating organization staff]	7	29%
Provides services that hospitals/collaborating organizations could not otherwise provide	4	17%
Other benefits	8	33%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Collaborating Organizations and Hospitals.

Collaborating organizations attribute a range of additional accomplishments to their work with the LWAs, including providing unified and consistent messages about the importance of breastfeeding, encouraging more women to breastfeed, and increasing breastfeeding initiation and duration rates. A number of organizations also said that their overall relationship with the LWA was a significant accomplishment. Staff from one collaborating hospital stated that as a result of the collaboration “a bridge has been formed from hospital to home for new parents.” She went on to assert that, because of the collaboration, staff who worked to promote breastfeeding are now able to remain in contact with women who “otherwise would disappear.” Staff from another hospital asserted that collaborating ensured that women didn’t “slip through the cracks,” in terms of getting the support they need to breastfeed.

When asked about challenges, staff from collaborating organizations reported both challenges that inhibit WIC participants from breastfeeding as well as challenges they faced when establishing and maintaining effective collaborations. Individuals who reported factors discouraging WIC participants from breastfeeding discussed both cultural issues and misinformation in the community about the benefits of breastfeeding. Individuals who reported challenges in establishing and/or maintaining effective collaborations said that securing buy-in from and finding time for key staff from both organizations to meet and plan was an initial challenge, but one that was overcome after the program got established. A few individuals also discussed the lack of specific data about program participant breastfeeding rates as a challenge. The most commonly reported challenge was lack of resources for peer counselors. Several hospitals and other organizations asserted that the program would be enhanced if peer counselors were able to work more hours and serve more clients.

LWA Perceptions of the *Loving Support Peer Counseling Program*

Staff Perceptions of the Program

Most LWA staff felt similarly positive about the *Loving Support Peer Counseling Program* and cite similar program benefits. Staff interviewed in 38 of the 40 LWAs had a uniformly positive opinion of the program, although, as was true for collaborating organizations, some noted that the program creates some additional work in terms of coordinating services and completing necessary paperwork. A handful of respondents also noted that, although the program is now successfully established, it took some time for WIC agency staff to understand its value and/or to develop procedures for referring clients to peer counselors. Staff at 34 of the LWAs asserted that the *Loving Support Peer Counseling* reduced the workload for other WIC staff. Staff at 71% of the LWAs also reported that *Loving Support Peer Counseling* improved the overall quality of services provided at the LWA.

LWA staff attributed a number of key successes to the program. As Exhibit 6.10 illustrates, staff from 68% of the 40 LWAs asserted that the *Loving Support Peer Counseling Program* is responsible for increasing the number of breastfeeding mothers. Another 43% noted that getting the program established and woven into LWA procedures and practices is, in and of itself, a notable achievement. One quarter of the LWAs asserted that helping peer counselors to develop job skills also is an important success attributable to the program. Finally, staff from 18% of the 40 LWAs cited the fact of establishing relationships with local hospitals and other collaborating organizations as a notable accomplishment.

Exhibit 6.10: Perceived Benefits of *Loving Support Peer Counseling* (LWA Perspective), FY 2009 (n=40)

	LWAs that Noted Benefit	
	Number	Percent
Increase number of breastfeeding mothers	27	68%
Program growth/expansion	17	43%
Peer counselors developed job skills	10	25%
Relationships with hospitals/collaborators	7	18%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

According to LWA staff from the 40 LWAs, WIC participants are even more enthusiastic about *Loving Support Peer Counseling*. LWA staff assert that the vast majority of WIC participants are grateful for the program and attribute it with helping them to initiate breastfeeding and to stick with it, even when so doing is challenging. Some LWA staff said that program participants are vocal about their appreciation, often telling them that, without the program, they would not have had access to the kind of information peer counselors provide and/or that they are grateful for their support. One LWA, whose responses typify those heard from many of the LWAs, asserted, “For the most part, they [WIC participants] love it. They feel empowered when breastfeeding and validated. They are knowledgeable and feel better about themselves. They see they can succeed at something that is important to them and are glad for the help.” LWAs that offer services both pre-delivery and postpartum report that WIC participants tend to appreciate peer counseling services provided postpartum more than they appreciate services provided earlier.

Despite these successes and staff and participants' overwhelmingly favorable perception of the *Loving Support* Peer Counseling Program, some of the 40 LWAs experienced some implementation challenges. Over half of the LWAs in the sample (58%) reported that it is difficult to secure adequate program funding (see Exhibit 6.11). Although when asked specifically about turnover, few said it was a problem, over a quarter (28%) noted that it is challenging to find and retain qualified peer counselors because of limited funding availability that limits compensation. Nearly one-fourth of the 40 LWAs (23%) also reported that initially, it was difficult to establish the program due to lack of support and interest from WIC participants. Finally, 13% of LWAs reported that not having access to clear and reliable data about program participants is a challenge.

Exhibit 6.11: Perceived Challenges of *Loving Support* Peer Counseling (LWA Perspective), FY 2009 (n=40)

	LWAs that Noted Challenge	
	Number	Percent
Funding/resource challenges	23	58%
Finding/retaining qualified peer counselors	11	28%
Resistance to breastfeeding among WIC participants	9	23%
Not having access to reliable data about the program	5	13%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Lessons Learned

The LWA staff that were interviewed reported that they have learned a number of lessons about how to implement the program successfully. Staff asserted that it is essential to take time to determine how best to coordinate *Loving Support* Peer Counseling activities with other activities being run by the LWA and to develop clear program policies and communicate those policies with all staff involved. On a related note, staff also said that it is helpful to secure other agency staff buy-in and to involve peer counselors in general LWA activities, so that peer counselors feel like part of a cohesive team with a shared vision. Finally, several staff asserted that it is crucial to hire high-quality peer counselors who both understand both breastfeeding and how to work effectively with new mothers who are WIC participants.

Needs for Guidance/Support from USDA

Twenty-six of the 40 LWAs in the sample reported that there are areas in which they would appreciate more guidance or support from the USDA. As Exhibit 6.12 illustrates, of those that reported needing more guidance, 15 stated that they could use assistance in collecting and/or interpreting data about participant experiences in the program and breastfeeding outcomes. Ten LWAs requested additional or different training, and another 10 requested improved communication with USDA about program requirements. Seven LWAs requested additional funding and resources for the program. Three LWAs requested guidance on a range of additional topics, including strategies for reaching out to high schools, technical assistance in improving services, and help coordinating equipment lending with other aspects of the program.

Exhibit 6.12: Type of Guidance Requested from USDA, FY 2009 (n=26)

Subject Area	LWAs Requesting <i>Any</i> Additional Guidance from USDA	
	Number	Percent
Collecting/interpreting data	15	58%
More/different training	10	39%
Increased/improved communication	10	39%
More funding and resources	7	27%
Other	3	12%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Planned Program Adaptations

Although most LWAs among the 40 interviewed reported that the *Loving Support* Peer Counseling Program is successful, 33 of them plan to implement some program enhancements in the next fiscal year. Thirteen LWAs said they would increase amount of peer counseling time. Another 10 plan to make changes in the types of data they maintain about the program, and an additional 8 asserted that they will make some modifications to the ways in which peer counselors are supervised. Five plan to make some changes in either the way they train peer counselors or the content of that training. Four LWAs plan on making changes related to how the program is funded, the scope of practices for peer counselors, and/or the equipment peer counselors may use and distribute (including breast pumps). Three of the 33 LWAs planning any program modifications plan to make program changes related to FNS-required changes in the food packages WIC participants receive,⁶⁷ change the criteria for selecting peer counselors, and/or change the number of services delivery sites at which the program will operate.

⁶⁷ On December 6, 2007, an Interim Rule changed the WIC food packages to better meet the nutritional needs of WIC participants. The new food packages align with the 2005 Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. States began implementing the changes in January 2009. All States implemented the changes by October 1, 2009.

Exhibit 6.13: Planned Changes to *Loving Support* Peer Counseling Program at the LWA Level in the Next Fiscal Year, FY 2009 (n=33)

Change	Number	Percent
Increase staff at current clinics (number or hours)	13	39%
Type of data/documentation maintained	10	30%
Supervision/monitoring procedures	8	24%
Training content and/or procedure	5	15%
Funding	4	12%
Scope of practices for peer counselors	4	12%
More equipment for PCs/nursing supplies	4	12%
Adaptations due to changes in food packages	3	9%
Increase the number of clinics	2	6%
Criteria for selecting PC	2	6%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff.

Chapter 7: Defining and Tracking Breastfeeding Outcomes for WIC Participants

States are required to collect a variety of data on participant and program characteristics for the WIC Program, including breastfeeding initiation and duration. This chapter describes how States and ITOTs, and the study sample of LWAs, define breastfeeding initiation, exclusivity and duration, how frequently they collect these data, their perceptions of their accuracy, and the ways in which these data are used. It also describes the perspectives of the LWAs about these data and whether they are able to calculate separate rates for individuals in the *Loving Support* Peer Counseling Program. Finally, it presents the data provided by the LWAs about breastfeeding outcomes for *Loving Support* Peer Counseling participants.

Breastfeeding Outcome Data Collected

States, ITOTs, and LWAs were asked whether they collect information about breastfeeding initiation, duration, and exclusivity. In addition, States and ITOTs also were asked whether they collected data on women breastfeeding at hospital discharge. (See Exhibit 7.1.) Not surprisingly given FNS requirements, all but one of the State and ITOTs indicated that they collect data about breastfeeding initiation⁶⁸ as well as 93% of LWAs. Ninety-six percent of States and ITOTs and 85% of LWAs collect information about breastfeeding duration. A somewhat smaller percentage of respondents collect data about breastfeeding exclusivity, which is not part of FNS reporting requirements. Seventy-two percent of States and ITOTs and 78% of LWAs said they collect information about this outcome. The least-frequently collected information is an indication of whether WIC participants are breastfeeding at hospital discharge. Slightly over one quarter of States and ITOTs (26%) collect data about whether new mothers are breastfeeding at hospital discharge.

⁶⁸ The one State-level WIC agency that indicated that it did not collect initiation information did indicate that it collected information about whether women were breastfeeding at hospital discharge.

Exhibit 7.1: States, ITOTs, and LWAs Indicating They Collect Breastfeeding Outcome Data for WIC Participants, FY 2008 and FY 2009

Breastfeeding Outcome	All State and ITOT Respondents (n=85)		States (n=531)		ITOTs (n=34)		LWAs (n=40)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ever breastfed/ breastfeeding initiation	84	99%	50	98%	34	100%	37	93%
Breastfeeding duration	82	96%	50	98%	32	94%	26	85%
Breastfeeding exclusivity	61	72%	31	61%	30	88%	30	78%
Breastfeeding at hospital discharge	22	26%	12	24%	10	29%	—	N/A ^a

^a LWAs were not asked this question.

Missing responses: none.

Source: 2008 Survey of State WIC Agencies; 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Breastfeeding Initiation

Definition

Almost all of the States and ITOTs report that they (99%) define breastfeeding initiation as having breastfed or fed breastmilk to an infant at least once. One ITOT defined breastfeeding initiation as having breastfed for at least one day.

WIC Population for Whom Data Are Collected

States, ITOTs and LWAs were asked to indicate whether breastfeeding initiation was collected for all WIC participants or participants enrolled in the *Loving Support* Peer Counseling Program only. If data were collected for all WIC participants, they were also asked if the outcome could be calculated for those enrolled in the *Loving Support* Peer Counseling Program.

Exhibit 7.2: State, ITOT and LWA Reports About Breastfeeding Initiation Data Collection Practices and Data Accuracy, FY 2008 and FY 2009

	All State and ITOT Respondents (n=85)		States (n=51)		Territories/ITOs (n=34)		LWAs (n=40)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population for Whom Outcome is Collected								
All WIC participants ^a	84	99%	51	100%	33	97%	37	93%
A separate rate for <i>Loving Support Peer Counseling</i> participants can be calculated ^b	17	21%	14	28%	3	10%	11	27%
<i>Loving Support Peer Counseling</i> participants only ^a	1	1%	0	0%	1	3%	—	N/A ^c
Frequency of Data Collection^b								
On an ongoing basis	74	90%	46	92%	28	88%	36	90%
Annually or more than once a year	6	7%	4	8%	2	6%	4	10%
Less often than annually	1	1%	0	0%	1	3%	0	0%
On an as needed basis	1	1%	0	0%	1	3%	0	0%
Perception of Data Accuracy^d								
Somewhat or very accurate	56	67%	38	76%	18	53%	33	83%
Fairly accurate	23	27%	10	20%	13	38%	4	10%
Somewhat or very inaccurate	5	6%	2	4%	3	9%	3	8%

^a Missing responses: none.

^b Missing responses: 1 State and 3 ITOTs.

^c LWAs were not asked this question.

^d Missing responses: 1 State.

Source: 2008 Survey of State WIC Agencies; 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

As Exhibit 7.2 shows, 99% of States and ITOTs indicated that they collect data about breastfeeding initiation for all WIC participants, with one ITOT indicating that it collects data about breastfeeding initiation for only those receiving *Loving Support Peer Counseling*. Only 21% of States and ITOTs reported that they could calculate a separate rate for breastfeeding initiation for those participating in the *Loving Support Peer Counseling* Program (10% of ITOTs and 28% of the States). (Please note from previous chapters that the definition of “participation” in the *Loving Support Peer Counseling* Program varies among LWAs.) These findings were similar for the 40 LWAs, where most collected data about breastfeeding initiation on all WIC participants (37 of the 40), but a smaller fraction (11 of the 40) were able to disaggregate results for women participating in *Loving Support Peer Counseling*.

Data Collection Frequency

Most States and ITOTs (90%) and LWAs (90%) indicated that data about breastfeeding initiation are collected on an ongoing basis (Exhibit 7.2). All States, all LWAs, and all but one ITOT indicated that breastfeeding initiation data were collected at least annually.

Data Accuracy

States, ITOTs and LWAs were asked to rate initiation data quality on a five-point scale. As shown in Exhibit 7.2, 67% of States and ITOS said that they would rate data as somewhat or very accurate as did 83% of LWAs.

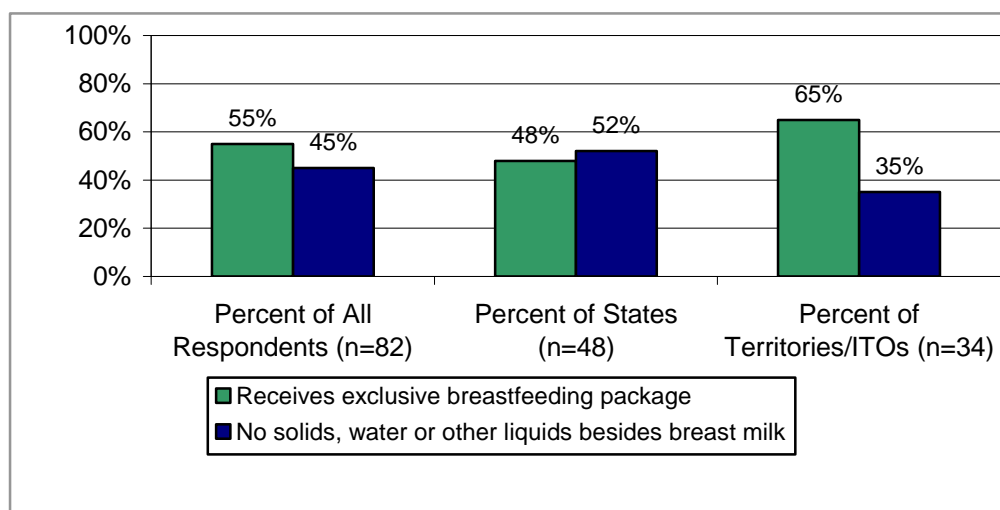
Respondents from State WIC agencies tended to rate the quality of these data as slightly higher than did ITOTs. Seventy-six percent of States rated their data on breastfeeding initiation as a somewhat or very accurate, compared to 53% of ITOTs.

Breastfeeding Exclusivity

Definition

All States and all but one ITOT indicated they had a definition of breastfeeding exclusivity. These States and ITOTs were divided in their definition, with one group defining it in terms of food packages issued and the other in terms of infants' food intake. Over half (55%) of all States and ITOTs who responded to the follow-up question define breastfeeding exclusivity as whether participants were issued exclusive breastfeeding package. The remaining 45% define breastfeeding exclusivity as whether infants not receiving any solids, water or other liquids besides breast milk.⁶⁹ (See Exhibit 7.3.)

Exhibit 7.3: Definition of Breastfeeding Exclusivity, FY 2008



Missing responses: 3 States.

Source: 2008 Survey of State WIC Agencies.

⁶⁹ LWAs were not asked how they defined breastfeeding exclusivity.

Although 99% of States or ITOTs had a formal definition of exclusivity, only 72% (61 respondents) indicated that they collected these outcome data.⁷⁰ Those who collected exclusivity information were asked whether they collected exclusivity data by the age of the infant and approximately 57% of these States and ITOTs did so.⁷¹

Exhibit 7.4 summarizes how frequently States, ITOTs, and LWAs who collect data about breastfeeding exclusivity do so, their perceptions of data accuracy and the populations for whom they collect these data.

Exhibit 7.4: State, ITOT, and LWA Reports About Breastfeeding Exclusivity Data Collection Practices and Data Accuracy, FY 2008 and FY 2009

	All State and ITOT Respondents (n=61)		States (n=31)		ITOTs (n=30)		LWAs (n=40)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population for Whom Outcome is Collected								
All WIC participants ^a	60	98%	31	100%	29	97%	31	78%
A separate rate for Loving Support Peer Counseling participants can be calculated ^b	15	26%	8	26%	7	26%	6	15%
Loving Support Peer Counseling participants only ^a	1	2%	0	0%	1	3%	—	N/A ^c
Frequency of Data Collection^c								
On an ongoing basis	54	90%	28	90%	26	90%	40	100%
Annually or more than once a year	4	7%	2	6%	2	7%	0	0%
Less often than annually	1	2%	0	0%	1	3%	0	0%
On an as needed basis	1	2%	1	3%	0	0%	0	0%
Perception of Data Accuracy								
Somewhat or very accurate	31	53%	17	57%	14	48%	24	60%
Fairly accurate	24	41%	11	37%	13	45%	5	13%
Somewhat or very inaccurate	4	7%	2	7%	2	7%	11	28%

^a Missing responses: none.

^b Missing responses: 2 ITOTs.

^c LWAs were not asked this question.

^d Missing responses: 1 State and 1 ITOT.

Source: 2008 Survey of State WIC Agencies; 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

⁷⁰ These include 31 States and 30 ITOTs. There were no missing responses.

⁷¹ Of the 61 respondents who collected information on exclusivity, 35 (18 States and 17 ITOTs) collected exclusivity by age of infant.

WIC Populations for Whom Data Are Collected

Of those States and ITOTs that collect data on breastfeeding exclusivity, 98% collect it for all WIC participants, and, for over one-fourth of States and ITOTs (26%), a separate rate for the *Loving Support Peer Counseling Program* can be calculated. Two percent of States and ITOTs indicated that the data were collected for *Loving Support Peer Counseling* participants only. Similarly, a smaller percentage of LWAs in the sample (78%) collect data about breastfeeding exclusivity than about other breastfeeding outcomes, and only 6 of the 40 LWAs can calculate separate rates for women receiving *Loving Support Peer Counseling*.

Data Collection Frequency

As Exhibit 7.4 shows, 90% of States and ITOTs and all of the LWAs that collect information on breastfeeding exclusivity do so on an ongoing basis. Only 2% of States and ITOTs (3% of ITOTs and no States) collect breastfeeding exclusivity information less often than annually. No LWAs collect information about breastfeeding exclusivity less often than annually.

Data Accuracy

As Exhibit 7.4 shows, in general, States and ITOTs that collect data on exclusivity feel that the data are fairly accurate or better, although respondents are less confident in their data on breastfeeding exclusivity than they are about their breastfeeding initiation data. Just over half (53%) of these States and ITOTs reported that the data on breastfeeding exclusivity was somewhat or very accurate, compared to over two-thirds who believed similarly about breastfeeding initiation information. The pattern was similar for LWAs. Sixty percent of LWAs in the sample reported that they believed data on breastfeeding exclusivity was somewhat or very accurate, compared to over 80% that reported a similar accuracy level about data on breastfeeding initiation.

A larger percentage of LWAs than of States and ITOTs perceived data about breastfeeding exclusivity as somewhat or very *inaccurate*. Twenty-eight percent of the 40 LWAs believe data on breastfeeding exclusivity is somewhat or very inaccurate, compared to 7% of States and ITOTs who collect data on breastfeeding exclusivity.

Breastfeeding Duration

Definition

All State and ITOT respondents with the exception of one ITOT said they had a definition of breastfeeding duration. Seventy-eight percent of these States and ITOTs reported that they defined breastfeeding duration as the number of weeks that an infant is at least partially breastfeeding with 17% of respondents reporting breastfeeding duration as expressed in terms of the number of months. (See Exhibit 7.5.)

Exhibit 7.5: State and ITOT Definitions of Breastfeeding Duration, FY 2008

	All Respondents (n=84)		States (n=50)		Territories/ITOs (n=34)	
	Number	Percent	Number	Percent	Number	Percent
Number of weeks an infant is at least partially breastfeeding	65	78%	33	82%	41	73%
Number of months an infant is at least partially breastfeeding	14	17%	8	16%	6	18%
Number of days an infant is at least partially breastfeeding	2	2%	0	0%	2	6%
Duration in defined using multiple time periods breastfeeding	2	2%	1	2%	1	3%

Missing responses: 1 State and 1 ITOT.

Source: 2008 Survey of State WIC Agencies.

As described earlier, 82 of the 85 States and ITOTs indicated they collected data on breastfeeding duration. Exhibit 7.6 summarizes how frequently these respondents collect data about breastfeeding duration, their perceptions of data accuracy and the populations for whom the data are collected.

Exhibit 7.6: State, ITOT, and LWA Reports on Breastfeeding Duration Data Collection Practices and Data Accuracy, FY 2008 and FY 2009

	All State and ITOT Respondents (n=82)		States (n=50)		ITOTs (n=32)		LWAs (n=40)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population for Whom Outcome is Collected								
All WIC participants ^a	81	99%	50	100%	31	97%	34	85%
A separate rate for <i>Loving Support Peer Counseling</i> participants can be calculated ^a	20	25%	14	28%	6	21%	6	15%
<i>Loving Support Peer Counseling</i> participants only ^b	1	1%	0	0%	1	3%	—	N/A ^c
Frequency of Data Collection^d								
On an ongoing basis	70	88%	44	90%	26	84%	39	97%
Annually or more than once a year	7	9%	4	8%	3	10%	1	3%
Less often than annually	1	1%	0	2%	1	3%	0	0%
On an as needed basis	2	3%	1	2%	1	3%	0	0%
Perception of Data Accuracy^e								
Somewhat or very accurate	31	38%	18	37%	13	41%	6	35%
Fairly accurate	36	44%	22	45%	14	44%	24	40%
Somewhat or very inaccurate	14	17%	9	18%	5	16%	10	25%

^a Missing responses: none.

^b Missing responses: 2 ITOTs.

^c LWAs were not asked this question.

^d Missing responses: 1 State and 1 ITOT.

^e Missing responses: 1 State.

Source: 2008 Survey of State WIC Agencies; 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

WIC Population for Whom Data Are Collected

Ninety-nine percent of States and ITOTs that collect data on breastfeeding duration do so for all WIC participants. Of those, 25% indicate that they are able to calculate a separate rate on breastfeeding duration for *Loving Support Peer Counseling* participants. For LWAs, a slightly smaller percentage of LWAs (85%) said they collect data on breastfeeding duration for all WIC participants, although a larger fraction are able to disaggregate results for *Loving Support Peer Counseling* Participants (15%).

Frequency of Data Collection

Eighty-eight percent of States and ITOTs and 97% of LWAs that collect data on breastfeeding duration do so on an ongoing basis. Only 1% of States and ITOTs do so less often than annually. No LWAs collect data on breastfeeding duration less often than annually. (See Exhibit 7.6.)

Data Accuracy

Respondents were less confident in the accuracy of data about breastfeeding duration than they were about other breastfeeding measures. Thirty-eight percent of States and ITOTs who collect data on duration and 35% of LWAs reported that they believed that the breastfeeding duration data that they collected was somewhat or very accurate. Conversely 17% of States and ITOTs and 25% of LWAs believed that these data were somewhat or very inaccurate. (See Exhibit 7.6.)

Use of Breastfeeding Outcome Data

States, ITOTs and LWAs were asked about the ways in which they used the breastfeeding outcome data (Exhibits 7.7 and 7.8).

As Exhibit 7.7 shows, 85% of the States and ITOTs indicated that they used breastfeeding outcome data to comply with federal reporting requirements. Sixty-nine percent of States and ITOTs (84% of States and 45% of ITOTs) indicated that they use these data to conduct needs assessments. Although, at most, 26% of States and ITOTs said that they could calculate a separate rate for *Loving Support* Peer Counseling participants for any of the breastfeeding outcome data, 62% said they used data on breastfeeding outcomes to monitor the *Loving Support* Peer Counseling Program.

Exhibit 7.7: Percent of States and ITOTs Reporting on Uses of Breastfeeding Outcome Data, FY 2008

	All Respondents (n=84)		States (n=51)		Territories/ITOs (n=33)	
	Number	Percent	Number	Percent	Number	Percent
Federal reporting	71	85%	45	88%	26	79%
Needs assessment	58	69%	43	84%	15	45%
Monitoring <i>Loving Support</i> Peer Counseling Program	52	62%	30	59%	22	67%
Evaluating other breastfeeding promotion initiatives	52	62%	36	71%	16	49%
Monitoring other breastfeeding promotion initiatives	46	55%	31	61%	15	45%
Other	11	13%	9	18%	2	16%

Missing responses: 1 ITOT.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2008 Survey of State WIC Agencies.

Most LWAs use breastfeeding outcome data for conducting needs assessments (75% of LWAs in the sample) and for reporting to the State (70%). Half of sampled LWAs use these data for local program evaluations. Eighteen percent use data for other purposes, including improving client follow-up, influencing policy makers and reporting to other funders (see Exhibit 7.8).

Exhibit 7.8: How LWAs Use Program Implementation Information, FY 2009 (n=40)

	Number	Percent
Needs assessment	30	75%
Reporting to the State	28	70%
Local evaluations of the <i>Loving Support</i> Peer Counseling Program	20	50%
Other	7	18%

Missing responses: none.

Response categories are not exclusive; percentages do not sum to 100%.

Source: 2009 Interviews with Local WIC Agency Staff; Program Data Collection Form.

Breastfeeding Outcome Data Reported by LWAs

In addition to responding to questions about the outcome data collection process, the 40 LWAs in the sample were asked if they could provide specific outcome data on *Loving Support* Peer Counseling participants. However, LWAs' definitions of participation, as stated earlier, could vary from being targeted for services to having one or more interactions with peer counselors. Of the 40 LWAs, 10 provided information on one or more breastfeeding outcomes for *Loving Support* Peer Counseling participants.

Seven of these LWAs provided information on breastfeeding initiation for peer counseling participants. At those LWAs, the average percentage of *Loving Support* Peer Counseling Program participants that ever breastfed a baby is 76%.

Five LWAs provided information on breastfeeding exclusivity for *Loving Support* Peer Counseling Participants, but only four provided these data in a standardized format. At those four LWAs, on average, 48% of *Loving Support* Program Participants exclusively breastfed at one month post-partum, 32% exclusively breastfed at three months post-partum, and 23% exclusively breastfed at six months post-partum.

More LWAs provided data on breastfeeding duration for *Loving Support* Peer Counseling participants than on any other breastfeeding outcome. Nine LWAs were able to provide these data, and eight of those provided information in a standardized format. At those LWAs, on average, 30% of *Loving Support* Peer Counseling participants breastfed for six months or more.

Chapter 8: Five Case Studies of Local Implementation of *Loving Support Peer Counseling*

Prior to conducting the 40 site visits that are part of the Implementation Study, five LWAs operating the *Loving Support Peer Counseling Program* and using the FNS grant were selected to be the focus of the case studies. They were selected to come from States that had variation in the following, based on results from the survey:

- The degree to which the State augmented the FNS grant with additional funds for the *Loving Support Peer Counseling Program*;
- The degree to which the FNS funds were targeted to relatively few of the State’s LWAs or made available to many/most of the LWAs; and
- The level of State oversight of the program.

One of the LWAs was also purposively selected to describe the how the *Loving Support Peer Counseling Program* was implemented in a State where the LWA was not the recipient of the FNS grant but instead it went to another entity.

In addition, the LWAs were selected to maximize variation in the region of the country, the setting (e.g., rural, urban, suburban), the size of the LWA, the racial/ethnic composition of the WIC participants served, and the breastfeeding initiation rates for participants served by the LWA.

The five case studies feature:

- the Appalachian District Health Department in Boone, North Carolina
- the Houston Health and Human Services Department in Houston, Texas;
- Pregnancy Aid of Snohomish in Snohomish, Washington;
- Kings County Hospital Center in Brooklyn, New York; and
- Wayne County Health Department in Wayne, Michigan.⁷²

The case studies are presented below.

1. **Appalachian District Health Department (ADHD) Local WIC Agency (LWA)**

Context

The Appalachian District Health Department (ADHD) local WIC agency, located in Boone, North Carolina, serves three rural counties, Ashe, Alleghany, and Watauga County. It is located in the mountainous northwestern corner of the State and covers an area of approximately 974 square miles. WIC offices are located in the county health departments in each of the three counties. In addition, the

⁷² In Michigan, FNS funding is used in combination with other funds to operate the program uniformly throughout the State. The Wayne County Health Department, one of the two LWAs serving the County, is not receiving FNS funding.

ADHD WIC agency contracts with the Wilkes County Health Department to provide WIC services to a fourth county, Wilkes, where three nutritionists and four support staff are located. The LWA serves more than 4,000 participants each month across all four sites. Approximately one-half of the total WIC participants are from Wilkes County and the majority of participants are white. The LWA is supported by seven nutritionists.

The WIC Agency Director and the half-time *Loving Support* peer counselor are located in the main WIC administrative office in the ADHD headquarters in Boone in Watauga County. The WIC Breastfeeding Coordinator, also serving as the *Loving Support* peer counselor supervisor, is located in the WIC office in Wilkes County.

The LWA is involved in a variety of activities to promote breastfeeding for its participants. These include media and public awareness activities such as conducting health fairs, writing newspaper articles, posting material in the community and distributing handouts to WIC participants. In addition, the LWA conducts breastfeeding support groups at the county health offices and provides equipment and resources such as breast pumps, nursing pads, and wipe holders to breastfeeding mothers. The LWA provides in-service training and funds outside training on breastfeeding to nutritionists and other WIC and non-WIC staff. They also have relationships with lactation consultants at local hospitals to whom they refer WIC participants with concerns about breastfeeding. Lastly, the LWA has a hotline that is available seven days a week, 24 hours a day, to new mothers with questions or anxiety about breastfeeding. These activities are supported primarily through WIC funds with some help from the *Loving Support* grant. The WIC agency reports that they spent \$43,400 on these breastfeeding promotion activities during fiscal year 2008.

The ADHD also receives a grant from a local children's council to operate a home visiting program for new mothers, called the Welcome Baby Home program. The program's primary mission is to provide monthly home visits to new mothers (both WIC participants and non-WIC participants) to check on the health and well being of the infant and mother for up to 12 months. An ADHD public health nurse trained in lactation staffs the program. In addition to conducting home visits, she conducts maternity clinics at the health department offices and offers educational handouts, breastfeeding materials and support. She also works closely with the WIC Program, referring participants to WIC and conducting home visits jointly with the *Loving Support* peer counselor. (Further details on this collaboration will be described below.)

Starting Up and Adapting the Program

Breastfeeding promotion and support has a long history at the LWA, and the Agency has funded a breastfeeding peer counselor for about 13 years. The Agency has received FNS funding for *Loving Support* Peer Counseling for about three and one-half years. The program remained essentially the same with the exception of adding more standardized procedures and policies. These changes included adding a cell phone for the peer counselor, increasing the time spent by the peer counselor in WIC clinics rather than working from home, and using more structured and detailed reporting forms.

Program Funding

The LWA's *Loving Support* Peer Counseling Program receives annual funding of \$11,971 from the FNS grant. Over 95% of the FNS grant is used to cover the peer counselor's salary and fringe benefits. The bulk of the remaining grant funds are used for the peer counselor's travel expenses and

a small amount is used for indirect costs such as the peer counselor's cell phone and supplies. Program staff estimate that the agency spends an additional \$10,000 to \$15,000 per year on other costs associated with running the program, including staff time spent (1) supervising and managing the peer counselor and (2) attending relevant trainings on breastfeeding and peer counseling. Accordingly, the total annual cost of the *Loving Support* Peer Counseling Program in Boone is between approximately \$22,000 and \$27,000 and the FNS *Loving Support* grant covers about half of that cost.

WIC Staffing for the *Loving Support* Peer Counseling Program

Staff for the LWA's *Loving Support* Peer Counseling Program includes one peer counselor, WIC Breastfeeding Coordinator and the WIC director. The Breastfeeding Coordinator has worked for the WIC Program for over 20 years and has served in that role since the *Loving Support* Peer Counseling Program began at ADHD three and one-half years ago. The Breastfeeding Coordinator is also a WIC nutritionist. Typically, she spends approximately four hours per week on the *Loving Support* program. Her salary is supported entirely by WIC.

The breastfeeding coordinator has an integral role in the program. Her responsibilities include supervising, training, and monitoring the work of the peer counselor, developing policies and procedures for the *Loving Support* Peer Counseling Program, providing training to local WIC agency staff about breastfeeding and peer counseling, serving as the point of contact for community agencies collaborating on the *Loving Support* Peer Counseling Program, developing and implementing outreach strategies for program, providing information to WIC participants about the program, and reporting on program operations to local and State WIC administrative staff.

Although the Breastfeeding Coordinator is responsible for monitoring the work of the peer counselor, she is not located in the same office as the peer counselor. Therefore, as a practical matter, the peer counselor reports on a daily basis to the WIC Agency Director.

In addition to her responsibilities for managing the WIC agency, the WIC Agency Director also oversees the *Loving Support* Peer Counseling Program and estimates that she spends about three hours a week working on the program.

***Loving Support* Peer Counselors**

As reported above, the LWA's *Loving Support* Program has one half-time (20 hours per week) peer counselor position. A new peer counselor was recently hired.

Recruiting and Hiring

In recruiting the peer counselor, the LWA relies primarily on listing the position online on the State employment security commission. In addition, the WIC Agency Director posts the position in-house at the health department.

Requirements to be hired for the peer counselor position include: (1) having a high school diploma; (2) experience with breastfeeding; (3) one year of clinical work experience or experience in an environment with professionals in a clinical field such as a doctor's office or health department; (4) transportation and a flexible schedule; and (5) willingness to travel to the four counties in the district. In addition, once hired, the peer counselor must attend the State lactation educator training. In hiring,

the staff also prefers personal qualities such as being personable, friendly, talkative and having the ability to relate well to WIC participants.

The salary for the half-time position is \$10,218 and equivalent to a WIC entry-level support staff at the LWA. Benefits include paid leave, health insurance, State retirement, an employee assistance program, continuing education opportunities, and compensation for job-related expenses.

Turnover has not been a problem for the ADHD WIC agency. Since implementing the peer counseling program about 13 years ago, there have been only three peer counselors, the first of which held the role for nine years and the second for four years. She left recently after the birth of her child. The agency has since hired a new peer counselor.

Training and Support

Peer counselors have substantial opportunities for training and professional development. In addition to attending the State lactation educator training, a newly hired peer counselor typically spends time shadowing a WIC nutritionist so she can learn about the WIC Program. The peer counselor also has access to and shadows the lactation consultant at one of the local collaborating hospitals to learn more about how the lactation consultant works with new mothers in the hospital. The peer counselor also attends quarterly WIC staff meetings and trainings offered both in-house and outside of the WIC agency. Training received by the previous peer counselor include two trainings specifically related to the *Loving Support* Peer Counseling Program, as well as other local and State training on breastfeeding and/or the role of peer counselors. After attending some specialized training workshops, the peer counselor may update the WIC staff on what she has learned such as how to specific breast pumps or the new WIC breastfeeding policies and procedures.

Providing Peer Counseling Services to WIC Participants

The peer counselor divides her time among the four counties served by the WIC Program, spending 75% of her time in Watauga County and the remainder in the other three counties. About three-quarters of her time is also spent working with WIC participants with the rest used for administrative and other responsibilities.

There are no eligibility criteria and the peer counseling program targets all WIC participants who are pregnant or breastfeeding. In addition to WIC participants, the peer counselor works with non-WIC participants (whom she encourages to enroll in the WIC Program if eligible) if they request services or call with questions.

Agency staff estimates that approximately 35% of women targeted for the *Loving Support* Program accept services. The main reasons for nonparticipation is that the peer counselor cannot reach the WIC participant, (e.g., the telephone number is not working), the woman is not interested, the father of the baby or other family members are not supportive of the breastfeeding, or the mother was not successful the last time she tried to breastfeed.

Peer Counselors' Contacts with WIC Participants

In general, the peer counselor first contacts participants during the second trimester unless there are burning issues during the first trimester. Contacts are then made monthly until delivery. After delivery, the peer counselor has contact with the participant within the first week of delivery, weekly for the remainder of first month, and then as needed.

In February 2009, the State instituted new requirements and recommendations for the frequency of the peer counselor's contacts with WIC participants.⁷³ The next peer counselor will follow these new policies. For prenatal women, the State requires initial contact within the first 30 days of assignment and recommends monthly contacts thereafter until two weeks prior to expected delivery dates, and then weekly contacts until delivery. For breastfeeding postpartum women, the State recommends contacts every two to three days in the first week post-delivery, weekly for the remainder of the first month, at least monthly from two to six months post-delivery and at least once prior to and once after the participant returns to work or school, if applicable.

The peer counselor carries a cell phone and is always available to WIC participants, including evenings and weekends. According to WIC staff, participants rarely request contact with the peer counselor, perhaps only about 5% of the time, and this only occurs if participants are in crisis or having problems breastfeeding. When WIC participants request breastfeeding assistance, the peer counselor usually returns their call anywhere from four hours to three days later, depending upon how busy the peer counselor is or whether she is traveling, as cell phone reception can be bad in some mountainous areas.

In an average month, the peer counselor makes about 60 contacts with WIC participants, with five or fewer occurring in participants' homes and the rest split roughly evenly between in person at a WIC office and by telephone. Home visits and in person meetings are useful in allowing the peer counselor to observe breastfeeding. Staff report that they do not have liability concerns for peer counselors making visits to participants' homes. (Home visits are sometimes conducted in conjunction with the health department's WBH program; see below for more information.)

Although the peer counselor does not typically visit the participant in the hospital, the new peer counselor already has made a few hospital visits as a result of referrals and has so far worked more closely with some of the hospital staff since they got an announcement of her being on board and available.

Content of Peer Counseling Sessions

The content of peer counseling sessions is not standardized, in conformance with the emphasis of the *Loving Support Peer Counseling* approach. During pregnancy, the peer counselors discuss a variety of topics with the participants, including the benefits of breastfeeding, expectations about breastfeeding after delivery, positions in which to hold the baby to prevent sore nipples, resources such as breast pumps, duration of breastfeeding, and nursing in public. In the first weeks postpartum, topics include expectations, frequency of breastfeeding, supplementation (peer counselors do not recommend supplementation), supply of breastmilk, returning to work when breastfeeding, pumping, resources, and methods of birth control that won't affect breastmilk. When the infant is two to six months old, the topics include providing breastmilk in a cup, discouraging the use of bottles, and the need to clean the baby's mouth. Staff report that by the time the infant is two to six months old, the mothers have settled into a routine and either are doing well breastfeeding or have stopped.

Although the peer counselor primarily has individual contact with participants, she will occasionally conduct or participate in monthly La Leche League breastfeeding support group meetings.

⁷³ North Carolina WIC Program Manual, February 2009

Program Documentation and Monitoring

The LWA collects data on the frequency of *Loving Support* Peer Counseling received by participants both prenatally and postnatally. These data are collected on paper and used for needs assessment and to monitor overall program performance. The LWA also collects information and reports information to the State on breastfeeding initiation, duration, and exclusivity. They do not collect demographic data on *Loving Support* Peer Counseling participants or on WIC participants.

Local Collaborations

The LWA's *Loving Support* Peer Counseling Program has several strong collaborations with other area programs and facilities, including: local hospitals; the public health nurse in ADHD's WBH program and other clinical staff at the ADHD who conduct home visits; and La Leche League.

Although the peer counselor usually does not see WIC participants while they are in the hospital, the program works closely with the two local hospitals that serve a large percentage of the LWA's WIC participants. Neither of these facilities have been designated as a Baby-Friendly hospital but both have rooming in for newborns, encourage mothers to breastfeed within the first hour after birth, conduct breastfeeding classes, and have at least one lactation consultant on staff. The lactation consultants routinely refer new mothers to WIC and to the *Loving Support* peer counselor. In turn, the peer counselor also may refer WIC participants with breastfeeding issues to the lactation consultants or to the breastfeeding classes held at the hospitals. In addition, the hospitals distribute the WIC agency's breastfeeding materials and information to new mothers. The peer counselor also receives referrals from hospitals outside the area in cases where their WIC participants give birth outside the area due to travel or complications such as high-risk pregnancies.

The WIC Program has a long history of working closely on breastfeeding issues with the ADHD's non-WIC staff who conduct home visits, especially the child services coordinators and post partum nurses, including the nurse in the Welcome Baby Home (WBH) program. These staff encourage mothers to breastfeed, distribute WIC breastfeeding materials to mothers, and when needed, refer participants to WIC and to the peer counselor. The WBH public health nurse and the peer counselor to conduct home visits together to new mothers. During the visits, the nurse focuses on the infant health situation while the peer counselor concentrates on breastfeeding issues. This alleviates some of the burden on the nurse, especially if the participants have difficulty with breastfeeding. To further support this collaboration, four years ago when the LWA received money from the State to improve breastfeeding duration, it used the funds to train other health department staff on breastfeeding.

The WBH public health nurse reports that she learned a lot from the peer counselor over the years and it prompted her to attend a lactation training that was paid for by WIC. She continues to attend periodic breastfeeding training and will be attending an upcoming training on premature infants and breastfeeding.

ADHD also has a long history with the La Leche League with whom they have been collaborating for more than 20 years. At one time, the LWA had a La Leche League leader on staff and both previous peer counselors have been La Leche League leaders. The peer counselor and WIC staff sometimes refer interested participants to the La Leche League and accepts referrals from leaders.

Planned Program Adaptations

There are several changes that are currently being implemented in the LWA's *Loving Support* Peer Counseling Program in response to the State's new 2009 peer counselor policies and procedures. As described earlier, the frequency of contact that the peer counselor has with participants will be modified and made more standardized in order to be aligned with the new State requirements. In addition, the State forms have changed, forms have been added, and more documentation as well as monitoring of contacts by the peer counselor is now needed.

There are no immediate plans but if additional funds can be secured, WIC administrators would like to hire an additional peer counselor. Having only one half-time peer counselor serving four counties has been a challenge. Staff feel that having two peer counselors would enable them to serve more participants, increase access to participants, decrease travel time spent by the peer counselors and increase efficiency of the program in general.

Perceptions of the Program

WIC administrators report very positive responses to the *Loving Support* Peer Counseling Program from participants, from other WIC staff, and from community collaborators. According to staff, participants are very happy about the services being offered by the peer counselor and "say that they didn't know what they would have done without the peer counselor's help". The program is also viewed positively from other WIC staff that views the program as a valuable asset and feels that the work being done by the peer counselor is of high quality. According to WIC administrators, WIC staff "treasure the peer counselor" and the peer counselor helps WIC staff a great deal by being available to work with participants who have issues and concerns around breastfeeding. Having a peer counselor lightens the load of the WIC nutritionists because without the peer counselor, the WIC staff would need to handle all the breastfeeding issues and concerns themselves.

The overall value and positive view of the program is supported by one of the program's key collaborators, a local public health nurse. She felt that most new mothers appreciate the extra help and information provided by the peer counselors whom she described as "well trained and professional". She also felt that other clinical staff at the ADHD value the peer counselor's services and appreciate that they can refer their moms to the peer counselor for breastfeeding assistance.

One of the major challenges of the program is the limited staff. Having one part-time peer counselor to provide services to the large number of WIC participants in all four counties is not an easy task. This is complicated by the large geographic distances between counties as well as the mountainous terrain.

According to staff, there are several achievements of the *Loving Support* Peer Counseling Program, such as reducing the workload of other WIC Program staff. They report that WIC staff has less to do when there is a peer counselor available to see WIC participants. This was made evident during the recent months when the peer counselor position was unfilled.

WIC administrators also point to the longevity of the two previous peer counselors as an achievement, one staying for nine years, the other for four years. The *Loving Support* Program is also felt to increase exposure to breastfeeding for WIC participants, for WIC staff and for health department employees. Lastly, the peer counselor is viewed as a bridge between the health

department and the hospitals by maintaining communication and collaborating on breastfeeding activities.

2. Houston Department of Health and Human Services Local WIC Agency (LWA)

Context

The local WIC agency (LWA or “WIC”) at the Houston Department of Health and Human Services (HDHHS) serves a large minority population and has a longstanding commitment to supporting breastfeeding. Situated in an urban area in the southwest part of the city, it served over 8,000 pregnant WIC participants in 2006. Most of these individuals were ethnic minorities; 77% were Latino and 22% were Black.⁷⁴ The LWA includes 16 service delivery sites and employs a part-time lactation consultant and a full-time breastfeeding coordinator. There are approximately 200 LWA staff, including peer counselors and other peer counseling staff.

The LWA is involved in many efforts intended to promote breastfeeding. Specifically, it makes lactation consultants and other trained specialists available to WIC participants who are interested in breastfeeding. These specialists meet with WIC participants at local clinics, in hospitals, and sometimes, in participants’ homes. In addition, WIC hosts a warmline⁷⁵ that new mothers can call outside of standard business hours to get advice regarding breastfeeding. It also offers support groups for pregnant and newly postpartum mothers who want to breastfeed. The Agency also displays posters and brochures promoting breastfeeding from the Texas State Department of Health and Human Services. Agency staff also issues special equipment (nursing aides, etc.) to WIC participants to support breastfeeding. In addition, the Agency has a related program whereby it allows WIC participants to borrow breast pumps. While all of these breastfeeding promotion efforts are led by the Agency, WIC also collaborates with hospitals to allow hospitals to offer many of these services on-site for new mothers who are WIC participants.

Pregnant and postpartum WIC participants are targeted for all of these services, and funding for them comes from a variety of sources including: a State grant that matches *Loving Support* Peer Counseling Program grant dollars on a one-to-one basis,⁷⁶ general Nutrition Services and Administration (NSA) funds, and a Lactation Fund (which is separate from the *Loving Support* grant). In addition, *Loving Support* Peer Counseling dollars help support the warmline and support group for pregnant and newly postpartum mothers. Both of these efforts are staffed by *Loving Support* peer counselors. WIC participants who receive peer counseling may call the warmline and attend the support groups.

Starting Up and Adapting the Program

The LWA has had a peer counseling program since 1992, 12 years before it received funding from the FNS grant. The LWA used FNS grant to institutionalize, expand, and improve its peer counseling efforts. Specifically, WIC hired new staff and reallocated others. It also created a senior peer

⁷⁴ We will update this with WIC PC data from 2008.

⁷⁵ The warmline is a phone line that operates outside of standard business hours that new mothers can call with questions about breastfeeding.

⁷⁶ The State grant is one that the HDHHS LWA must apply for every year. The State grant covers breast pumps and helps support salaries for staff other than peer counselors.

counselor position for more experienced peer counselors who train and mentor others. The agency also reconfigured space at service delivery sites to allow peer counselors and WIC participants to meet privately. Finally, the LWA developed strategies for working peer counselors into the clinic flow, i.e. determining when new WIC participants are certified for WIC and should meet with peer counselors, and how peer counselors would coordinate with other WIC staff.

Initially the *Loving Support* Peer Counseling Program was not offered at all of the LWA's of the agency's 16 program delivery sites. However, over time peer counseling services were made available agency-wide. There is no significant variation among the program sites since all are governed by the same policies and procedures.

Program Funding

The entire annual budget for the *Loving Support* Peer Counseling Program is \$265,191. Approximately half of that budget (51%) comes from the FNS grant and the remaining comes from NSA funding. Eighty-three percent of the FNS grant is used to cover peer counselor staff salaries and benefits. Most of the remaining FNS grant monies (14%) are used for indirect cost and occupancy expenditures. The final 3% goes toward purchased services.

State funds for breastfeeding promotion activities are not used directly for *Loving Support* Peer Counseling. The only overlap between State funded breastfeeding promotion activities and *Loving Support* Peer Counseling is that State funding supports the LWA staff lactation consultant's salary and supplies. This lactation consultant works with WIC participants who sometimes are also in the peer counseling program. She also trains peer counselors.

WIC Staffing for the *Loving Support* Peer Counseling Program

About 20 of the 200 of the LWA staff (or 10%) do some work with *Loving Support* Peer Counseling, although not all are equally involved in program operations. Staff involved in *Loving Support* Peer Counseling include: the breastfeeding coordinator, who also acts as the peer counseling coordinator, the nutrition services chief, the WIC agency director, a part-time lactation consultant and local service delivery site managers.

The breastfeeding coordinator is essential to the *Loving Support* Peer Counseling Program and spends about 20 hours per week working on it. As such, she supervises peer counselors and peer counseling services, conducts outreach to hospitals and to faith-based and other community-organizations, and helps provide WIC participants with information about the program. She also provides training about breastfeeding and peer counseling, and reports on program operations to the Texas State Department of Health and Human Services WIC Program.

The breastfeeding coordinator is a trained nutritionist and a trained breastfeeding educator. Both are job requirements for her position. She also speaks Spanish. Although this is not mandated, it is helpful, because over 80% of the local WIC participants speak Spanish.

The breastfeeding coordinator is supervised by the Agency Nutrition Services Chief, who spends about five hours per week facilitating *Loving Support* Peer Counseling and engaging in related breastfeeding promotion activities. The Nutrition Services Chief oversees nutrition and breastfeeding programs at the LWA and is responsible for supervising most training activities at the Agency. She

reports to the WIC Agency Director. Recently, the Nutrition Services Chief also has been engaged in expanding relationships with local hospitals.

The WIC Agency Director is informed about program operations and activities, but is not involved in daily operations. She spends about one hour per week overseeing peer counseling activities. The LWA's part-time lactation consultant spends approximately one day per week working with *Loving Support* peer counselors and the WIC participants they assist. Finally, each of the 16 local service delivery site managers is responsible for overseeing the activities at his or her local service delivery site and, accordingly, spends one or two hours per week coordinating with peer counselors.

Loving Support Peer Counselors

The LWA currently employs 16 peer counselors. As of spring 2009, it also intends to hire three additional peer counselors.

Recruiting and Hiring

Recruiting qualified and effective peer counselors is essential to the program's success. Most women who are hired as those referred to the position by current peer counselors. Some also apply in response to flyers advertising open positions posted at local service delivery sites.

To be hired as peer counselors, individuals must have the following:

- either be high school graduates or have GEDs,
- either be on WIC or have been on WIC,
- have breastfed for at least six months,
- have completed a 20-hour unpaid breastfeeding peer counseling training,
- have reliable transportation, and
- be comfortable talking to other mothers about breastfeeding.

Ideally, candidates also should speak Spanish, have their own telephones, and have flexible schedules that allow them to be responsive to WIC recipients' breastfeeding questions and concerns at times outside of the standard workday

Four of the sixteen peer counselors are part-time employees. They are paid between \$10.00 and \$12.50 per hour, which is lower than other entry-level WIC support staff in the agency. All full-time peer counselors are offered a number of benefits, including paid leave; health, disability and life insurance; and compensation for job-related expenses. Nursing mothers who work as peer counselors also may bring their infants with them to work until their infants turn one year old.

Generally, peer counselors are hired initially as part-time workers and, as they become experienced and there is funding for them to advance, progress into full-time peer counselor positions and, ultimately, into senior peer counseling positions. Senior peer counselors' responsibilities are similar to those of other peer counselors, but they take on more administrative responsibilities and do more community outreach than other peer counselors. Senior peer counselors also supervise and mentor other peer counselors. Full-time senior peer counselors earn at the high-end of the pay range for this position. Currently there are two senior peer counselors.

Turnover is not a particularly big problem for peer counselors; over the past few years only four peer counselors have left and two of these moved into better paid WIC clerical positions. When this happened, other peer counselors took over their responsibilities and part-time staff had their hours increased to facilitate coverage.

Training and Support

As described earlier, before being hired, potential peer counselors must complete 20 hours of unpaid training on breastfeeding and peer counseling. This training is from on the Texas Department of State Health Services WIC Breastfeeding Peer Counselor Training Model and is called *Moms Helping Moms*. After potential peer counselors complete this training, they apply to become a peer counselor. Once they are officially hired, they shadow peer counselors for two to three weeks and are compensated for this work. They then have a two- to three-week trial period during which they serve as peer counselors and are supervised by senior peer counselors and other current staff.

Throughout their tenure at WIC, peer counselors receive on-going, on-the-job training. Within the past 12 months, peer counselors have received training on breastfeeding and the role of peer counselors, filling out paperwork and/or doing data entry, lactation management,⁷⁷ and a variety of other relevant topics. Staff also have had the opportunity to participate in lactation courses that award certificates and continuing education credits, and to attend statewide conference on breastfeeding topics.

In addition to formal training, peer counselors learn by consulting with the staff lactation consultant and Breastfeeding Coordinator. The lactation consultant is able to answer complex questions that peer counselors cannot address; the Breastfeeding Coordinator supervises the peer counselors and answers some technical questions, as well.

Providing Peer Counseling Services to WIC Participants

Peer counselors are assigned to specific service delivery sites based on the number of WIC participants that the sites serve, site locations and sites' needs for peer counselors with specific language skills. Generally speaking, larger sites have multiple peer counselors; smaller sites have only part-time peer counselors.

All WIC participants who are pregnant or breastfeeding are eligible to receive *Loving Support* Peer Counseling and WIC offers services to them all. Agency staff estimates that of those women targeted for peer counseling, approximately 75% actually have some sort of contact with a peer counselor, although in some cases it is a telephone message or letter about peer counseling. Staff suspects that the main reason women do not choose to make contact with peer counselors is that they either do not understand or get messages about the program.

Peer Counselors' Contacts with WIC Participants

Peer counselors do not have caseloads of specific individuals, but, because peer counselors are assigned to work at particular sites, participants tend to work with the same peer counselor or group of peer counselors. Peer counselors are, however, expected to make a certain number of contacts with WIC participants per month, the exact number depending on both the size of the site and the peer counselors work hours. At a minimum, peer counselors are expected to speak with at least one

⁷⁷ This training is approved through IBCLC Continuing Education Recognition Points (CERPs).

participant per hour. The 16 peer counselors from the LWA have an average total of 2473 contacts with WIC participants every month. On average, each of the current 16 peer counselors is responsible for approximately 155 contacts with participants per month. A smaller number of these participants (approximately 89 per month for every peer counselor) are newly initiating breastfeeding.

Most often, peer counselors' first contact occurs when the participant is certified for WIC, which can be as early as the first trimester of pregnancy or as late as after delivery. The LWA requires that all pregnant or postpartum WIC participants have at least one in-person contact with a peer counselor. Once participants enroll in WIC, peer counselors are encouraged to be in touch with them every three months during their pregnancy and weekly for second through fourth weeks after they deliver.

The majority of peer counselor/participant contacts (57%) occur in person at local WIC offices; 22% occur over the telephone, and another 19% occur by mail. Only 2% of these contacts occur in the hospital. Two of the 16 peer counselors work at the local hospital currently collaborating with the program and have gone through hospital volunteer training, which addresses HIPPA requirements and patient confidentiality.

Although peer counselors are permitted to go to WIC participants' homes, this does not happen often. The LWA does not encourage it because it is resource intensive and because staff are concerned that many participants would want home visits if they knew it were possible. The Agency does not have policies addressing potential liability concerns that could result from peer counselors getting injured during home visits, in part because full-time peer counselors receive disability coverage.

Although peer counselors initiate most contact between peer counselors and WIC participants, staff estimate that participants initiate approximately 25% of the contacts. Participants reach out to their peer counselors for a variety of reasons, most often because they are having breastfeeding difficulties. Most participant-initiated contact occurs one to two weeks after delivery. The Agency mandates that all participant-initiated peer counseling requests for assistance be addressed within a day.

Nature of Peer Counseling Sessions

The content of peer counseling sessions is both individualized and standardized. Throughout participants' involvement with the program, peer counselors provide them with personalized attention and answers to specific questions that they raise. In addition, peer counselors attempt to address issues that are particularly likely to coincide with certain times during pregnancy. For example, during pregnancy, peer counselors provide information intended to encourage participants to understand the benefits of breastfeeding and to take steps to ensure that the milk they provide is healthy for their infants (i.e., drug-free). In the first few weeks postpartum, peer counselors discuss those same issues, as well as the importance of family planning during breastfeeding and any challenges participants are having with positioning babies and strategies for helping babies to latch on. When an infant is two to six months old, peer counselors work with participants to discuss how they can breastfeed as they return to work or school and how to deal with challenges associated with nursing older babies.

Job Responsibilities in Addition to Peer Counseling

Agency staff estimate that about 95% of peer counselors' time is spent working directly with WIC participants as described above. Peer counselors use the remaining 5% of their time to teach other WIC staff about breastfeeding, to lead support groups, to refer WIC participants to other support

services, to conduct outreach to the community about breastfeeding and the kinds of supports that WIC offers, and to perform the administrative tasks necessary to document their work.

Program Documentation and Monitoring

The LWA keeps records of the overall number of WIC participants in *Loving Support* Peer Counseling, the number (and content of) participant contacts, the number of pregnant and postpartum women who receive *Loving Support* Peer Counseling, the type of prenatal peer counseling received and the type of postpartum *Loving Support* Peer Counseling received. Staff also collects data on both WIC recipients and *Loving Support* participants' rates of breastfeeding initiation, breastfeeding exclusivity and breastfeeding duration. (Staff does not collect other demographic data on either WIC participants' or *Loving Support* Peer Counseling participants.)

These data are collected at each participant contact (at least monthly) and are used for monitoring overall program performance, for reporting to the State and for local assessments of program performance. Recently, the LWA also assessed the extent to which higher numbers of contacts between peer counselors appeared to be correlated with increased breastfeeding rates. Based on the data collected, the Agency determined that greater numbers of contacts with WIC participants appear to be associated with higher breastfeeding rates. The Agency does not collect additional data on participant demographics or experiences with the program.

Local Collaborations

The LWA has a formal collaboration with Hermann Hospital, a local hospital that serves a large percentage of its WIC participants. Through this collaboration, WIC provides peer counseling to new mothers while they are in the hospital. Two peer counselors currently provide these services.

Lactation consultants at the hospital facilitate peer counselors' work by assigning peer counselors to WIC participants and by addressing questions about lactation that peer counselors are unable to answer. Hospital lactation consultants also ensure that peer counselors know about any relevant trainings being offered at Hermann Hospital.

Hermann Hospital does not receive any State or local WIC agency funds for these activities, nor does it commit any additional resources to support the *Loving Support* Peer Counseling Program. The hospital also does not collect any data about the program.

This collaboration is just one of many the hospital's activities to encourage breastfeeding. Hermann Hospital has policies that establish its commitment to promoting breastfeeding and offers many programs and services to facilitate breastfeeding. Specifically, the hospital allows rooming in for newborns, encourages mothers to breastfeed within the first hour after birth, and does not give newborns routine supplementation. It also employs three full time lactation consultants, one part-time lactation consultant and a breastfeeding educator. The hospital also offers an outpatient breastfeeding clinic, and has provided breastfeeding training to nursing staff within the past three years. The hospital also has a breast pump rental program.

The LWA does not collaborate extensively with any other organizations for the *Loving Support* Peer Counseling Program, although it does present materials on the program at health fairs that local community- and faith-based organizations sponsor. The LWA is in the process of formalizing

relationships with a second local hospital that also serves its participants and, next year, hopes to develop a relationship with a third (and the last remaining) local hospital that serves the WIC participants who receive services through the LWA.

Planned Program Adaptations

In addition to reaching out to more hospitals, next year WIC staff aim to make several other changes to the program. Specifically, the LWA plans to obtain more funding from the State WIC office and to use the resources to hire additional peer counselors and to increase hours for current part-time staff to full-time. Agency staff plans to give senior peer counselors a more active role in supervising new staff than they currently have.

The Agency is planning these changes in response to the new food packages to be issued to WIC mothers and their infants. Agency staff believes that these changes will increase the amount of work for WIC staff currently tasked with both supervising *Loving Support* Peer Counseling and with administering other services to WIC participants. They also believe that the changes to the food packages will increase current peer counselors' workload, because they expect WIC participants will have more questions about breastfeeding practices and how they relate to the new food packages. Agency staff hopes that hiring new peer counselors and using senior peer counselors as supervisors will enable all staff to more effectively support WIC participants as they make decisions about breastfeeding and the resulting food packages.

Perceptions of the Program

WIC staff appreciates the *Loving Support* Peer Counseling Program. According to Agency staff, “[Participants] are grateful to have access to someone who can support them and give them information. [Because of *Loving Support* Peer Counseling], they have a warm individual who is supporting them and who makes the information accessible, and that’s essential. A textbook wouldn’t work.” Staff at Hermann Hospital agrees, asserting that “[WIC participants] appreciate *Loving Support* Peer Counseling, because a lot of times they have questions that are specific to WIC and it’s really helpful to have peer counselors who have answers. Peer counselors are better positioned to answer these questions than hospital staff.”

WIC and Hermann Hospital staffs feel similarly positive about *Loving Support* Peer Counseling, although for different reasons. Hermann Hospital staff appreciate the fact that peer counselors reduce their workloads and are pleased that WIC participants are getting well-informed support and advice. In addition, staff at Hermann Hospital believe peer counselors are particularly essential in supporting WIC mothers who want to breastfeed and also have babies born into the NICU.

When considering the program overall, Agency staff assert that the biggest program achievement has been increasing breastfeeding initiation rates, and they have some data that support this. In 1992, on average 248 WIC participants at the LWA initiated breastfeeding per month. As of July 2008, this number increased to a monthly total of 10,161 WIC participants initiating breastfeeding. By July 2008, over 76% of infants born to WIC participants were breastfed at least once. Although agency staff do not have data about the percentage of infants that were breastfed at least once in either 1992, when the WIC peer counseling programs first began, or from 2004, when funding for the *Loving Support* Peer Counseling Program became available, they are confident that 76% is a considerable improvement over time. Agency staff also asserts that the program is an excellent workforce

development effort for peer counselors themselves. By serving as peer counselors, current and former WIC recipients obtain knowledge about breastfeeding, as well as important job skills, including counseling and presentation skills.

The *Loving Support* Peer Counseling Program has encountered some challenges in getting established, but now is thriving. Initially, there were some difficulties determining how peer counselors would be worked into the flow of activities at local WIC service delivery sites, but that issue has been resolved. WIC staff report that the only remaining difficulty is the fact that peer counselors are not well compensated. On a related note, if the Agency were awarded additional resources for the program, staff would use those funds to give peer counselors raises. Staff believes that this additional compensation would improve peer counselors' morale and retention rates.

3. The Kings County Hospital Center Local WIC Agency (LWA)

Context

The sponsoring agency for the LWA is Kings County Hospital Center (KCHC) which is a large public hospital located in inner-city Brooklyn. As such, LWA staff are hospital staff. Because the LWA is part of the hospital, WIC participants who deliver their babies at Kings County Hospital receive consistent messages about WIC and breastfeeding. The setting also affects the way in which services are provided, as the hospital mandates certain policies regarding staffing and administration. Although the majority of the agency's WIC participants deliver their babies at Kings County, mothers who deliver at other local hospitals also receive WIC services in the Kings County Hospital building. The LWA has two service delivery sites. The one implementing the *Loving Support* Peer Counseling Program is located on the ground floor of Kings County Hospital; the other one is located about thirty minutes away.

The LWA serves a large minority population. Ninety percent of the approximately 1,200 WIC participants it serves are Black and another 7% are Hispanic.⁷⁸

Thirty people work at the LWA; nearly half (13) are employed in clerical positions and 10 are dietitians. The remaining staff includes the Agency Director, the Breastfeeding Coordinator (both of whom are also IBCLC lactation consultants), the Assistant Breastfeeding Coordinator, the *Loving Support* Peer Counseling Coordinator, and four peer counselors.

The LWA is involved in a broad array of efforts intended to promote and support breastfeeding. Staff receives on-going training on various aspects of lactation support, and this training is paid for through a State fund earmarked for this purpose. In addition, six lactation consultants affiliated with Kings County Hospital are available to WIC participants and peer counselors. These lactation consultants provide WIC staff with additional training on breastfeeding support. None of the services hospital lactation consultants provide are paid for with *Loving Support* Peer Counseling funds.

WIC also provides breast pumps to new mothers, paid for through general WIC funds. In addition, the hospital also has pumping stations that WIC participants, as well as other mothers, who have babies born in the NICU may use.

²¹ The KCHC, WIC 2008.

Finally, the LWA is an active partner in the Brooklyn Alliance for Breastfeeding Empowerment (BABE). BABE is comprised of representatives from KCHC, local hospitals, and local community- and faith-based organizations (including La Leche League), and has been active in a variety of public awareness campaigns intended to increase and promote breastfeeding, both among WIC participants and among other low-income women ineligible for WIC. The largest example of this occurs during World Breastfeeding Awareness Week, when BABE organizes an event where breastfeeding mothers nurse their infants on subways throughout the five boroughs. BABE coordinated this event in response to some hostility nursing mothers faced when feeding their infants on the trains. Approximately 300 to 400 mothers participate, and the celebration generates a great deal of publicity and support.

BABE advocates for legislation that supports breastfeeding and produces posters and flyers providing information about breastfeeding, which are often posted and distributed at KCHC. BABE also organizes both prenatal and postpartum support groups that WIC participants can attend.

Starting Up and Adapting the Program

The LWA has had a peer counseling program in place since 2003. Initially, the program was staffed by one or two volunteers who received agency-sponsored training on breastfeeding and then visited with new WIC mothers at Kings County Hospital who indicated an interest in breastfeeding.

When the Agency received *Loving Support* Peer Counseling funding, it was able to professionalize, expand, and institutionalize peer counseling. Specifically, the LWA hired new staff, including peer counselors and staff who provided program oversight; obtained and produced literature about what peer counseling services are and should be; and expanded and improved staff training efforts.

As a result, the WIC Program also grew much more focused on breastfeeding promotion. The LWA began to offer peer counseling services to all eligible WIC participants, not just postpartum mothers who indicated that they wanted to breastfeed. It also purchased some new equipment to support breastfeeding and changed services so that peer counseling was offered at the service delivery site located at Kings County Hospital (although not in the hospital's maternity ward). Although both WIC service delivery sites encourage breastfeeding, due to resource constraints, currently, peer counseling can not be offered at both sites. Next year, however, the LWA plans to offer peer counseling at both sites.

Program Funding

An annual budget for the *Loving Support* Peer Counseling Program is \$13,548, comes from the FNS grant. This funding is used to support the salaries and benefits of those staff most involved in implementing the program: covering the entire salary and benefits for peer counselors, and 10% of the time of the Peer Counselor Coordinator and the Assistant Coordinator. Staff estimate that they spend approximately \$5,000 for training and supervising peer counselors for a total program cost of approximately \$18,548.

WIC Staffing for the *Loving Support* Peer Counseling Program

Although only the salaries of peer counselors, and part of the salaries of the Peer Counselor Coordinator and Assistant Coordinator are funded through the *Loving Support* Peer Counseling grant, many other staff do some work on *Loving Support* Peer Counseling. For example, the Agency

Director is somewhat involved in daily program operations and spends about a day a month supervising staff involved in the program.

The *Loving Support* Peer Counselor Coordinator and Assistant Coordinator are very involved in supervising and administering the program. The Peer Counselor Coordinator is a certified lactation consultant. As such, she is extremely knowledgeable about breastfeeding promotion and support. Although the Agency does not require the Peer Counselor Coordinator to have this training, it is preferred; as is a Master's Degree and experience providing similar services. The current Peer Counselor Coordinator has all of these qualifications.

The Peer Counselor Coordinator is responsible for developing policies for the program, conducting needs assessments to target peer counseling services, training peer counselors and other staff about breastfeeding, working with community- and faith-based organizations to promote breastfeeding and to conduct outreach about the program, monitoring and assessing the program, and reporting on program operations to State WIC administrative staff. She also provides information about the program directly to WIC participants. Together, the *Loving Support* Peer Counselor Coordinator and Assistant Coordinator spend between 60 and 80 hours per month working on the program. Both report to the WIC Agency Director.

Although the Peer Counselor Coordinator and Assistant Coordinator work closely with the Agency Breastfeeding Coordinator and Lactation Counselor, the Breastfeeding Coordinator and Lactation Counselors' responsibilities are more about promoting breastfeeding than about supporting the *Loving Support* Peer Counseling Program per se. Both the Breastfeeding Coordinator and Lactation Counselor spend approximately 20 to 40 hours each per month supporting the *Loving Support* Peer Counseling Program. Both report to the Agency Director. Finally, each of the 10 dietitians who work at the LWA spends one or two hours per week referring participants to peer counselors and coordinating services.

***Loving Support* Peer Counselors**

Currently, there are no peer counselors at the hospital. A recent KCHC policy mandated that all staff providing services at the hospital had to be either U.S. citizens or to have green cards and could not be considered independent contractors. As a result, in December 2008, the WIC Agency Director had to dismiss all four peer counselors, although she had been extremely satisfied with the quality of services that they provided. The LWA is in the process of hiring four replacement peer counselors, and staff is confident that they also will be effective. The LWA also hopes to hire an additional six peer counselors next year as their budget will be increased substantially. During the five-month hiatus in which there have been no peer counselors on staff, the Peer Counselor Coordinator, Assistant Peer Counselor Coordinator, Breastfeeding Coordinator and Lactation Counselor have been providing breastfeeding counseling to WIC participants.

Recruiting and Hiring

Recruiting qualified and effective peer counselors is essential to the program's success. The LWA recruited both previous and soon-to-be-hired peer counselors from WIC participants who had received services and who either are currently breastfeeding or had breastfed. The prior cohort of peer counselors also encouraged individuals to apply who they had counseled, and who met the new hiring criteria. In addition, individuals who volunteered as breastfeeding counselors in other local WIC agencies have applied to serve as peer counselors at the KCHC.

To be hired as part of the next cohort of KCHC peer counselors, individuals must:

- be a U.S. citizens or a permanent resident alien,
- be either a high school graduate or have a GED,
- be enthusiastic about breastfeeding and willing to share their experiences with other mothers,
- have breastfed for six months, and
- be willing to complete nine training modules over a three-week period.

Ideally, candidates also have experience receiving WIC and come from similar socio-economic backgrounds as WIC participants. It also is helpful, but not required, that peer counselors speak languages other than English that local WIC participants are likely to speak (such as French, Creole and Spanish)

Peer counselors earn between \$12.50 and \$15.00 per hour, which is lower than the salary for other entry-level support staff at the Agency. All peer counselors work approximately 15 hours per week. Peer counselors are part-time staff and therefore are not eligible for benefits other than paid leave for sick and vacation time.⁷⁹ While the LWA cannot afford to have full-time staff serve as peer counselors because of the costs of benefits it would be required to offer, Agency staff do not believe that this is particularly problematic because most peer counselors have young children and aren't looking for full-time work.

Although there is no senior peer counselor position at the LWA, and peer counselors must be part-time, agency staff asserts that there are career paths for peer counselors. Peer counselors are able to get paid to receive CLC training and having this certification will result in salary increases.

Prior to the Hospital mandated staffing change, turnover among peer counselors had not been a problem. All four peer counselors who had initially been hired remained part of the program until the new staffing requirement made it necessary to lay them off.

Training and Support

As described earlier, before serving as peer counselors, individuals must commit to completing a nine-module training on peer counseling. (This training occurs for three days a week over three weeks.) Peer counselors also must participate in several “model peer counseling sessions,” in which they first observe the Peer Counseling Coordinator and/or Breastfeeding Coordinator provide phone counseling to WIC recipients. They then provide peer counseling over the phone and are observed and critiqued.

Throughout their tenure at the LWA, peer counselors also receive on-the-job training. Within the past 12 months, peer counselors have participated in trainings specifically related to the *Loving Support* Peer Counseling Program; as well as more general training about breastfeeding, about the role of peer counselors; and about filling out paperwork and/or doing data entry. Agency staff assert that these

⁷⁹ Last year, peer counselors were not eligible for any paid leave. The new cohort of peer counselors will be eligible for this benefit.

trainings are crucial, as they help to ensure that “everyone’s saying the same thing and no one’s just going on what their grandma’ says.”

In addition to formal training, peer counselors learn by consulting with both the Peer Counseling Coordinator and the Breastfeeding Coordinator. Both are able to answer complex questions that peer counselors cannot address. The Peer Counseling Coordinator supervises the peer counselors and answers some technical questions about the program, as well.

Peer counselors also participate in agency staff meetings and community building activities. They are encouraged to be an active part of the WIC Program.

Providing Peer Counseling Services to WIC Participants

All WIC participants who are pregnant or breastfeeding are eligible to receive *Loving Support* Peer Counseling and no one is denied services. Agency staff estimates that about 30% actually work with peer counselors, although twice as many participants express interest but, upon reflection, do not take up the services. Staff speculate that the two main reasons women opt not to work with peer counselors are either that they do not need help with breastfeeding or that do not want to breastfeed because there of significant cultural disincentives to breastfeeding among some of the immigrant populations the Agency serves. (Some perceive breastfeeding as un-American or unclean.)

Peer Counselors’ Contacts with WIC Participants

Most often, peer counselors’ first contact with participants occurs when women enroll in WIC. As part of the certification process, dietitians ask women if they are familiar with the *Loving Support* Peer Counseling Program and if they would like a peer counselor. Peer counselors are assigned to contact interested WIC participants within a week of when they are certified.

Assignments to contact WIC participants are made based on peer counselor availability and, if necessary, on WIC participants’ needs for peer counselors who speak their language. There are usually between 25 and 35 requests for peer counselor assistance per week, and agency staff tries to divide these requests evenly among the peer counselors. Although WIC participants tend prefer to work with the same peer counselors, peer counselors are not assigned caseloads. WIC participants can get assistance from any peer counselors who are working when they come by or call with questions.

Together, all peer counselors have a total of approximately 70 contacts with WIC participants per month. (This number of contacts is divided fairly evenly among four peer counselors, so each would have approximately 17-18 contacts per month.) Peer counselors are encouraged to be in touch with WIC participants once a month during participants’ first trimesters and biweekly throughout the end of pregnancy. After delivery, they are encouraged to have contact with WIC participants during the first week postpartum, once a month during the following four months, once during months four through six postpartum and once every three months from that point onward.

About half of the contacts between WIC participants and peer counselors occur in person at the WIC site and the rest occur on the telephone. Due to liability concerns, peer counselors are not permitted to have in-person contact with WIC participants either in the hospital or in WIC participants’ homes.

Staff asserts that in-person contacts occur fairly frequently because some mothers deliver their babies at the Kings County Hospital and go to the Hospital for pre- and post-natal support. Accordingly, it is

convenient for mothers to visit the WIC office. Peer counselors also have telephone contact with WIC participants while they are working on site as well as remotely.

Staff estimates that 80 to 90% of contacts between WIC participants and peer counselors are initiated by the peer counselors. For the other 10 to 20% of contacts, participants call the LWA and, if a peer counselor or other appropriate staff person is unavailable, they leave a message. Agency staff then call peer counselors and relay the message. At this time, there is no way for WIC participants to contact peer counselors, once they are rehired, directly.

When WIC participants contact peer counselors, they tend to have questions about latching on and low milk supply. Most participant-initiated requests usually occur within a few weeks of delivery. The only other time when WIC participants tend to initiate contact is when they need breast pumps, and the timing of these requests coincides with the timing of that particular need. If WIC participants request breastfeeding assistance, their calls are usually returned within a day.

Nature of Peer Counseling Sessions

Peer counselors work with WIC participants to help them make informed decisions about breastfeeding and to empower them in their choices. This theme is woven throughout the tenure of their work together. In addition, throughout participant's involvement with the program, peer counselors attempt to provide them with personalized attention and to answer questions they raise.

The LWA peer counselors use a checklist to ensure that they cover all targeted topics that typically arise during pregnancy and in certain weeks and months postpartum. For example, during pregnancy, peer counselors provide information about general nutrition and health, and about how to work with parents and partners to encourage them to support mothers as they breastfeed. During pregnancy, peer counselors also talk with mothers about how to ensure that hospital staff respect their breastfeeding choices and do not provide their newborns with supplementation. In the first few weeks postpartum, peer counselors discuss milk storage strategies, which medicines are contraindicated for breastfeeding mothers and, if it is an issue, strategies for helping newborns latch on successfully. When an infant is two to six months old, peer counselors discuss with participants how they can breastfeed as they return to work.

Job Responsibilities in Addition to Peer Counseling

Agency staff estimates that 99% of peer counselors' time is spent working directly with WIC participants. The only other activities they participate in are occasionally referring WIC participants to other staff at the Agency, and, participating in Agency staff meetings and team building activities. The Peer Counseling Coordinator and Assistant Coordinator and Breastfeeding Coordinator perform the administrative tasks necessary to document peer counselors' work.

Program Documentation and Monitoring

The LWA records data on the overall number of WIC participants in *Loving Support Peer Counseling*, including the numbers of pregnant and postpartum participants receiving the program and the length of time they receive it. Agency staff also maintain records on the location, content, and method of contact used for every peer counseling contact, and if referrals for other services are made.

In addition, staff track of all WIC participants' rates of breastfeeding initiation, exclusivity and duration, although they do not collect separate data about WIC participants who receive *Loving*

Support Peer Counseling. This information is collected at every participant contact. All of these data are used for reporting to the State, for overall program management and for local assessments of program efficacy. The Agency does not collect either summary statistics about *Loving Support Peer Counseling* participants' experiences in the program or demographic information about participants.

Local Collaborations

As described earlier, the LWA is a part of Kings County Hospital, which is working to obtain a Baby-Friendly designation. As such, hospital staff provide a great deal of support to new mothers who are interested in breastfeeding. WIC has always been a part of the Hospital. Hospital staff often refer eligible women for WIC services. Once this happens, the fact that one of the WIC service delivery sites is in the building makes it easy for women to visit the WIC office and to get certified. WIC staff also are part of the Hospital Breastfeeding Committee and meet regularly with representatives from the maternity and obstetrics ward, pediatrics ward, as well as with the hospital staff person charged with overseeing Kings County Hospital efforts to collect data on breastfeeding. Aside from being a part of the hospital, the LWA collaborates with BABE.

Planned Program Adaptations

The LWA is planning a variety of changes to the *Loving Support Peer Counseling* Program over the next year, made possible by an increase in their grant funding. Staff plan to offer a warmline for WIC participants. The current system of leaving messages can be a bit cumbersome, and peer counselors are not always able to address participants' questions immediately. Staff also expects to reconfigure some of the space at the WIC office to allow WIC participants to have more privacy when they work with peer counselors.

Next year staff also expects to augment the information they collect about the *Loving Support Peer Counseling* Program operations. Staff plan to modify data collection forms so that they can get a better understanding of how much time peer counselors spend working with participants so that the Agency can determine if women who receive peer counseling breastfeed for longer than individuals who do not.

Agency staff also plans to change the program so that peer counselors can work with WIC participants in the Kings County Hospital Maternity Ward. WIC staff have developed new training for peer counselors which includes information about HIPPA to make this possible. They also have developed new strategies for supervising peer counselors who work in the maternity ward. Specifically, when in the maternity ward, peer counselors will be supervised by the Peer Counselor Coordinator or Breastfeeding Coordinator.

The LWA also plans to expand peer counseling services to include participants at its second service delivery site. To make all of these additions possible, the LWA plans to hire a total of 10 peer counselors (four to replace the four that had to be let go and an additional six peer counselors). Staff believe that they will be able to implement all of these changes with their current budget and an increase in State funding for the LWA breastfeeding services.

If the LWA has sufficient resources, it also hopes to expand the program so that peer counselors are able to offer services on-site at two or three other local hospitals. This year WIC staff has been

working on recruiting hospitals and developing Memos of Understanding (MOUs) that specify how WIC peer counselors would provide services at these hospitals.

Perceptions of the Program

Lead Agency staff believes that the *Loving Support* Peer Counseling Program is effective and important. They credit the program with increasing the percentage of WIC participants at the LWA who initiated breastfeeding from approximately 65% in 2007/2008 to the current level of 76%. They also assert that the program has a “friendliness” to it that makes participants feel allied to WIC even after they finish breastfeeding. Staff notes that many WIC participants who have participated in the peer counseling program choose to continue to work with the LWA even when they move to neighborhoods closer to other LWAs. Dietitians and other staff not directly involved in the program feel similarly positive. They appreciate the fact that peer counselors reduce their workload. They also recognize that they may not have the necessary expertise to support breastfeeding participants and, accordingly, are glad that peer counselors have the required knowledge.

The most difficult aspect of the program has been the need to lay off qualified peer counselors, but staff is confident that the newly hired cohort will be effective. Another challenge that staff has overcome has been a lack of private space at the WIC office. Although they are in the process of determining how to reallocate space to create areas where peer counselors and participants can meet privately, the general lack of space for this has been challenging.

When asked what guidance they would provide other agencies starting up the program, LWA staff asserted that most important is hiring friendly, open-minded peer counselors who are willing to unlearn things about breastfeeding that they may have thought were accurate and who are willing to change the advice they give as more or information about best practices in supporting breastfeeding becomes available.

If the LWA had more money for the program, staff would spend it on peer counselors. Specifically, they would change the program so that it would be possible for peer counselors to be full-time staff and to get benefits. They also would spend additional resources on training, because although many classes are offered, the KCHC LWA cannot always afford to send all staff to all relevant trainings.

4. Pregnancy Aid of Snohomish, Washington Local WIC Agency (LWA)

Context

Pregnancy Aid of Snohomish is a non-profit organization and one of two LWAs serving Snohomish County, Washington. In addition to its contract to provide WIC services, it provides free pregnancy testing, maternity clothes, baby layettes, emergency diapers, children's clothing, car seats, peer counseling and referrals to local resources and agencies. The LWA, which operates completely separately from the organization's pregnancy support services, has a caseload of approximately 5,300 and 11 staff certify women for assistance and provide nutrition education. Up until recently, the LWA only served the more rural portions of the county and the other LWA (the Snohomish Health District) served Everett, the county's largest city with a population of about 92,000. However, early in May 2009 Pregnancy Aid also opened an office in Everett and now both LWAs now serve the city.

Approximately 60% of its WIC participants served by the LWA are only English-speaking and 40% speak Spanish. There is also a Russian immigrant community in Everett.

In addition to the *Loving Support* Peer Counseling Program, the LWA is a member of the Breastfeeding Coalition of Snohomish County. As a member, it does networking with the Coalition's other membership, in part to educate the other coalition members about WIC. In addition, it partners with the Snohomish Health District, La Leche League, the Breastfeeding Coalition and other community partners to organize annual breastfeeding celebrations, which feature family fairs, "nurse outs" (competition where mothers breastfeed at the same) and make resources about breastfeeding available.

Starting Up and Adapting the Program

For approximately five years before the FNS funding for the *Loving Support* Peer Counseling Program became available, the LWA had a peer counseling program in place, using an annual \$5,000 grant from the State WIC agency. With that funding, it was only possible to provide volunteer peer counselors with small stipends. When the FNS funding became available, Pregnancy Aid was one of seven LWAs in the State to receive it, and, with these resources it became possible to hire and pay the peer counselors. In addition, the program used materials, such as job descriptions for peers and peer counselor coordinators, provided by the *Loving Support* Peer Counseling Program. The peer counseling program has since adapted the way it delivers services, to try different balances of allocating peer counselors' time in the WIC offices versus working with participants on the telephone, in order to find the optimal approach given resource constraints.

Program Funding

The LWA's annual budget for the peer counseling program is approximately \$23,000, funded entirely through the FNS peer counseling funds. The majority of the funding goes to the salaries of peer counselors and the associated indirect costs.

WIC Staffing to Support the *Loving Support* Peer Counseling Program

The primary WIC staff who work on the program are the breastfeeding coordinator and the peer counseling coordinator, in addition to the peer counselors.

The peer counseling coordinator is also a peer counselor and has assumed the coordinator position for approximately one year; a role previously held by the breastfeeding coordinator. She spends approximately 10 hours a week in the coordinating role. The peer counselor coordinator has direct responsibility for the program, including recruiting and interviewing peer counselors, ensuring that they receive initial and in-service training; monitoring and supporting the work of the peer counselors, and working with the WIC agency director and breastfeeding coordinator on the program's annual budget and its annual state progress reports.

In addition to her other duties, the breastfeeding coordinator provides supervision and support to the peer counseling coordinator and fills the coordinating role when the breastfeeding coordinator is on leave. The breastfeeding coordinator also provides additional consultations to and/or referrals for WIC participants who have special concerns or needs. She runs in-service trainings for peer counselors and makes sure that their work is discussed during WIC staff meetings. She is an advocate

on behalf of the peer counseling program and works to educate other WIC staff about its importance to the work of the LWA. She works approximately two hours per week on the program.

Peer Counselors

The LWA currently has four part-time peers in place, each of whom works between 4 and 10 hours per week; total peer counseling time is an average of 29 hours per week. One of the peer counselors, who speaks Spanish, is also a full time employee of the LWA as a certifier. She spends four hours per week in the peer counseling role and the rest of her time certifying WIC participants. The peer counselor coordinator also works five hours per week as a peer counselor.

Recruiting and Hiring

To recruit new peer counselors, the LWA puts signs in clinic in English and Spanish and alerts certifiers to provide job descriptions to breastfeeding participants who may be interested in being peer counselors. They have also attempted, in the past, to use the State's MIS system to identify breastfeeding WIC participants who keep their appointments in order to send them job descriptions as well, but that effort was time intensive and not fruitful. In addition, sometimes women call to apply for the position at times when there are no openings and the LWA office keeps their applications on file.

There are very few required qualifications for peer counselors. To be hired as peer counselors, individuals must:

- Have breastfed at least one baby for six months;
- Be a current or former WIC participant;
- Be enthusiastic about breastfeeding, and wants to help mothers enjoy a positive experience;
- Work at least 10 hours per week;
- Be willing to make calls from home; and
- Have reliable transportation.

The LWA has been careful to keep the qualifications to a minimum, believing that being passionate about breastfeeding and having the capacity to connect with their peers were the essential job qualifications.

Peer counselors are part-time employees of Pregnancy Aid of Snohomish and their starting wages are between \$8.25 and \$12 an hour, which is roughly equivalent with entry-level certifiers who have limited previous work experience. While they are eligible for paid leave, it does not accrue very quickly because of the number of hours they work each month. The LWA recognizes that the pay is relatively low and tries to help compensate for this by providing peers with flexible schedules and support to balance work and family obligations. For instance, the current peer counselor coordinator is away on an extended maternity leave due to her infant's health complications. Peer counselors are also provided with cell phones.

Since the LWA received FNS funding, four of the peer counselors have left the program, largely for personal reasons, including moving out of the area. While the WIC staff report that one of the best things about the peer counseling program is its positive effect on the peer counselors themselves, they did discuss some challenges they faced hiring peer counselors who had limited or no recent job

experience. In addition to learning about being a peer counselor, these women also had to adjust to work expectations, such as coming to work on time and completing paperwork appropriately; for some it is too much.

Although there is not a formal process of advancement to a senior peer counselor position, one of the peer counselors was promoted to be the peer counselor coordinator. The peer counselor coordinator has sought out on her own time a number of training conferences as well as completed the Intensive Lactation Management Seminar which is preparatory to qualifying to sit the IBCLC exam. The hope is that by both providing peer counselors with work experience as well as training and exposure to information beyond supporting breastfeeding at State WIC training and other events, peer counselors will get the experience and confidence to move on to other roles. The WIC staff cited success stories of women who had been peer counselors and became professionals with more extensive education.

If a peer counselor leaves with sufficient notice, the transition is smooth. She is not assigned new participants and therefore her caseload naturally goes down. New referrals are assigned to the remaining peer counselors.

Training and Support

In addition to attending the State-offered *Loving Support* Peer Counseling, newly hired peer counselors must attend a series of La Lech League meetings. They also must complete all items on an orientation check list. This checklist includes their observation of the following:

- one nutrition education appointment with a pregnant participant and one with a breastfeeding participant;
- similar appointments with a certifier;
- two hours of follow-up calls of peer counselors;
- four assessments of infant latching; and
- four breast pump assessments.

In addition, they must do two hours of follow-up calls with *Loving Support* Peer Counseling participants under the supervision of an experienced peer counselor and four assessments of infant latching with the breastfeeding coordinator. They must document on follow-up appointment on the State's MIS system and attend one WIC staff meeting. The process can be as short as three weeks or as long as three months, depending upon the availability and enthusiasm of the peer counselor.

After being hired, peer counselors attend annual State training sessions when possible and participate in in-service training as appropriate. Peer counselors attend their own monthly meetings where they learn new information and share their experiences. They also attend the monthly WIC staff meetings, where they frequently make case-study presentations about their work with WIC participants.

Providing Peer Counseling Services to WIC Participants

The LWA's peer counseling program emphasizes providing information and support to WIC participants during their pregnancy, starting at the point that they certify for WIC, and then for four to six weeks post partum. When they certify, WIC participants are asked if they would like to be referred to a peer counselor, and, if so, they fill out a referral form. The referrals are then forwarded to the peer counseling coordinator, who assigns them to a peer counselor. Peer counselors are on site at three of six clinics for between one half to two days per week, depending upon the size of the clinic.

When possible, the scheduler makes certification appointments with women either eligible or participating in the peer counseling program at the same time that a peer counselor will be there. Participants who come to the other three clinics where peer counselors are never on site receive the services entirely by telephone, mail, and email. Of these three clinics, one is open one day per week, a second is open two days per month, and the third is the new clinic that opened in Everett. The LWA expects that peer counselors will be assigned to the latter site once the caseload picks up.

It is against policy for peer counselors to make home visits because of safety and liability concerns. Peer counselors also do not visit WIC participants in the hospital, unless the mother requests it specifically.

All eligible women who request peer counseling services receive them. However, the LWA believes that it does not have adequate resources always to provide the level of peer counseling support to all of those seeking services. While everyone gets contacted, sometimes it is only by mail and/or sometimes it does not occur as often as would be optimal.

Peer Counselors' Contacts with WIC Participants

Approximately 10% of peer counseling contacts are in person when they come into the WIC office; the rest is by telephone, email, and mail. After a peer counselor receives a referral, she calls and tries to reach the participant and then follows up with a standardized letter. The standard practice is that she makes these calls on a monthly basis during most of the pregnancy and then on a weekly basis in the last four to six weeks before birth. After the baby is born, the peer counselor makes two contacts in the first week and then contacts the mother on a weekly basis for the next two to five weeks. Unless there are special circumstances, contacts end at six weeks post partum. In a typical month, the caseload of the peer counselor working 10 hours a week ranges from 55 to 100.

Nature of Peer Counseling Sessions

The focus of the LWA's peer counseling program is to prepare women for breastfeeding during pregnancy. The LWA believes that this approach has been very successful in affecting the breastfeeding duration, citing significant and steady gains in duration across all of their clinic sites. In 2008, breastfeeding duration at six months ranged from 52% to 89%, depending upon the clinic. In fact, LWA staff say that the WIC participants who receive peer counseling services are doing so well post-partum that many do not receive peer counseling for the full six weeks for which they are targeted to receive services.

Peer counseling sessions are loosely guided by a set of protocols developed by the breastfeeding coordinator, which suggest topics to discuss at each contact and provides general tips (e.g., ask open-ended questions) and instructions (e.g., try to keep call to 5–10 minutes; document the session). The materials provide general guidance for the sessions but are not too scripted in order to ensure that sessions are responsive to WIC participants' immediate needs and questions.

Job Responsibilities in Addition to Peer Counseling

As described above, two of the peer counselors have additional job roles at the LWA. However, all the time spent by all staff as peer counselors is devoted to providing peer counseling services to WIC participants.

Program Documentation and Monitoring

All of the sessions are documented; peer counselors are given a choice of forms to use. They also provide monthly reports indicating the types of contacts they made (i.e., in the WIC office, by mail, by phone), and whether the contact was made with a participant who was pregnant or post-partum. When possible, information about whether a WIC participant receives peer counseling is entered into the State's MIS system but this does not happen consistently given the limited time that peer counselors are in the WIC clinics and their access to the computers, which also are used by certifiers and nutritionists. Management of the peer counseling program is essentially run through paper referrals and reports; nothing is automated.

The peer counselors' work is routinely spot checked; either the peer counselor coordinator or the breastfeeding coordinator contacts WIC participants drawn randomly from the list of current participants to ask if they have talked with their peer counselor recently and find out how it is going.

Local Collaborations

The LWA collaborates informally with other LWAs who have peer counseling programs and, in its efforts to promote breastfeeding more generally, with the Breastfeeding Coalition, La Leche League, and with local hospitals. However, there is no formal collaboration directly related to the peer counseling program at this time.

Planned Program Adaptations

Although there will not be an increase in the grant funds, the LWA plans to extend peer counseling services to its new, and likely to be largest, clinic in Everett. By using free and current materials created by other organizations such as La Leche League, the LWA hopes to free up some resources that could be used to pay for peer counseling time. However, they are concerned that peer counselors' time will be stretched more with this additional workload. They also will be seeking more bilingual peer counselors to better meet the needs of their Spanish-speaking participants.

Perceptions of the Program

The LWA believes that the peer counseling program has been the major factor that has significantly increased the breastfeeding duration rates among the WIC participants it serves. It also believes that the program has had major benefits for the peer counselors themselves, which is one of the most satisfying things about the program.

LWA staff are generally supportive of the peer counseling program and are glad that there is someone that they can refer a WIC participant to if she has questions or issues about breastfeeding. Since peer counselors are also knowledgeable about the breast pumps and other equipment, their involvement with the WIC participants who are receiving them also has resulted in equipment being lent more efficiently and used more effectively.

When the FNS grant funding was received and the volunteer peer counselors were hired, it sent the message that the peer counseling program was a component of services offered by LWA and not something "off to the side." However, in part because the current WIC staff are relatively new, the breastfeeding coordinator believes that more can be done to integrate the work of the peer counselors.

When asked about WIC participants' perceptions of the program, LWA staff said that, beyond the spot checks, they did not hear very much from pregnant participants because so much contact is by mail. When they hear from women post partum, the women are generally very grateful to have had a peer counselor. The breastfeeding coordinator believes that these are women unlikely to go to a hospital or La Leche League for help and welcome the support and assistance from a fellow WIC mother who is "like them" and will not be "picking at them" and "in their business."

The program has two major challenges; the first being limited peer counseling compared to the need, especially for its Spanish-speaking population. When asked what the LWA would do with additional resources, the answer was that they would hire more peer counselors.

The second challenge involves the State's MIS system and the general lack of automation of the peer counseling program. The LWA would like to use the MIS system to track breastfeeding initiation, duration or exclusivity in relation to the peer counseling services. While the MIS system can be used to track whether WIC participants are referred to the peer counseling program and are in contact with peer counselors, limited numbers of computers available to peer counselors to record this information in the system is also an issue.

When asked what guidance they would provide to other local sites that were starting up the program, the LWA said that flexibility in tailoring the program to the community's needs is key. WIC staff also said there is a need to be flexible in working with peer counselors, who are also balancing work and family life and may be in some of their first jobs. They believe that it is important to integrate the work of the peer counselors with the WIC staff and make sure that everyone has mutual understanding and respect. They also warned that LWAs should anticipate space and equipment concerns; for instance, it is great to have systems that are automated but peers would then need access to computers, which can be expensive.

5. Wayne County Health Department Local WIC Agency (LWA)

Context

The Wayne County Health Department (WCHD) is one of two local WIC agencies serving the Wayne County, Michigan. The Detroit Department of Health and Wellness is responsible for WIC services for Detroit residents, and the WCHD is responsible for WIC participants who live in the county's other 37 cities. The Wayne County Health Department LWA serves approximately 15,000 WIC participants; half of these are women. Of the women served, approximately 80% are non-Hispanic white, 4% are Hispanic and 16% are Black. The LWA includes seven service delivery sites and employs a full-time Breastfeeding Coordinator. All of the staff who works directly with WIC participants are registered dietitians. The agency employs the equivalent of about 37 full-time staff, including 12-14 registered dietitians and five WIC assistants, who do clerical and lab work.

The WIC peer counseling program in Michigan is operated by the Michigan State University (MSU) Cooperative Extension, which has local offices that serve every county. The program, called Mother-to-Mother, operates uniformly throughout the State and is a close collaboration between the Cooperative Extension and participating local WIC agencies. In addition to the peer counseling component, the program includes a bi-monthly breastfeeding support group and provides WIC participants with equipment, including breast pumps, breast pads, lanolin, water bottles, lunch cooling bags and other materials. The Mother-to-Mother program also works to promote breastfeeding among non-WIC participants, by providing training to local professionals, such as medical interns who are

doing their pediatric rotation, and providing materials and making presentations at health fairs, “Baby Showers” and other events sponsored by State and local community-based organizations. Funding for Mother-to-Mother comes from the FNS *Loving Support* grant, SNAP (formerly the Food Stamp Program) nutrition education funds, WIC Nutrition Services and Administration (NSA) funds, and State funding.

In addition to its participation in the Mother-to-Mother program, the LWA is involved in several efforts to promote breastfeeding for its WIC participants. All of its registered dietitians, as well as its clerical staff, take *Breastfeeding Basics*, the course sponsored by the State WIC agency several times a year, which is roughly analogous to the *Loving Support* Peer Counseling training. In addition to the Breastfeeding Coordinator, a State lactation consultant is available to provide technical assistance and support to staff. The agency also participates in Breastfeeding Awareness Month, which includes an annual breastfeeding walk and picnic. These efforts are supported by general agency funds, including its NSA funds.

Starting Up and Adapting the Program

The MSU Extension has operated a peer counseling program to promote breastfeeding for WIC participants for 16 years. The Wayne County LWA was one of its initial sites. When the State received the *Loving Support* Peer Counseling Program grant, funds were used primarily to expand to serve WIC participants from additional LWAs in the State. Funds were also used to update training materials, particularly those related to managing peer counseling programs and to provide LWAs with additional technical assistance from a lactation consultant. FNS grant funding is used to pay for peer counseling staff serving other LWAs where the Mother to Mother program is offered and for travel, supplies, and trainings. The program, however, as it operates in WCHD LWA changed little as a result of the State receiving the FNS *Loving Support* grant.

Funding for the Mother-to-Mother Program

The annual budget for the program, as it operates in the LWA, is approximately \$84,000. This includes \$60,000 directly allocated from NSA funds to pay the peer’s salary and benefits and related indirect costs. It also includes approximately \$23,400 to support county Cooperative Extension staff, including the Peer Supervisor and Extension director, which is supported by State funds.

WIC and the State Cooperative Extension Staffing to Support the Mother-to-Mother Program

Although all of the dietitians who work for the LWA refer WIC participants to the Mother-to-Mother program, the Agency’s Breastfeeding Coordinator is the primary WIC staff person who works extensively with the initiative. She is in close communication with the peer and the peer supervisor, who are employees of the county MSU Extension. The Breastfeeding Coordinator ensures that nutritionists are making sure that eligible participants get referred to the Mother-to-Mother program and promotes the program more generally to WIC participants and staff. She also works closely with Extension staff to hire new peers and is available to answer questions about breastfeeding when a peer is not available.

The Peer Supervisor (called an Extension Educator) works in close collaboration with the WIC Breastfeeding Coordinator and communicates regularly with the State Breastfeeding Initiative Program Manager, a State Extension employee. The Extension Educator hires, trains, and gives direction to peers and reviews and evaluates their performance regularly. She works with the WIC

Breastfeeding Coordinator to build a community referral and network system to promote and support breastfeeding. She is also responsible for assuring that accurate record keeping and reporting of data for Extension occur.

The Extension Educator must have a masters degree and three years work experience in Extension programming. She must take the State *Breastfeeding Basics* course. While not required, it is recommended that the Extension Educator has lactation certification, experience in supervising paraprofessional programs, and a maternal and child health background.

Peers

The LWA is supported by a full-time peer, who has been part of the Mother-to-Mother initiative for 15 years and has been working with the Wayne LWA for the last three years.

Recruiting and Hiring

MSU Extension and the LWA work closely to recruit peers from among current WIC participants. When a position is available, a job description is sent to all WIC mothers who are breastfeeding. Flyers are also distributed throughout the Agency, and, in some cases, a peer may have an enrolled mother who she thinks would be good for the position. As a last resort, a job is posted in the newspaper. Candidates are interviewed by the breastfeeding coordinator, extension educator and lactation consultant.

- To be hired as peer counselors, individuals must:
- Have basic communication skills,
- Have a high school diploma or GED,
- Have full-time access to an insured automobile and a valid drivers license,
- Be able to work the required amount of weekly hours,
- Be representative of the community,
- Be able to relate to WIC participants, and
- Have a Social Security card and pass a criminal records check.

The candidate should have enthusiasm for promoting and supporting breastfeeding and is currently or has successfully breastfed at least one baby. She should have experience with WIC and/or SNAP enrollment, if possible. She must also fulfill a number of training requirements that are described in more detail below.

Peers are employees of Extension with full-time salaries ranging from \$20,000 to \$27,000 a year, which represents three payment levels/categories. Peer counselors are hired at the initial payment level, which is roughly equivalent with the wages of WIC clerical staff. All peers get benefits, which include paid leave, health insurance, and compensation for job-related expenses. In addition, all peers eligible for college tuition reimbursement for 16 credits during a calendar year after one year of continuous employment. This tuition reimbursement can be used for any state supported college up to and including a Masters degree.

Senior peer counselors may have major responsibilities for the program. The full-time peer for the LWA has become a certified lactation consultant and is responsible for conducting major trainings. She serves as a mentor to other peers and she is going to get her bachelors degree this spring using

tuition reimbursement from MSU Extension. She works with pediatric medical interns to inform them about the Mother to Mother Program and take them on home visits with her.

There has been no recent turnover of peers for the LWA. Of the 48 peers who are employed throughout the State, approximately six left the program over the last few years. The central philosophy of Extension is that employment as a peer is the beginning of a career ladder. Extension staff actively works with peers to help them move up in seniority within the Extension system or into appropriate non-Extension next jobs. The motto is “Up in the organization or up and out into the world.”

When a peer leaves, in addition to hiring replacements, peers may be reassigned from one local WIC agency to another.

Training and Support

Peers undergo extensive training and support. The Extension staff believes that it takes approximately 18 months to get a new peer fully trained. Peers take the *Breastfeeding Basics* course, which is roughly analogous to the *Loving Support* Peer Counseling training. They also complete a one-day training about paperwork and record keeping and then participate in second day of training to review their paperwork and participant tracking notebook. Staff attend a general MSU Extension training, which includes training about the home visiting process, and they attend orientation sessions about both the WIC and County Extension agency. Peers also participate in the online nutrition courses offered by MSU Extension.

As they learn about their work, new peers are closely supervised and shadowed on home visits by the extension educator. They also receive technical assistance from the State WIC lactation consultant, who also may shadow a peer counselor. Peers are also asked to contact the lactation consultant the first time something from a list of events occurs in her caseload, such as thrush, multiple babies being breastfed, etc.

In addition to training and orientation, peers attend monthly Extension and WIC staff meetings. New peers get assigned a senior peer who will be their mentor from among the 48 that serve the State. They are on a Listserv and through it receive any new pertinent information, such as recommendations from the CDC about breastfeeding and the recent H1N1 flu virus. Peers also attend “Updates” which occur three times a year. During these Statewide meetings, peers network and learn about new information and techniques.

Providing Peer Counseling Services to WIC Participants

Women are considered “enrolled” in the Mother-to-Mother peer counseling program if the peer has completed a home visit with them; they have kept in touch with the peer on at least a monthly basis, breastfed at least once, and have an infant who has not been weaned or become a year old. The standard practice is that a peer’s caseload should be approximately half of the amount of time she works as expressed in the percentage of a full time job (or full-time equivalent – FTE). For example, a peer with an FTE at .90 should have an active caseload of approximately 45. A second standard is that she should enroll approximately 10 new women per month. The final standard is she should complete the number of participants that corresponds with her FTE during the year. Completion is defined as: the participant has received at least one home visit, infant has received some of mothers milk and the infant has weaned or is one year of age.

Many more women are eligible for the Mother-to-Mother peer counseling program than can be enrolled and priority is given to women who have been discharged from the hospital within the last two weeks, as this is a critical time to support breastfeeding. In addition, the program is offered only to WIC participants in three of the Agency's seven service delivery sites. The peer and the LWA Breastfeeding Coordinator are available to answer questions and provide support to women who are not formally enrolled. WIC participants are given referrals to other lactation consultants in the area by the Breastfeeding Coordinator or the peer. A local resource with lactation resources are developed for each area and are used as their resource guide for making referrals. In addition WIC participants who are not enrolled in the peer counseling program are welcome to attend the bimonthly Mother-to-Mother breastfeeding club and have access to the equipment that is distributed through the Mother-to-Mother program.

Peer Counselors' Contacts with WIC Participants

For the Michigan Mother-to-Mother program, a fundamental component is the home visit. This is a standard part of all of the Extension programs of this nature. During the home visit, the peer has an opportunity to see the way the home is set up to support the mother's breastfeeding and can observe the mom breastfeeding in her most comfortable environment. Peer counselors are trained through Extension about making home visits. If there are safety concerns, more than one peer can be at a home visit. An enrolled mother may also choose to meet the peer at a different location if the mother desires, such as a local coffee shop, the home of a friend, or the WIC office.

After the home visit, the peer can be in contact with the WIC participant either in person or by telephone. Approximately half of the monthly contacts with her caseload are by telephone. While the peer is available during standard hours Monday through Friday, she also has a beeper and can be reached if an enrolled mother has an urgent concern.

Nature of Peer Counseling Sessions

About half of women are enrolled when they are pregnant, which is preferred if there is room, and half are enrolled postpartum. The Expanded Food and Nutrition Education Program's, Eating Right is Basic curriculum is used by the Mother-to-Mother Program for maternal and infant nutrition education. The sessions are guided further by data entry forms that are used to record the sessions as well as tailored to the mothers' issues and concerns. For example, in the first two weeks after discharge, the form prompts the peer to get information about the signs that the baby is growing and find out about the number of stools and wet diapers in a recent 24-hour period. It prompts the evaluation of feeding, including latching and positioning, and to get information about the number of feeding in the last 24 hours, and specific feeding successes and challenges. The form then prompts the peer to discuss issues related to the mother, including engorgement and any soreness. It lists issues to discuss with the mother as they relate to breastfeeding. The top of the form prompts the peer to use open ended questions, to help the mother feel like she is a great mom to her baby, to give her the information she needs to empower her to solve her own problems.

For pregnant participants, the peer tries to schedule the home visit during the last trimester. During that visit, the peer gathers information about the participants' breastfeeding history, her support network, her plans for returning to work or school, and gives anticipatory guidance.

During the first two weeks after hospital discharge, the peer is in contact with the mother at least three times. She learns how the baby is doing, observes and evaluates the feeding (if possible), and finds out about any issues and concerns of the mother. During the next two weeks, she is in contact on a weekly basis, and after, the first month, is in contact at least monthly.

After the baby is born, a key part of sessions deals with the mothers' return to work or school, as often mothers have not completely thought through how to continue breastfeeding. The peer helps the mother make specific plans and is trained to show the mother how to use the different models of available breast pumps.

The main goal of all of the sessions is to support and empower the participant. Peers are trained to help women feel like they are great moms to their babies, give them the information they need and empower them to solve their own problems. The peers' job is to debunk any myths and listen to and help deal with any concerns.

Job Responsibilities in Addition to Peer Counseling

Peer counseling is a major, but not the sole, component of the State's Mother-to-Mother program. As discussed earlier, the peer is also responsible for the bi-monthly Mother-to-Mother groups, which are held at each of the three clinics where the program is offered. These meetings are open to WIC participants and other women who are not currently on WIC but interested in breastfeeding or prenatal nutrition of other infant feeding and typically include 10-20 mothers. In addition to general sharing and support, there are often speakers who talk about a range of topics, which are not exclusively about breastfeeding. The peer is also responsible for community outreach, which includes making presentations at events sponsored by various different community-based organizations.

Program Documentation and Monitoring

The Mother-to-Mother program keeps extensive records about participants. Some of the more detailed information is kept in hard copy, in each enrolled participants' file. The guidelines are that anyone who reviewed the file would have a detailed picture of what was happening with the enrolled mother and the nature of the support she had received.

Detailed demographic information and summary information about contacts are also collected; these are entered into Extension's online data evaluation record keeping system and used to produce reports. Information about the population being served as well as breastfeeding initiation, duration, and exclusivity rates can be generated using the data that are collected. These data are used to evaluate program performance, to monitor caseloads and to identify areas of need.

The WIC agency also collects data on WIC participants and the State has recently rolled out a new management information system. However, at this time, the State WIC data do not have information about which WIC participants were either referred to or enrolled in the Mother-to-Mother program.

Local Collaborations

The major collaboration for the Mother-to-Mother program is between WIC and Extension. In addition, the program has strong relationships with the seven birthing hospitals that serve its participants. While none of them are designated as Baby-Friendly, they all have full- or part-time lactation consultants who provide support to enrolled mothers as well as alert the peer when a baby is born. In general, the peer is in contact with the mother by phone while she is in the hospital. A

hospital visit is conducted in somewhat rare occasions, such as when it has been specially requested by the mother or the hospital lactation consultant is on leave.

Planned Program Adaptations

There are no planned program adaptations for the Mother-to-Mother program for Wayne County with the exception of training the peers about the new WIC food packages. For the program at the State level, the plan is to consolidate and stabilize the program rather than expand it as extensively as it has in past years. With reductions in local WIC staff, State matching money for NSA is expected to decrease and these funds are a core component of the program. Other changes at the Extension is planning involve updating training manuals and materials; however no major program changes are anticipated.

Perceptions of the Program

The WIC agency staff speaks very highly of the program and the collaboration with Extension. Staff made it clear that the close collaboration was the result of good communication and clear roles and responsibilities.

According to the Breastfeeding Coordinator, WIC staff love the program and the rate of referrals are excellent. The staff perceives that the peer makes their work much easier. The staff and the peer all attend *Breastfeeding Basics*.

Staff perceives that between the peer counseling and breast pump lending program, breastfeeding durations have increased. Staff reports that the enrolled mothers love the program and think it is a vital source of support.

The program has major challenges; the main one being staffing. Between the WCHD and the Detroit LWA, there are six peers. Extension perceives that it could easily employ six more. The primary use of new funding would be for additional peer staffing and supplies. Some of the sites also have limited space for private sessions and for classes.

When asked what guidance they would provide to other local sites that were starting up the program, they believed that the home visit was a key part of the model as was community outreach, including strong relationships with local hospitals. They also said that the personality and direct experience of the peer was vital. Finally, multiple levels of support and administration were necessary for a solid program and they believed it took a new program a solid year to get off the ground.

Appendix A: State WIC Agency Survey

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State WIC Agency Survey



Welcome to the State WIC Agency Survey!

Thank you for your participation in the WIC Breastfeeding Peer Counseling Study, which is being conducted by researchers at Abt Associates Inc. on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The purpose of this survey is to better understand how the *Loving Support* Peer Counselor Program is being implemented in your State or Indian Tribal Organization. Many of the questions are focused on *Loving Support* peer counseling, while others address general breastfeeding promotion and support activities in your State agency, which are helpful in understanding the context in which the *Loving Support* peer counseling is implemented.

[View General Instructions](#)

[Start Survey](#)

OMB Clearance Number: 0584-0548

Expiration Date: 7/31/2011

Estimates of Burden for the Collection of Information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0548. The time required to complete this information collection is estimated to average 150 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

Use of Cookies

This survey makes use of session cookies and is consistent with OMB guidelines for use of [Cookies](#) in Federally sponsored Web sites. While Cookies are used, they do not contain any identifying information about the user and will not be used for any purpose other than to ensure that the survey functions properly. After completing the survey, you may delete the cookies from your hard drive.

Confidentiality

Your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses will be released in a form that identifies you or any other staff member by name, except as required by law. Please note that this study is not part of an audit or management review of WIC operations. Your participation in the survey is completely voluntary. Failure to complete the survey will not affect you or your agency in any way.

Technical Requirements for the Survey

In order for this survey to work properly for you, you will need the following:

- Internet Explorer 5.0 or above, Netscape Navigator 7.0 or above, or Mozilla Firefox Version 1.0 or above.
- Your browser must be Java-enabled.
- You must have the "pop-up blocker" feature disabled in your browser (if applicable).

If you are not able to meet these requirements, please call **1-877-401-7323**.

[Save & Continue >>](#)

General Instructions

Survey Structure

The State WIC Agency Survey is divided into the following topic areas:

- General Breastfeeding Promotion Programs
- State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities
- Training for *Loving Support* Peer Counseling
- State Distribution of Funds for *Loving Support* Peer Counseling
- State Written Guidance for Local *Loving Support* Peer Counseling Programs
- State Data Collection about the *Loving Support* Peer Counseling Program

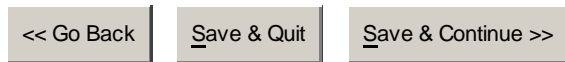
Questions for these topic areas are placed within six different modules, which may or may not be completed by the same staff member. In fact, we expect that multiple people at the State level will need to respond to the survey, including the State WIC director, the State breastfeeding or peer counselor coordinator and the State WIC budget officer. Please assign a staff member to complete each of the above modules, as appropriate for your State, and forward your invitation e-mail and letter containing your password to these people. The navigation page that follows this introduction will allow each respondent to jump directly to the module for which they are responsible. The first question in each module requests the name and title of the primary respondent for that specific module; this information may help if questions arise at a later point. Please note that this information will be kept confidential and will not appear in any reports.

At the end of this web survey, there is a "Conclusion" page. This is the place for the State WIC director, or designated staff member, to certify that the survey is complete. Once all six modules and the conclusion page have been submitted, your survey will be complete.

Moving Through the Survey & Saving Responses

This web-based survey includes six modules of questions (described above), as well as this general instruction screen, an introduction screen, navigation screen, key definition screens and a conclusion page. As you go through this survey, you will see navigation buttons/links at the top and bottom of each page. These features will help you move through the survey.

As you are completing questions within a module, please use the buttons on the bottom of the page (see below). The “Save & Continue >>” button may be safely used to move to the next page of the survey and save the data you just entered. The “Save & Quit” button may also be used to save data on the current page and temporarily exit the survey. Please note, however, that the “<< Go Back” button will NOT save data. If you click the “<< Go Back” button to view previous responses, when you return to the current page, all questions on this page will be unanswered. If you’d like to save data before going to a previous page, please click “Save & Continue >>” and then “<< Go Back” twice. Also, it is important that you do not use the "Back" or "Forward" buttons on the top of your browser while in the survey. By doing so, the survey will not work properly, and your work will not be saved.



On the last page of each module, the “Save & Continue >>” button is replaced with a “Submit” button like the one below. By clicking this button, all responses in this module will be saved and you will be directed to the navigation page, allowing you to link to any other module you are responsible for completing. If you have completed the modules assigned to you, press the submit button and then “Save & Quit” once you reach the navigation screen. Before your State WIC director has certified your State’s survey as complete, you may still return to a module that has been “submitted.”



On the top of each page, there are underlined phrases such as Return to Start of Survey, View General Instructions and Go to New Module. Clicking on these "hyperlinks" will redirect you to different section of the survey (e.g., one sends you to the start of the survey and one sends you to the navigation page, which allows you to jump to any module in the survey). As with the “<< Go Back” button, clicking one of these links will not save responses on the current screen. If you responded to any questions on the current page, please click the “Save & Continue >>” or “Save & Quit” button before moving to another section of this survey.

Multiple Respondents

As mentioned, we expect that multiple people at the State level may need to respond to this survey. If a staff member is assigned to complete a specific module, they should click the appropriate module name on the navigation page after this introduction. Once they are finished with their module and click the submit button, they should click the “Save & Quit” button.

It is okay for multiple staff members to simultaneously work on questions within **different** modules. However, **multiple respondents must not work on the same module at the same time**. If two computers have simultaneous access to Module 1, for example, both sets of responses will be saved as separate records. To avoid problems, please assign one person to complete each module and ask that this person be the only one to access this module. While it is fine if this person needs to ask another person for answers, only one staff member should be responsible for entering the data. Please note that pages may be printed by clicking the print icon on your web browser (or, from your browser’s top menu options, select "File," and then select "Print").

If you do not have all the information on hand to answer a specific question, you may save the answers you’ve provided and quit until you obtain the data needed. If you plan to leave your computer for an extended amount of time to gather information, please mind the inactivity rule described below; it may be recommended that you click “Save & Quit” and re-open the survey once you are ready to continue.

Taking a Break

The average total time to complete this survey will range between 1½ and 2½ hours. It is designed so that you may respond at your convenience and over multiple visits to this web site. Still, if you need to take a break for an extended period of time or have someone else work on the survey, make sure you save any changes made on your current page and close out of the survey.

CAUTION: If you are inactive for more than 15 minutes in this survey, you will automatically be logged out and any unsaved responses on the current page will be lost. You are considered "inactive" if you do not move from one page to another page in the survey. If you are logged out due to inactivity, a login screen will appear, giving you the opportunity to re-open your survey by entering your username and password.

Opening your Survey

If you are logged out of the survey, either because of inactivity or you clicked "Save & Quit," you may re-enter the survey by either using the link in the survey invitation that was e-mailed to you, or by visiting the following website and entering your State's username and password:

http://mobile.checkbox.com/abtassociates/WIC_PEERC_Intro.survey

Your username and password were sent to you in the e-mailed survey invitation as well as in the letter that was mailed to your State WIC director. Please note that your password is case sensitive. If you cannot find this information, please click the [Forgot your password?](#) link on the login screen and enter the e-mail address to which the original survey invitation was e-mailed; instructions will be sent to that e-mail address allowing you to create a new password. If you create a new password it is important that all staff members working on your State's survey are made aware of the new password.

Reviewing Completed Modules

As modules are completed, the data are submitted to the researchers at Abt Associates. Data are not analyzed, however, until the State WIC Director (or designated staff member) certifies that the survey is complete by completing the questions on the conclusion page. It is recommended that data be reviewed for completeness and accuracy before the survey is certified as complete. When navigating to a module that has been submitted, you will see a screen with the following note: "You have already completed this survey. Click the Edit icon next to the response you wish to edit." Please click the "edit" icon (it looks like a paper and pencil) and navigate through the pages, revising information as necessary. Please note that the "Save & Quit" and "Submit Responses" buttons no longer appear at the bottom of the page; to save changes to a particular page, you must click the "Save & Continue >>" button.

Finalizing the Survey

At the end of this web survey, there is a "Conclusion" page. This is the place for the state WIC director, or designated staff member, to certify that the survey is complete. It is recommended that this person review all modules for completeness and accuracy before completing this page; click the hyperlink next to the text "To review the responses to this questionnaire" and start with Module 1.

If a module has been completed, you will see a screen with the following note: "You have already completed this survey. Click the Edit icon next to the response you wish to edit." Please click the paper and pencil "edit" icon (see below) and navigate through the pages, revising information as necessary.

	Started	Completed
	5/19/2008 11:13:14 AM	5/20/2008 10:03:22 AM

After all modules have been reviewed and the State WIC director, or designated staff member, certifies that the survey is complete, click the "Finish" button. This will let us know that no further answers will be forthcoming, and we will process your responses. You will receive a confirmation e-mail that will indicate that your survey responses were successfully submitted to Abt Associates Inc. This e-mail will serve as your "certificate of survey completion." Once you have indicated that your survey is complete, it is very important that you do not modify any responses within the survey. If you need to revise a response after certifying that the survey is completed, please contact a member of Abt's survey team by calling 1-877-401-7323 or sending an e-mail to WICPeerC@abtassociates.com. Someone at Abt will either update the survey for you, or provide instructions for you to re-access your survey. Please do not re-access the survey without first receiving permission or the wrong data may be used in the final report.

After your survey has been submitted, it will be reviewed by staff at Abt Associates. If questions arise, we will contact you to clarify your responses.

Want to Print Your Survey?

If you would like to print a copy of your responses on this survey, simply print out each survey page once you have completed it. To print a page, simply click on the print icon on your Web browser, or from the browser's top menu options, select "File," and then select "Print."

Getting Help

We provided definitions of "key words" to assist you as you fill out the survey. If a word is underlined, you may simply click the word and a new window will open titled "Key Terms Used in the State WIC Agency Survey." Please locate and review the appropriate definition and then close the window by clicking the on the top right corner of the page.

If at any time you have questions regarding the survey, you may contact the toll-free Abt help line at **1-877-401-7323**. You can also reach us by email at WICPeerC@abtassociates.com, and a member of our project staff will respond either by e-mail or telephone.

Getting Started

You are now ready to begin the survey. Please click on the “Save & Continue >>” button below. Thank you again for your participation in this important research study.

This Survey is divided into several different modules (listed below). Please complete each section before certifying that your survey is complete. If you are not able to answer the questions found in a particular module, please ask another staff person to complete that section.

Please click on the module name to go to that section.

[**Module 1: General Breastfeeding Promotion Programs**](#)

[**Module 2: State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities**](#)

[**Module 3: Training for *Loving Support* Peer Counseling**](#)

[**Module 4: State Distribution of Funds for *Loving Support* Peer Counseling**](#)

[**Module 5: State Written Guidance for Local *Loving Support* Peer Counseling Programs**](#)

[**Module 6: State Data Collection about the *Loving Support* Peer Counseling Program**](#)

[**Conclusion \(Finalize & Submit Survey\)**](#)

Module 1: General Breastfeeding Promotion Programs

Information on Primary Respondent Completing Module 1

	Name	Title
1.	<input type="text"/>	<input type="text"/>

We would like to learn about the WIC breastfeeding promotion activities supported in your State that are in addition to *Loving Support* peer counseling.

2. Does your State agency provide breastfeeding promotion services or programs (e.g., media campaigns, educational materials) for WIC participants in addition to *Loving Support* peer counseling?

Yes

No

Skip to 7

Don't Know

Skip to 7

3. Please indicate the breastfeeding promotion activities undertaken *at the State level* that your State agency funds for WIC participants. Please **do not** indicate local WIC agency activities.

(Check all that apply)

Media campaigns and educational materials (e.g., television ads, posters, brochures)

Breastfeeding promotion training to staff other than *Loving Support* peer counselors

Make lactation consultants available to WIC participants

Sponsor certified lactation counselor training (or similar certification training)

Equipment (e.g., breast pumps)

Peer counseling or other counseling by clinic staff to WIC participants that is different than *Loving Support* peer counseling

Warmline or hotline

Classes or support group meetings for WIC participants

Other

Only answer if Q3 = Other.

3a. For the previous question, you checked the box next to "other." Please specify.

4. Are you able to track *at the State level* the amount of [Nutrition Services and Administration \(NSA\) funds](#) spent for the breastfeeding promotion activities that you specified in Question 3?

Yes

No

Skip to 7

Don't Know

Skip to 7

5. Do you track just what the State spends on the above-indicated activities or do you also include what local WIC agencies spend on those activities using [NSA funds](#)?

Just what the State spends

What both the State spends and what local WIC agencies spends

Don't Know

6. How much [NSA funding](#) was spent on breastfeeding promotion activities described in Question 3 in [FFY 2007](#)?

This amount *includes* NSA funding that augmented the *Loving Support* peer counseling grant.

This amount *excludes* NSA funding that augmented the *Loving Support* peer counseling grant.

Don't Know

7. How has your State chosen to use the *Loving Support* grant funds?

(Check all that apply)

- Use some *Loving Support* grant funds **at the state level** (e.g., for staff training, planning, etc.)
- We chose to focus the grant funds **on a small number of sites**, rather than trying to make funding available to all sites
- We chose to **distribute the grant funds to as many sites as possible** rather than concentrating funding on relatively few sites
- We chose **initially to focus** the grant funds on sites that were **enhancing existing peer counseling programs**
- We chose **initially to focus** the grant funds on sites that **were beginning peer counseling programs**
- Other (*Specify:*)

8. At the State level, what other major initiatives are underway that you believe have an impact on breastfeeding rates in your State:

(Check all that apply)

- Major public education campaigns, sponsored by either public or private funding
- Efforts to change hospital policies to limit the distribution of formula and make them more "Baby Friendly"
- Major training initiatives for health professionals to support breastfeeding
- Other (*Specify:*)

Module 2: State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities

Information on Primary Respondent Completing Module 2

	Name	Title
	<input type="text"/>	<input type="text"/>

9. Please list the **FIRST** name and title of all State WIC employees who work on the *Loving Support* peer counseling program in your State (Do not include last names of State WIC employees). Please include anyone who is involved in either policy guidance, resource allocation, financial monitoring, and/or management information systems as they relate to *Loving Support* peer counseling. Please include yourself.

(Please press the tab key or use your mouse to move between lines. Pressing the enter key will take you out of the survey.)

	Name & Title
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>

9a. For each *Loving Support* staff person listed in Question 9, please indicate how long this person has been in this position, whether s/he is a *Loving Support* peer counseling coordinator, the types of activities in which this person is involved and whether this person's salary is fully supported, partially supported, or not supported by the FNS *Loving Support* peer counseling grant.

	Approximately how long has this person been in this position?			Is this person a state-designated <i>Loving Support</i> peer counseling coordinator?		Is this person involved in...						Specify other activities (if applicable)	How is this person's salary supported? (Select one)		
	< 1 year	1-3 years	> 3 years	Yes	No	Resource Allocation	Policy Guidance	Financial Monitoring	MIS	Training	Other		Fully Supported by Loving Support grant	Partially Supported By Loving Support grant	Not Supported by Loving Support grant
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Adding up all of the time of all of the State WIC staff involved in the *Loving Support* peer counseling program, what is the approximate average number of staff hours per month paid for by the *Loving Support* peer counseling program, as opposed to the staff hours supported by [NSA](#) or other funding?

	Hours per Month	Don't Know

11. When you think about *Loving Support* peer counseling in your State, is there one person you would consider its champion whose efforts and enthusiasm really make it work?

- Yes
- No *Skip to 12*
- Don't Know *Skip to 12*

11a. Who would you consider your state's *Loving Support* peer counseling champion - i.e., the person whose efforts and enthusiasm really make it work?

12. Please indicate if anyone at the State level who is involved in the *Loving Support* peer counseling program undertakes the following activities:

(Check all that apply)

- Conducts **needs assessment** to identify the local program, population, geographic areas, and potential sites to target the WIC peer counseling services
- Provides **technical assistance** to local WIC programs to hire a **breastfeeding/peer counseling coordinator**
- Develops statewide program policies** for *Loving Support* peer counseling
- Provides **technical assistance** to local WIC programs on **basic policies and procedures** for a peer counseling program
- Provides **training to local WIC staff** (other than peer counselors) about breastfeeding and peer counseling
- Provides **training to peer counselors** about peer counseling duties and responsibilities
- Develops **informational materials about breastfeeding**, which may include collecting data
- Monitors the implementation** of local WIC peer counseling services
- Designs and/or participate in **evaluation or ongoing monitoring** of local WIC peer counseling services including data collection
- Conducts program promotion** with local organizations in the community
- Provides **information to WIC clients** about the peer counseling program
- Reports on the **program operations** to WIC administrative staff
- Provides **direct supervision to local peer counselors**
- Other (Specify:)

Module 3: Training for *Loving Support* Peer Counseling

Information on Primary Respondent Completing Module 3

	Name	Title
	<input type="text"/>	<input type="text"/>

Training Received By WIC State Agency Staff

13. Please indicate the training related to *Loving Support* peer counseling that State-level WIC staff have received since your State first accepted the *Loving Support* peer counseling funding.

	No training received	Training received one time	Training received more than one time	Don't Know
<i>Loving Support</i> peer counseling training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If State-level WIC staff received other types of training related to <i>Loving Support</i> , please specify below.				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training Offered By State Agency Staff or Sponsored by the State

14. In the last question we asked you about training State staff received. Here we ask about training State staff *provided or sponsored*. Please indicate the training related to *Loving Support* peer counseling that State staff provided to local WIC agency staff since your State first accepted the *Loving Support* peer counseling funding. We would like to know about training that the State provided directly or paid for through contracts or other agreements.

	No training offered	Training offered one time	Training offered more than one time	Don't Know
"Using <i>Loving Support</i> to Manage Peer Counseling Programs" training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If State-level WIC staff provided other types of training related to <i>Loving Support</i> , please specify below.				
<input type="text" value="-"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Module 4: State Distribution of Funds for *Loving Support* Peer Counseling

Information on Primary Respondent Completing Module 4

Name	Title
<input type="text"/>	<input type="text"/>

This section focuses on how the State distributes funding for the *Loving Support* peer counseling program, which may be funded by FNS *Loving Support* peer counseling grants exclusively or in combination with other funding sources.

15a. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to any local WIC agencies to implement the *Loving Support* peer counseling program?

Yes

No

15b. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to any regional entities (i.e., that include more than one local WIC agency, such as a regional health district) to implement the *Loving Support* peer counseling program?

Yes

No

15c. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to agencies that are not local WIC agencies or regional entities?

Yes	No	If yes, please explain
-----	----	------------------------

Answer Q15c and Q16d if Q15b = Yes.

15c. How many regional entities are there?

15d. How many receive FNS peer counseling grant funds?

Unless this is an ITO, if Questions 15a, 15b, and 15c = No, Module 4 is completed. Go to next module.

16. How many local WIC agencies are in your State?

Number of local agencies

17. Of these local agencies, how many offer *Loving Support* peer counseling?

17a. Of the local agencies that offer *Loving Support*, how many had peer counseling programs in place the same as or similar to *Loving Support* peer counseling prior to the FNS peer counseling grants?

(Include voluntary programs)

	Number of Agencies	Don't Know
--	--------------------	------------

18. Of local agencies that offer *Loving Support* peer counseling, how many receive funding from FNS peer counseling grants?

	Number of Agencies	Don't Know
--	--------------------	------------

19. In addition to providing local sites with funding from the *Loving Support* peer counseling grant, did your State allocate additional funds from NSA or from other sources for the *Loving Support* peer counseling program?

Yes, we distribute NSA and/or other funds to sites to augment *Loving Support* peer counseling programs

No, we do not distribute any funding to sites in addition to the *Loving Support* grant to support the *Loving Support* peer counseling program

19a. Whether or not your State explicitly allocates NSA and other funds to sites to augment the FNS *Loving Support* grant, does your State allow sites to choose to spend some of their NSA funds to augment *Loving Support*?

Yes

No

Skip to 21

20. What are the sources of the additional funds that your State allocates for *Loving Support* peer counseling?

- Nutrition Services and Administration (NSA) funds
- State non-WIC funds (e.g., State public health dollars)
- Other funds (e.g., private philanthropic funding)

20a. On the previous page you indicated that your State allocates “other funds” (e.g., private philanthropic funding) that were used to provide additional financial support for the *Loving Support* peer counseling program. Please specify the sources of these funds below.

20b. You indicated that your State provided the following sources of additional funds for *Loving Support* peer counseling. Please provide the amount of funding in FFY 07 that went to local *Loving Support* peer counseling programs.

	\$ Amount of Funding	Do not collect this information.
<u>Nutrition Services and Administration (NSA) funds</u>	<input type="text"/>	<input type="checkbox"/>
State non-WIC funds (e.g., State public health dollars)	<input type="text"/>	<input type="checkbox"/>
(Response from Q20a)	<input type="text"/>	<input type="checkbox"/>

21. Taking into account all sources of funding for *Loving Support* peer counseling, what percentage of funding to local agencies comes from the FNS *Loving Support* peer counseling grant?
(Select one)

- 100%
- 75 - 99%
- 50 - 74%
- 25 - 49%
- Less than 25%

Module 5: State Written Guidance for Local *Loving Support* Peer Counseling Programs

Information on Primary Respondent Completing Module 5

	Name	Title
	<input type="text"/>	<input type="text"/>

This section is about written guidance the State WIC Agency provides to local WIC agencies about major aspects of the *Loving Support* peer counseling program.

Module 5 includes intricate skip patterns based on items selected for Question 22. There are 14 subsections, but the respondent should only answer questions related to items checked for Question 22.

22. Does the State provide guidance to local WIC agencies about the following aspects of local *Loving Support* peer counseling programs? Guidance can include either State recommendations or State requirements.

(Check all that apply)

- Role, responsibilities, and qualifications of local WIC peer counseling coordinators. *(If checked, answer Questions 23-28)*
- Qualifications of local WIC peer counselors. *(If checked, answer Questions 29-30)*
- Timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital). *(If checked, answer Question 31)*
- Frequency of peer counselor's contact with program participants. *(If checked, answer Questions 32-34)*
- Maximum length of time that WIC participants may receive peer counseling. *(If checked, answer Question 35)*
- Settings where peer counseling services are provided to clients. *(If checked, answer Questions 36-38)*
- The types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants. *(If checked, answer Question 39)*
- Accessibility of peer counselors to clients outside WIC clinic hours. *(If checked, answer Question 40)*
- Caseload, number of clients for each peer counselor. *(If checked, answer Question 41)*
- Wages or benefits and career paths for peer counselors. *(If checked, answer Questions 42-47)*
- Nature and amount of initial and ongoing training and support that peer counselors receive. *(If checked, answer Questions 48-52)*
- Supervision and job monitoring of peer counselors. *(If checked, answer Question 53)*

- Community partnerships related to the *Loving Support* peer counseling program that local agencies must establish. (If checked, answer Questions 54-55)
- Peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).
- Documentation of peer counselors' interactions with WIC participants. (If checked, answer Question 56)
- Content of peer counseling activities with clients (e.g., topics/issues to discuss with clients, educational activities) and participants.
- Procedures for referrals of *Loving Support* peer counseling participants to other related services participants.
- No Written Guidance**

If no written guidance, Module 5 is completed. Go to next module.

Local Peer Counseling Coordinators

Answer if guidance is provided about role, responsibilities, and qualifications of local WIC peer counseling coordinators.

23. Does the State recommend or require that local WIC agencies with a *Loving Support* peer counseling program designate a local peer counselor coordinator?

Yes

No *Skip to 25*

24. Does the State recommend or require that the local *Loving Support* peer counseling coordinator be a different person than the local breastfeeding promotion coordinator?

Yes

No

25. Does the State have guidelines about the educational level or experience of local peer counseling coordinators?

Yes

No *Skip to 27*

26. Please indicate whether the State has guidelines for the following education, experience, and other qualifications for local peer counseling coordinators.

(Check all that apply)

- Associate's degree
- Bachelor's degree
- International Board Certified Lactation Consultant or IBCLC eligible
- Registered dietitian or nutritionist
- Registered nurse
- Experience in program management
- Experience in breastfeeding promotion
- Training in lactation management
- Experience as health-related program supervisor
- Personal experience in breastfeeding
- Computer skills
- Bilingual
- Experience in counseling
- Experience in peer counseling
- Other (Specify:)

27. Does your State have guidelines about the responsibilities of local peer counseling coordinators?

- Yes
- No

28. If yes, please indicate whether the State has guidelines about the responsibilities of peer counseling coordinators in the following areas.

(Check all that apply)

- Conduct needs assessments** related to *Loving Support* peer counseling services
- Participate** in local WIC program's establishing **the basic policies and procedures** for *Loving Support* peer counseling program
- Supervise and monitor work performance** of *Loving Support* peer counselors
- Participate in the **training of local WIC agency staff** about breastfeeding and peer counseling
- Provide **training to local *Loving Support* peer counselors**

- Monitor the implementation** of local *Loving Support* peer counseling services
- Design and/or participate in **evaluation** of local *Loving Support* peer counseling services
- Conduct promotion activities** for the *Loving Support* peer counseling program
- Provide **information to WIC clients** about the *Loving Support* peer counseling program
- Initiate or serve as **point of contact for community organizations** that collaborate on *Loving Support* activities
- Report on the program operations to State WIC** administrative staff
- Other (Specify:)

Local Peer Counselor Qualifications

Answer if guidance is provided about qualifications of local WIC peer counselors.

29. Does the State have guidelines about the educational level or experience of local peer counselors?

Yes

No **Skip to 31a**

30. If yes, please indicate whether the State has guidelines about the qualifications of local peer counselors in the following areas.

(Check all that apply)

- [Paraprofessional](#)
- Professional certification, e.g., International Board Certified Lactation Consultant or IBCLC eligible, registered dietitian or nutritionist, lactation management
- GED or high school completion
- Associate's degree
- Bachelor's degree
- Master's degree
- Current or previous WIC recipient
- Current or previous breastfeeding experience
- Ethnic background similar to the target peer counseling program participants
- Age similar to the target peer counseling program participants
- Speak the same language as the target peer counseling program participants
- Live in the same community as the target peer counseling program participants

- Available to clients outside the usual clinic hours
- Available to clients outside the WIC clinic setting
- Willing to travel to remote parts of the WIC service area
- Available to conduct peer counseling services for a minimum number of required hours per week
If selected, what is the required minimum hours/week? _____ hours
- Minimum length of commitment to serve as peer counselor
If selected, what is the minimum length of commitment required? _____ months
- Good parenting model
- Project positive image of WIC, present information consistent with WIC philosophy
- Enthusiastic about breastfeeding
- Have good interpersonal communication skills
- Recognize when to make referrals to other services, specialists, and programs
- Have access to reliable transportation
- Must have telephone
- Other (Specify:)

Timing of First Contact

Answer if guidance is provided about timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital).

31a. Does the State recommend or require that peer counselors *first* contact WIC participants during pregnancy?

Yes

No **Skip to 31d**

31b. Does the State recommend or require that peer counselors *first* contact WIC participants during a specific trimester?

Yes

No **Skip to 31d**

31c. During which trimester does the State recommend or require that peer counselors *first* contact WIC participants?

First

Second

Third

31d. Does the State recommend or require that peer counselors *first* contact WIC participants within a specific time frame after delivery?

Yes

No

31e. If yes, when after delivery does the State recommend or require that peer counselors *first* contact WIC participants?

While in hospital

Within first week at home

Other/It depends (Specify):

Frequency of Contact

Answer if guidance is provided about frequency of peer counselor's contact with program participants.

32. Does the State have guidelines about how soon a response is required after a request for breastfeeding assistance from a WIC participant?

Yes

No

Skip to 34

33. Please specify below—either in days or hours—the guideline for the maximum time that can elapse after a request.

Number of *days* that can elapse after a request

OR

Number of *hours* that can elapse after a request

34. What are the State guidelines about frequency of contact during the following time periods?

	At least 1 time every...							Specify Other
	No Guidelines	1 week	2 weeks	1 month	2 months	3 months	Other	
During pregnancy								
During 1st trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During 2nd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During 3rd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During last month of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
After delivery								
Week 1 (after hospital stay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Weeks 2-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Months 2-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Months 4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
After 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Maximum Length of Time

Answer if guidance is provided about maximum length of time that WIC participants may receive peer counseling.

35. Please indicate your State's guidelines about the maximum number of months after delivery that a WIC participant may receive *Loving Support* peer counseling.

Enter number of months

Settings

Answer if guidance is provided about settings where peer counseling services are provided to clients.

36. Please indicate the settings for which the State has guidelines regarding peer counselors' in-person contact with WIC participants.

(Check all that apply)

In the hospital

In WIC participants' homes

In local WIC offices during office hours

In local WIC office after hours

Other (Specify:)

37. Do your guidelines prohibit in-person contact between WIC participants and peer counselors in the any of the settings listed below?

(Check all that apply)

In the hospital

In WIC participants' homes

In local WIC office after hours

Our guidelines *do not* prohibit contact between WIC participants and peer counselors in any of the WIC participants in any of these settings

Other (Specify:)

38. Do your guidelines address liability issues related to in-person contact between WIC participants and peer counselors in the any of the settings listed below?

(Check all that apply)

- In the hospital
- In WIC participants' homes
- In local WIC offices during office hours
- In local WIC office after hours
- Our guidelines *do not* address liability issues in any of these settings
- Other (Specify:)

Type of Contact

Answer if guidance is provided about the types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants.

39. Does the State recommend or require that at least some of the contact between peer counselors and WIC participants be in-person?

- Yes
- No

Accessibility

Answer if guidance is provided about accessibility of peer counselors to clients outside WIC clinic hours.

40. What are the State's guidelines about accessibility of *Loving Support* peer counselors outside of WIC program hours?

Must a peer counselor be available *by telephone* for specific periods of time?

- Yes
- No

Must a peer counselor be available *in person* for some periods of time?

- Yes
- No

Ask Questions 40a-40e if a peer counselor must be available by telephone for specific periods of time.

40a. What kind of equipment does the State recommend or require that local agencies provide to make WIC peer counselors accessible to WIC participants?
(Check all that apply)

- Cell phones
- Answering machines
- Beepers
- No equipment
- Other (Specify:)

40b. What time periods does the State recommend or require that peer counselors be available by phone for their own clients (if they are assigned a caseload) at least some of the time?
(Check all that apply)

- Evenings
- Weekends
- Holidays
- The programs in our state do not operate this way.
- Other (Specify:)

40c. Do the recommendations or requirements for peer counselor availability by phone depend on the status of the WIC participant (i.e., if she is pregnant, just after delivery, etc.)?

- Yes
- No

40c1. If yes, which types of clients are high priority (i.e., if she is pregnant, just after delivery, etc.)?

40d. Does your state have guidelines on time periods that at least one peer counselor must be available to WIC clients, whether or not these clients are in that counselor's caseload?

- Yes
- No

Skip to 40f

40e. Does your State recommend or require that at least one peer counselor be available by phone to all WIC clients, or only some types of WIC clients (e.g., when pregnant, just after delivery, etc.)?

All WIC clients

Skip to 40f

Only some WIC clients

40e1. If only some WIC clients, please indicate which ones are high priority (e.g., when pregnant, just after delivery, etc.)?

Ask Questions 40f-40h if a peer counselor must be available in person for some periods of time.

40f. What time periods does your State recommend or require that peer counselors be available in person for their own clients at least some of the time?

(Check all that apply)

Not applicable. Peer counselors in this State do not have specific caseloads.

Evenings

Weekends

Holidays

Other (Specify):

40g. Does your State recommend or require a peer counselor to be available in person to all of their own clients or only some clients, depending upon their status (e.g., when pregnant, just after delivery)?

All of their caseload

Only some of their caseload

40g1. If only some of their caseloads, please indicate the priority groups (e.g., when pregnant, just after delivery)?

40h. Does your State have guidelines about when a peer counselor must be available in person at least some time periods for WIC participants not on their caseload?

Yes

No

40h1. If yes, which of the following time periods do your State's guidelines require peer counselors to be available in person (for at least some time periods) for WIC participants not on their caseload?

- Evenings
- Weekends
- Holidays
- Other (Specify:)

Caseload

Answer if guidance is provided about caseload, number of clients for each peer counselor.

41. Please indicate the State's caseload guidelines for peer counselors.

	No guidelines	Maximum caseload	Are these guidelines for...		
			Full-time	Part-time	DK
Pregnant women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusive	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All pregnant and breastfeeding women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41a. If one or more maximum caseloads were based on part-time hours for peer counselors, please indicate the average number of hours per week upon which you based these caseloads.

Wages, Benefits and Career Paths

Answer if guidance is provided about wages or benefits and career paths for peer counselors.

42. Does your State require that all peer counselors be paid?

Yes

No *Skip to 45*

43. Does your State set a minimum amount that peer counselors must be paid?

Yes

No *Skip to 45*

44. Is the minimum amount that peer counselors must be paid equivalent to WIC-entry level wages?

Yes *Skip to 45*

No

44a. If no, what is the minimum amount that peer counselors must be paid?

45. Does your State have any guidelines about non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?

Yes

No *Skip to 47*

46. Please indicate below the non-wage compensation about which your State has guidelines.

(Check all that apply)

Paid leave (e.g., sick, holiday, vacation)

Health insurance benefits

Other benefits (e.g., life insurance, disability insurance)

Compensation for job-related expenses (e.g., mileage, telephone)

Other types of compensation (*Specify:*)

47. Does the State have guidelines about career paths for peer counselors?

Yes

No

Training and Support

Answer if guidance is provided about nature and amount of initial and ongoing training and support that peer counselors receive.

48. Does the State have guidelines about the minimum types and levels of initial training that peer counselors must receive?

Yes

No *Skip to 50*

49. Does the State's minimum training guidelines exceed the *Loving Support* peer counseling model guidelines?

(To view these guidelines, click [here](#) and read item V of the "Ten components of the FNS model for the *Loving Support* peer counseling program" table)

Yes

No

Don't Know

50. Does the State have guidelines about the amount of in-service training that peer counselors must receive?

Yes

No

51. Does the State have guidelines about other types of ongoing supervision and support that peer counselors receive?

Yes

No

52. If yes, please specify the areas in which there are State guidelines about support to peer counselors.

(Check all that apply)

- Access to breastfeeding consultants and other experts
- Regular contact with local peer counseling supervisor
- Participation in WIC agency or clinic staff meetings
- Opportunities to meet regularly with other peer counselors

Supervision and Job Monitoring

Answer if guidance is provided about supervision and job monitoring of peer counselors.

53. Please indicate in which of the following areas the State provides guidance to local WIC programs.

(Check all that apply)

- Frequency of contact with *Loving Support* peer counselor coordinator/supervisor
- Review of client contact logs/activity records by coordinator/supervisor
- Routine spot checks by coordinator/supervisor
- Attendance of *Loving Support* peer counselors in supervisory meetings and/or WIC staff meetings
- Observation of *Loving Support* peer counseling activities by coordinator/supervisor
- Formal performance evaluation/review of *Loving Support* peer counselors
- Submission of monthly work activity reports by peer counselors
- Monitoring client participation and retention rates for individual peer counselors
- Review of peer counselors' time sheets, travel vouchers, phone logs, paperwork
- Other (Specify:)

Community Partnerships

Answer if guidance is provided about community partnerships related to the Loving Support peer counseling program that local agencies must establish.

54. Does the State provide guidance about the types of agencies that should participate in community partnerships?

- Yes
- No

55. If yes, in the State guidance, what types of organizations should participate in community partnerships?

(Check all that apply)

- Hospitals
- Clinics
- Schools
- Community agencies
- Other government agencies
- Other (Specify:)

Peer Counselors Documentation of Interactions with WIC Participants

Answer if guidance is provided about peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).

56. What is the State's guidance about the type of information peer counselors record/document about peer counseling activities?

(Check all that apply)

- Location of contact
- Method of contact (e.g., home visit, phone)
- Topics/issues discussed with client
- Referrals made
- Status of breastfeeding (e.g., initiation, exclusivity)
- Unsuccessful contacts
- Materials sent to participants
- Demographic data about participant and her baby
- Other (Specify:)

Module 6: State Data Collection about the *Loving Support Peer Counseling Program*

Information on Primary Respondent Completing Module 6

	Name	Title
	<input type="text"/>	<input type="text"/>

The next section addresses information on breastfeeding collected at the State level, the method used to collect it, and the schedule for data collection. Some of the questions are designed to understand information on breastfeeding in general, not just about the Loving Support peer counseling program.

57. How does the State define each of the following:

57a. Ever breastfed (breastfeeding initiation)

- Breastfed or fed breast milk to infant at least once.
- Don't Know
- Other definition (*Specify*)

57b. Breastfeeding duration

- Number of weeks an infant is at least partially breastfeeding
- Number of months an infant is at least partially breastfeeding
- Don't Know
- Other definition (*Specify*)

57c. Breastfeeding exclusivity

- No solids, water, or other liquids besides breastmilk
- Receives exclusive breastfeeding package
- Don't Know
- Other definition (*Specify*)

58. Please specify which of the following indicators are collected by the State for either all WIC participants or for *Loving Support* peer counseling participants.
(Check all that apply)

- Breastfeeding at hospital discharge
- Ever breastfed
- Breastfeeding duration
- Breastfeeding exclusivity
- None of the Above

Answers to Question 58 determine which of Questions 59-64 should be answered. If None of the Above, skip to Question 65.

The following questions pertain to information your state collects on breastfeeding initiation. Answer this section if "Breastfeeding at hospital discharge" was checked for Question 58.

59. About which populations are breastfeeding *initiation* data collected?

- All WIC participants
- Loving Support peer counseling participants only *Skip to 59b*

59a. Can a separate rate for *Loving Support* peer counseling participants be calculated?

- Yes
- No

59b. How are data on breastfeeding *initiation* (i.e., "at hospital discharge" and/or "ever breastfed") collected?

(Select all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion.
- Other (Specify:)

59c. How are data on breastfeeding *initiation* available at the State level?

(Select all that apply)

- Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Available in electronic document formats
- Available in paper only
- Not all data are in one format
- Other (Specify:)

59d. How often are data on breastfeeding *initiation* collected?

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify:)

59e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *initiation* is.

Least Accurate

Most Accurate

- 1 2 3 4 5
- -
 -
 -
 -

The following questions pertain to information on breastfeeding duration. Answer this section if "Breastfeeding duration" was checked for Question 58.

60. Do you measure breastfeeding *duration* in weeks or months?

- Measured in weeks
- Measured in months
- Other (Specify:)

61. About which populations are breastfeeding *duration* data collected?

- All WIC participants
- Loving Support peer counseling participants only ***Skip to 61b***

61a. Can a separate rate for *Loving Support* peer counseling participants be calculated?

- Yes
- No

61b. How are data on breastfeeding *duration* collected?

(Select all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion.
- Other (Specify:)

61c. How are data on breastfeeding *duration* available at the State level?

(Select all that apply)

- Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Available in electronic document formats
- Available in paper only
- Not all data are in one format
- Other (Specify:)

61d. How often are data on breastfeeding *duration* collected?

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify:)

61e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *duration* is.

Least Accurate

Most Accurate

- 1 2 3 4 5
- -
 -
 -
 -

The following questions pertain to information your State collects on breastfeeding exclusivity. Answer this section if "breastfeeding exclusivity" was checked for Question 58.

62. Do you collect breastfeeding exclusivity data by the age of the infant?

Yes

No

Skip to 63

Don't Know

Skip to 63

62a. If yes, at what age(s) do you measure exclusivity?

(Enter # of months)

63. About which populations are data on breastfeeding exclusivity collected?

All WIC participants

Loving Support peer counseling participants only

Skip to 63b

63a. Can a separate rate for Loving Support peer counseling participants be calculated?

Yes

No

63b. How are data on breastfeeding exclusivity collected?

(Select all that apply)

Entered by local WIC agencies into centralized data base

Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements

Survey sent from State to local WIC agencies for completion.

Other (Specify:)

63c. How are data on breastfeeding exclusivity available at the State level?

(Select all that apply)

Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)

Available in electronic document formats

Available in paper only

Not all data are in one format

Other (Specify:)

63d. How often are data on breastfeeding *exclusivity* collected?

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify:)

63e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *exclusivity* is.

Least Accurate

Most Accurate

- 1 2 3 4 5
-

Answer if Question 58 was not “None of the Above.”

64. How are these indicators (ie., data on breastfeeding *initiation*, *duration* and/or *exclusivity*) used?

(Check all that apply. Not all indicators may be used for all purposes.)

- Needs assessment
- Federal reporting
- Monitoring *Loving Support* peer counseling program
- Evaluating *Loving Support* peer counseling program
- Monitoring other breastfeeding promotion initiatives
- Evaluating other breastfeeding promotion initiatives
- Other (Specify)

Loving Support Peer Counseling Program Data

65. Which of these data items about the *Loving Support* peer counseling program does the State collect?
(Check all that apply)

- Overall number of WIC participants in Loving Support peer counseling
- Number of pregnant WIC participants receiving Loving Support peer counseling
- Number of postpartum WIC participants receiving Loving Support peer counseling
- Number of Loving Support peer counseling contracts
- Type of prenatal Loving Support peer counseling received by individual participants
- Frequency of prenatal Loving Support peer counseling received by individual participants
- Type of Loving Support peer counseling received by individual participants after delivery
- Frequency of Loving Support peer counseling received by individual participants after delivery
- Number of weeks or months over which postpartum Loving Support peer counseling services are received by individual participants
- Demographic information about Loving Support peer counseling participants (e.g., race, age, region)
- Feedback from WIC participants about the effects of Loving Support peer counseling
- Caseload, hours worked, breastfeeding rates, or other disposition information for individual peer counselors
- Other

	<i>Please specify:</i>
Other Response 1	<input type="text"/>
Other Response 2	<input type="text"/>
Other Response 3	<input type="text"/>

None of the above .

If “None of the above” Module 6 is completed. Go to next module.

66. How are these data used?

(Check all that apply)

- Needs assessment
- Federal reporting
- Monitoring *Loving Support* peer counseling program
- Evaluating *Loving Support* peer counseling program
- Don't Know
- Other (*Specify:*)

67. Are the program data that you indicated the State collects gathered through one method or by more than one method?

- One method
- More than one method

Answer Questions 68 and 69 if Question 67 = "One method."

68. How are these data collected?

(Check all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion
- Other (*Specify:*)

69. How often are these data collected?

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Don't Know

Answer Questions 70-72 if Question 67 = “More than one method.”

70. How are these data collected?

(Check all that apply)

	Entered by local WIC agencies into centralized data base	Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements	Survey sent from State to local WIC agencies for completion	Other	If Other, Specify:
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

71. How are these data available at the State level?

(Check all that apply)

	Stored in an electronic spreadsheet or database (e.g., Excel, Access or other database)	Available in electronic document formats	Available in paper only	Not all data are in one format	Don't Know
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. How often are these data collected?

(Check all that apply)

	On an ongoing basis	More than once a year	Annually	Less often than annually	Don't Know
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conclusion

[Review responses before completing this section](#)

Thank you very much for responding to this survey. Before submitting your responses, we would like your State's WIC director to certify that this survey is complete by clicking the appropriate boxes below.

Enter Name:

I am the State WIC director.

I have been designated by the State WIC director to review the survey and determine the information is complete.

I have reviewed the following modules and certify that they are complete:

(Clicking on a module name will bring you to that module)

[Module 1: General Breastfeeding Promotion Programs](#)

[Module 2: State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities](#)

[Module 3: Training for *Loving Support* Peer Counseling](#)

[Module 4: State Distribution of Funds for *Loving Support* Peer Counseling](#)

[Module 5: State Written Guidance for Local *Loving Support* Peer Counseling Programs](#)

[Module 6: State Data Collection about the *Loving Support* Peer Counseling Program](#)

By checking all 6 modules above you are certifying that this online survey is complete and ready to be processed.

Thank you for submitting responses for the State WIC Agency Survey.

We will be in contact with you if we have further questions. If you'd like to contact us, please do not hesitate to call 1-877-401-7323 or email WICPeerC@abtassoc.com.

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Appendix B: Local Data Collection Instruments

Program Data Collection Form

Local WIC Agency Interview Guide

Community Collaborator Interview Guide

Program Data Collection Form WIC Peer Counseling Study

Abt Associates. 55 Wheeler Street, Cambridge, MA. 02144
Spring 2009

OMB Clearance Number: 0584-0548

Expiration Date: 7/31/2011

Estimates of Burden for the Collection of Information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0548. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

As you know, your site has agreed to participate in the WIC Peer Counseling Study and a site visitor will be coming to interview agency staff about the *Loving Support* peer counseling program. In order to collect information for the implementation study and to facilitate the interview, we ask that you complete this form **prior to** your interview. If at all possible, please email the completed form to WICPeerC@abtassoc.com prior to the interview so that the site visitor has time to review it, in order to make the interview go more quickly. Alternatively, you can fax it to 617-349-2655. If this is not possible, please have the form completed prior to the interview. We very much appreciate your help.

If you have any questions, please contact us at 877-401-7323 and we will be glad to help you.

AGENCY NAME: _____

RESPONDENT(S) INFORMATION (last name(s): _____

IS A JOB DESCRIPTION FOR THE LOVING SUPPORT PEER COUNSELING POSITION ATTACHED?

YES

NO

Loving Support Peer Counseling Coordinator Information

A. What are the *Loving Support* Peer Counselor coordinator’s duties for the program?

(Please check all that apply.)

- Supervise and monitor work performance of *Loving Support* peer counselors
- Develop basic policies and procedures for local *Loving Support* peer counseling program
- Conduct needs assessment to target the WIC *Loving Support* peer counseling services
- Provide training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling
- Provide training to peer counselors about peer counseling duties and responsibilities
- Initiate or serve as point of contact for community organizations that collaborate on *Loving Support* peer counseling activities
- Develop and implement outreach strategies for *Loving Support* peer counseling
- Design and/or participate in evaluation of local WIC peer counseling services
- Conduct program promotion with local organizations in the community
- Provide information to WIC clients about the peer counseling program
- Monitor *Loving Support* peer counseling implementation (i.e., peer counseling caseloads, number of women served, breastfeeding initiation and duration rates among WIC participants, etc.)
- Report on the program operations to State WIC administrative staff
- Other (*Specify:*) _____

B. Is any of his/her salary supported by the *Loving Support* peer counseling grant?

(Please check one response.)

- YES, fully supported by *Loving Support* peer counseling funding
- YES, partially supported by *Loving Support* peer counseling funding
- NO, not funded by *Loving Support* peer counseling funding

Loving Support Peer Counselors

Please list the first names of each of your peer counselors, and indicate the average number of hours per week that each peer counselor works and the percentage of her pay supported by the FNS peer counseling grant. If you have more than 8 peer counselors working for your agency, please feel free to list multiple similar groupings of peer counselors on a single line (i.e., if hours worked are similar and their amount of their pay supported by the FNS grant is the same).

Peer Counselor Names and Staffing Chart

	First Name (s)	Ave. Weekly Hours Worked	Supported by FNS peer counseling grant?	IF YES, % of pay supported by grant
Peer Counselor #1			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #2			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #3			<input type="checkbox"/> Yes <input type="checkbox"/> No	%

	First Name (s)	Ave. Weekly Hours Worked	Supported by FNS peer counseling grant?	IF YES, % of pay supported by grant
Peer Counselor #4			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #5			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #6			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #7			<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #8			<input type="checkbox"/> Yes <input type="checkbox"/> No	%

C. Do you have a written job description for *Loving Support* peer counselors?

- YES
 NO

If yes, please provide us with a copy of the job description. You can send it electronically when you email us the program data form or you can give it your site visitor at the time of the interview.

Loving Support Peer Counseling Service Delivery Sites

D. How many WIC centers/local service delivery sites does your agency have? By local service delivery site, we mean any location where WIC participants come for services.

Sites

E. How many of these sites offer *Loving Support* peer counseling services to WIC participants?

Sites offer *Loving Support* peer counseling services.

F. How many offer peer counseling services to support breastfeeding, but you do not consider these services to be part of the *Loving Support* program, either because they don't include all 10 components of the *Loving Support* model or for some other reason.

Sites offer breastfeeding peer counseling but we don't consider this to be part of the *Loving Support* model

Service Delivery Site Chart

For each of site where *Loving Support* peer counseling is offered, please tell us the monthly average number of: (1) WIC participants (2) *Loving Support* peer counseling participants (if available), (3) and *Loving Support* peer counseling participants initiating breastfeeding (if available) *If information is not available, please write N/A.*

If your agency has more than 6 service delivery sites, please provide details for the 6 largest sites and summarize the information for the remaining sites.

Site #	Site Name Where <i>Loving Support</i> Peer Counseling is offered	Average Monthly # of WIC Participants	Ave. Monthly # of <i>Loving Support</i> Peer Counseling Participants	Ave. # of <i>Loving Support</i> Peer Counseling Participants That Initiated Breastfeeding
1				
2				
3				
4				
5				
All others Combined				

Allocation of Peer Counselors Across Sites

Please describe how the time of *Loving Support* peer counselors is allocated among your local clinics/service delivery sites offering *Loving Support* peer counseling. If you have more than five sites, please show this time for your five biggest sites.

Peer Counselor Time Allocation Chart

Site Number	Peer Couns. #1	Peer Couns. #2	Peer Couns. #3	Peer Couns. #4	Peer Couns. #5
1					
2					
3					
4					
5					

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

NO

YES. If yes, please fill in the following information:

G.1. What is the average number of monthly contacts made with WIC participants in a month for all peer counselors combined?

contacts per month

G. 2. How do the contacts breakdown according to those that occur in the WIC offices, in the hospital, by mail, over the phone, or other? In the last reported month, number of contacts;

- in the WIC office
- in the hospital
- by mail
- over the telephone. Does this include messages left on voice mail? NO YES
- other (specify) _____

Policies about Frequency of Contact

In addition to responding to requests for assistance, do you have general practice or policy about the frequency of contact during the following time periods? (See table below. Please check boxes that indicate if you have guidelines for contact during each of the specified periods.)

Frequency of Contact Chart

	No guide-lines	At least 1 time every...					Other time period (Specify # of contacts per time period))
		1 week	2 weeks	1 month	2 months	3 months	
During pregnancy							
During 1st trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ___ contacts per ___
During 2nd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ___ contacts per ___
During 3rd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ___ contacts per ___
After Delivery							
Week 1 (after hospital stay)	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> ___ contacts per ___
Weeks 2 – 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> ___ contacts per ___
Months 2 – 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ___ contacts per ___
Months 4 – 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ___ contacts per ___
After 6 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ___ contacts per ___

H. The frequency of contact specified above is...

- Formal guidelines (i.e., guided by written policies/procedures)
- General practice but no written guidelines
- In some cases written guidelines and in others general practice

Documentation

I. What do peer counselors record/document about peer counseling activities? (Select all that apply.)

- Location of contact
- Method of contact (e.g., home visit, phone)
- Topics/issues discussed with client
- Unsuccessful contacts
- Materials sent
- Demographic information about mother and baby
- Referrals made
- Status of WIC participant in terms of initiation, duration, exclusivity of breastfeeding
- Other (Specify): _____

J. How is this information recorded?

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

K. How often is this information recorded?

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

L. Please indicate for which of the following you have documented policies and/or procedures. (Check all that apply.)

- Compensation and reimbursement of peer counselors
- Training
- Documentation of client contacts
- Peer counselor qualifications
- Referral protocols
- Confidentiality
- Other (Specify) _____

Costs/Funding

M. What is the time period for your organization's fiscal year?

- January 1 – December 31
- July 1 – June 30
- October 1 – September 30
- Other (specify: _____)

N. Please list the total labor and non-labor expenditures for your WIC agency for your last completed fiscal year (2008):

Labor costs (Including salaries and fringe benefits) \$ _____

Non-labor costs (Including rent/mortgage/fee for the
Space, utilities, professional fees, repair and maintenance,
Office supplies and equipment, etc) \$ _____

O. Please indicate the *sources and amount* of funds that were spent on the *Loving Support* peer counseling was funded in your agency during your last completed fiscal year (2008).

FNS *Loving Support* peer counseling funds \$ _____

**General funds from the Nutrition Services
Administration (NSA) used
for *Loving Support* peer counseling** \$ _____

State funds used for *Loving Support* peer counseling \$ _____

**Other non-WIC funds used for
Loving Support peer counseling** \$ _____

**TOTAL funds for *Loving Support* peer counseling
from all sources** \$ _____

P. Now we would like to know how your agency spent its FNS *Loving Support* peer counseling grant funding during your fiscal year 2008. Please fill in all the lines in bold. If possible, please also fill out any other lines if you have this information. If you do not have it, please indicate so with an “N/A”.

	FNS <i>Loving Support</i> Peer Counseling Grant Expenditures
Salaries & benefits	
Salaries	
Fringe Benefits	
Non-labor direct expenditures	
Travel	
Contract/ Purchased services	
Capital equipment	
Non-capital equipment and supplies	
Indirect cost and occupancy expenditures (rent, utilities, etc.)	
Total Expenditures for <i>Loving Support</i> peer counseling	

Q. Overall, how much funding did your agency commit in your last fiscal year (2008) to breastfeeding promotion services other than FNS *Loving Support* peer counseling grant funds? These funds are in addition to those you specify in the chart above.

\$_____ for breastfeeding promotion in the last fiscal year.
 Don't know

Loving Support Training

Below is a list of training sessions related to the *Loving Support* peer counseling that may be offered in your state as well as more generic training sessions. Please indicate whether any of your staff and/or the peer counseling staff have received such training in the last 12 months and/or if they have ever received such training since you began the *Loving Support* peer counseling program.

Loving Support Training Chart

	WIC Staff		Peer Counseling Staff	
	Received in the last 12 months	Received Prior to the Last 12 months	Received in the last 12 months	Received Prior to the Last 12 months
a. "Using <i>Loving Support</i> to Manage Peer Counseling Programs" training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Training about role of peer counselors, "Using Peer Counseling: Making a Difference for WIC Families"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	WIC Staff		Peer Counseling Staff	
	Received in the last 12 months	Received Prior to the Last 12 months	Received in the last 12 months	Received Prior to the Last 12 months
c. Train-the-trainer session held by your FNS region on “ <i>Loving Support</i> through Peer Counseling”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. “ <i>Loving Support</i> through Peer Counseling” training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lactation management training approved through IBCLSC Continuing Education Recognition Points (CERPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Training in filling out paperwork or data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hospital Policy Chart

The next chart is about the policies and procedures at hospitals with whom you partner for *Loving Support* peer counseling. If you do not partner with a hospital, please skip this section. If you partner with a hospital or several hospitals, please fill this out for up to 3 hospitals at which WIC participants from your agency most frequently deliver.

		Hospital A Name:	Hospital B:	Hospital C Name:
a.	Has this hospital been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES, go to Hospital B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES, go to Hospital C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know IF YES, go to Question R.
b.	Is there rooming in for newborns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c.	Are mothers encouraged to breastfeed within the first hour after birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
d.	Are breastfeeding infants routinely given any supplementation, including water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
e.	Are formula discharge packs provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
f.	Are there lactation consultants on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
g.	Have hospital staff received training in lactation management in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Data Collection on Breastfeeding Initiation, Duration, and Exclusivity

R. Do you collect information on breastfeeding initiation, duration, or exclusivity?

NO

YES. If yes, please answer Questions **S-U**:

S. How are these data collected and stored?

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
Entered into a state centralized data base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entered into a local data base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper versions only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T. How often are these data collected?

	Indicator		
	Breastfeeding initiation	Breastfeeding duration	Breastfeeding exclusivity
On an ongoing basis (at each client contact)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less often than monthly but more often than once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less often then annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U. How are these data used? (Select all that apply)

Needs assessment and/or monitoring overall performance of program

Reporting to the State

For local evaluation(s) of the *Loving Support* peer counseling program

Other (Specify): _____

Data About Loving Support Peer Counseling Program Operations

V. Which of the following data items do you collect? (Select all that apply)

- Overall number of WIC participants in *Loving Support* peer counseling
- Number of *pregnant* WIC participants receiving *Loving Support* peer counseling
- Number of *postpartum* WIC participants receiving *Loving Support* peer counseling
- Type of ***prenatal*** *Loving Support* peer counseling received by individual participants
- Frequency of ***prenatal*** *Loving Support* peer counseling received by individual participants
- Type of *Loving Support* peer counseling received by individual participants ***after delivery***
- Frequency of *Loving Support* peer counseling received by individual participants ***after delivery***
- Number of weeks or months over which postpartum *Loving Support* peer counseling services are received by individual participants
- Demographic information about *Loving Support* peer counseling participants (e.g., race, age)
- Other (*Specify:*) _____
- None of the above

W. How are these data used? (Select all that apply)

- Needs assessment and/or monitoring overall performance of program
- Reporting to the State
- For local evaluation(s) of the *Loving Support* peer counseling program
- Other (*Specify:*) _____

X. How are these data collected?

- Entered by peer counselors or other WIC staff into local centralized data base
- Entered by peer counselors or other WIC staff into state centralized data base
- Only paper records are kept
- Other (*Specify:* _____)

Y. How are these data available at the local level? (Select one)

- Accessible in local electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Accessible from centralized state data base
- Available in electronic document formats
- Available in paper only
- Other (*Specify:* _____)

Characteristics of *Loving Support* Peer Counseling Participants

FNS is interested in learning about demographic and other information that your agency routinely collects about *Loving Support* program participants.

1. Can your agency report on demographic information about *Loving Support* peer counseling participants (as opposed to all WIC participants)?

NO

YES. If yes, please answer Items 1-12:

2. Can you provide summary statistics about *Loving Support* peer counseling participants' experiences with the program (e.g., number that receive peer counseling during third trimester, reasons why peer counseling is discontinued, etc.).

NO

YES. If yes, please answer Items 13-16

3. Can you provide separate rates for breastfeeding initiation, duration, or exclusivity information for *Loving Support* Peer Counseling participants?

NO

YES. If yes, please answer Items 17-20:

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
1	Age of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Number served in FY 08 who are: Under 15: 15-17: 18-34: 35+:	
2	Marital status of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% Married:	
3	Race/Ethnicity of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% American Indian: % Pacific Islander: % Black: % Hispanic: % White: % Other:	
4	Household composition: Number of adults of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Average number of adults in household:	

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
5	Household composition: Number of children of <i>Loving Support Peer Counseling</i> Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Average number of children under age 13 in household: Average number of children under age 18 living in household:	
6	Education level of <i>Loving Support Peer Counseling</i> Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% Less than High school: % High school or GED: % At least some college/post-secondary education:	
7	Employment status of <i>Loving Support Peer Counseling</i> Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% Employed:	

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
8	Income of <i>Loving Support</i> Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% below FPL ¹ : % Between FPL – 130% FPL: % Above 130%: % Adjunctively eligible so no income information reported:	
9	Participation in other assistance programs of <i>Loving Support</i> Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% receiving TANF ² : % receiving Medicaid: % receiving Food Stamps: % receiving SCHIP ² :	
10	Prior WIC participation of <i>Loving Support</i> Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% with prior WIC participation:	

¹ Federal Poverty Level

² TANF refers to Temporary Assistance for Needy Families; SCHIP refers to the State Children’s Health Insurance Program.

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
11	Whether breastfed previous children of <i>Loving Support</i> Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% who have breastfed previous children:	
12	Whether pregnant or post-partum when peer counseling commenced	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% pregnant when peer counseling commenced:	
13	Number of peer counselor contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Average number of peer counseling contacts per month:	
14	Types of breastfeeding concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	No preferred format	

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
15	Number of months peer counseling was received	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Please check one</p> <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Average number of months peer counseling received:	
16	Reasons why <i>Loving Support</i> peer counseling was discontinued	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Please check one</p> <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% No breastfeeding issues requiring peer counseling: % Breastfeeding stopped: % Mothers' return to work: % Mothers' health issues: % Other:	
17	Breastfeeding at hospital discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Please check one</p> <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% Breastfeeding at hospital discharge:	

Item #	Item	Does your agency collect this?	Reporting Time Period	If collected, please provide information in preferred format, if possible	If preferred format is not feasible, please provide information in an alternative format (Please Specify)
18	Ever breastfed/ Breastfeeding Initiation of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% ever breastfed current infant:	
19	Breastfeeding Duration of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	% under 1 month: % under 2 months: % 2–4 months: % 4–6 months: % 6–12 months: % more than 12 months: Average duration:	
20	Breastfeeding Exclusivity of Loving Support Peer Counseling Participants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please check one <input type="checkbox"/> Annual (most recent year) <input type="checkbox"/> Average Monthly <input type="checkbox"/> Other (specify _____)	Average number of weeks infants exclusively breastfed: % exclusively breastfed at 1 month: % exclusively breastfed at 3 months: % exclusively breastfed at 6 months:	

Local WIC Agency Interview Guide – Spring 2009

OMB Clearance Number: 0584-0548

Expiration Date: 7/31/2011

Estimates of Burden for the Collection of Information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0548. The time required to complete this information collection is estimated to average 4 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

Introduction

Thank you for taking the time today to participate in this interview. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are interviewing key people involved in the implementation of the *Loving Support* peer counseling program funded by FNS *Loving Support* peer counseling grants. The purpose of this phase of the study is to describe how *Loving Support* peer counseling is being implemented in various States and local agencies across the country.

As described in the letter we sent you earlier, you and your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name except as required by law. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary. Failure to complete the interview will not affect your employment or your agency's receipt of Federal WIC funds.

The estimated average total time to complete this interview is 4 hours. This includes your time and that of any other person you may need to bring in to respond to the questions.

Do you have any questions before we begin?

Module 2: Respondent Information

- Please enter the name and title of each person answering this survey.
- Also indicate which, if any, of the following positions each respondent holds.
 - Breastfeeding Coordinator
 - Budget director
 - Loving Support peer counselor
 - Loving Support peer counselor coordinator or supervisor
 - WIC Agency director
 - Respondent has other duties

If other duties, Please specify:

➤ *Please tell us who else works on the Loving Support peer counseling program.*

Module 3: Agency Activities to Promote Breastfeeding

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

- How long has your agency received FNS funding for *Loving Support* peer counseling?
- Does your agency provide other breastfeeding promotion services or programs (e.g., support groups, classes, educational materials) for WIC participants in addition to *Loving Support* peer counseling?
 - Yes
 - No
 - Don't know

If yes to Q4, Please indicate the breastfeeding promotion activities available to WIC participants in your local agency. (For each selected activity, prompt for funding amount, source, collaborators, and major activities.)

	Funding amount	Funding source	Collaborators	Major activities
<input type="checkbox"/> Media campaigns and/or posting materials in public places, such as WIC clinics.				
<input type="checkbox"/> Making lactation consultants and other trained specialists available to WIC participants				
<input type="checkbox"/> Support groups or classes for WIC participants				
<input type="checkbox"/> Equipment (e.g., breast pumps)				
<input type="checkbox"/> Peer counseling or other counseling to WIC participants that is different than <i>Loving Support</i> peer counseling				
<input type="checkbox"/> Special training to nutritionists and other WIC staff				
<input type="checkbox"/> Warmline or hotline				
<input type="checkbox"/> Other				
<i>If Other, ask: Does your LWA provide other kinds of supports? If so, what are they?</i>				

5. Do you collect any evidence of effectiveness of these efforts?
- Yes
 - If yes, Please describe what you collected and what you found out.*
 - No
 - Don't know
6. Do you have a lactation consultant on staff?
- Yes
 - No
 - If no, Is there a lactation consultant from a local hospital or other organization that you work closely with?*
 - Don't know
7. Did your agency have a breastfeeding peer counseling program prior to receiving *Loving Support* peer counseling funding?
- Yes
 - If yes, Please describe the program before *Loving Support* peer counseling.*
 - No
 - Don't know
8. When your agency first began the *Loving Support* peer counseling program, what changes did you make? Specifically, did you make changes in any of the following:
- Staffing (e.g., new hires, changes in responsibilities of existing staff)
 - General operations
 - Purchase of new equipment
 - Engaging staff in the initiative
 - Changing agency policies to accommodate needs of peer counselors and other program staff
 - Other (Please specify)
 - No change
- *If any changes made: Describe changes:*

Module 4: WIC Staff Working On *Loving Support* Peer Counseling

Now I am going to ask about the WIC staff *other than peer counselors* who work on the *Loving Support* peer counseling program. Then I will ask specific question about your peer counselors.

9. Please tell me the number and positions of all non-peer counseling staff in your agency.

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

WIC Director

10. How involved is the WIC agency director in *Loving Support* peer counseling? Is (s)he... **(Select one of the following options)**
- Informed but is not very involved in daily operations
 - Somewhat involved in daily operations
 - Very involved in daily operations
 - Don't know
11. Is any of his/her salary supported by the *Loving Support* peer counseling grant?
- Yes
 - No
 - Don't know

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

12. Is the *Loving Support* peer counseling coordinator/supervisor a separate position from the breastfeeding coordinator?
- Yes
*If yes, Please describe breastfeeding coordinator's duties and how they relate to the *Loving Support* peer counseling coordinator.*
 - No
 - Don't know

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

14. Please describe your agency's guidelines for qualifications of peer counseling coordinator/supervisor in terms of each of the following:

Educational background?	
Professional training or certifications?	
Similarity to WIC participants?	
Personal qualities?	
Practical or logistical capacity to fulfill peer counselor coordinating duties (e.g., transportation, schedule flexibility)?	
Other qualifications?	

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

	Respondent #1*	Respondent #2	Respondent #3	Respondent #4
16. What is this person's title?				
17. Who does this person report to?				
18. Is any of his/her salary supported by the Loving Support peer counseling grant?	<input type="checkbox"/> Fully supported <input type="checkbox"/> Partially supported <input type="checkbox"/> No, not funded by Loving Support peer counseling funding <input type="checkbox"/> Don't know	<input type="checkbox"/> Fully supported <input type="checkbox"/> Partially supported <input type="checkbox"/> No, not funded by Loving Support peer counseling funding <input type="checkbox"/> Don't know	<input type="checkbox"/> Fully supported <input type="checkbox"/> Partially supported <input type="checkbox"/> No, not funded by Loving Support peer counseling funding <input type="checkbox"/> Don't know	<input type="checkbox"/> Fully supported <input type="checkbox"/> Partially supported <input type="checkbox"/> No, not funded by Loving Support peer counseling funding <input type="checkbox"/> Don't know
19. Please estimate total amount of time spent working on the Loving Support peer counseling program. You can tell us average hours per week or average percent of time, or give us time estimates in some other format.				

[NOTE: In the online version of this instrument the names of all Loving Support peer counseling staff identified earlier in the interviewer were filled into these titles and questions automatically.]

**Note to interviewer: Ask questions 18-22 for all WIC staff involved in Loving Support peer counseling.*

Module 5: *Loving Support Peer Counselors*

Next, I would like to ask you some questions about the *Loving Support* peer counselors.

20. How many *Loving Support* peer counselors work for your agency? Please include everyone who works at local service delivery sites/clinics.
21. How many of these are considered "senior peer counselors"?
22. Are you currently trying to hire additional peer counselors?
 - Yes
 - If yes, How many?*
 - No
 - Don't know
23. We will ask about peer counselor's roles in further detail later on, but right now I'd like to ask, in addition to providing peer counseling, what are *Loving Support* peer counselors' other job activities? These can include staff training, teaching classes, leading support groups, community outreach, making referrals, service documentation and program administrative tasks. For each of these activities, could you please tell us about their responsibilities? What percentage of their time generally goes to these activities?
24. Please describe your agency's guidelines for qualifications of peer counselors in terms of...

Educational background	
Professional training or certifications	
Similarity to WIC participants	
Personal qualities	
In terms of practical or logistical capacity to fulfill peer counseling duties (e.g., transportation, schedule flexibility)	
Other qualifications	

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

26. Do all your peer counselors get paid?

Yes

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

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

(*If other format, please specify.*)

No

Don't know

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

Lower

Roughly equivalent

Higher

Don't know

Other

28. Do you provide non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?

Yes

If yes, Please indicate below the non-wage compensation that you provide to your Loving Support peer counselors. (Select all that apply)

Paid leave (e.g., sick, holiday, vacation)

Health insurance benefits

Other benefits (e.g., life insurance, disability insurance)

Compensation for job-related expenses (e.g., mileage, telephone)

Other types of compensation

If other, Please specify.

No

Don't know

29. Do you have career paths for peer counselors?
- Yes
If yes, Please describe.
 - No
 - Don't know

Module 6: Local Sites Offering *Loving Support* Peer Counseling

30. How many local WIC service delivery sites (i.e., clinics) does your agency operate?
31. Of these, how many provide *Loving Support* peer counseling services?

Module 7: *Loving Support* Peer Counseling Service Delivery

Selecting WIC Participants to Receive *Loving Support* Peer Counseling

32. Among women who are pregnant or post partum, are there any other eligibility requirements?
- Yes
If yes, Please describe eligibility
 - No
 - Don't know
33. Does your agency serve all WIC participants eligible for *Loving Support* peer counseling or only some of the participants?
- Offered to all WIC participants (*Skip to Q39*)
 - Offered to only some WIC participants
34. How do you decide who gets *Loving Support* peer counseling services?
35. How do you assign WIC participants to peer counselors? Are there ways in which you match the two? If assignments are made, who makes them? At what point are assignments made?
36. What percent of women targeted for the program actually take up the services? That is, they have in-person or telephone contact with a *Loving Support* peer counselor?
- *What do you think their main reasons are for not doing so?*
 - *Do you keep records of why women do not take up services?*
 - Yes.
 - No
 - Don't know
37. Do you get requests for peer counseling services from mothers who are not on WIC?
- Yes
If yes, How do you handle them?
 - No
 - Don't know

Peer Counselor Caseloads and Turnover

38. Would you consider your peer counselors to have “caseloads”?
- Yes
 - If yes, Could you tell me how they are defined and what their size is?*
 - No
 - Don't know
39. In the last few years, how many peer counselors have left?
- *If any counselors have left: What do you think are the reasons for peer counselor turnover? For those that have left for other jobs, what have those other jobs been?*
40. How are *Loving Support* peer counseling participants reassigned, if they are, after a peer counselor leaves?

Contacting WIC Participants

41. When do peer counselors generally first contact WIC participants?
- During pregnancy?
 - If selected, During a specific trimester?*
 - After delivery?
 - If selected, When after delivery?*
 - First contact coincides with participants' visits for other WIC services
 - If selected, Please describe how the process works*
 - Other?
 - If selected, Please describe.*
42. We just reviewed your agency policies about contact and outreach to participants. Now I'll ask you about WIC participants initiating contact with counselors. How frequently do WIC participants request assistance from peer counselors? What are the reasons for contact? When does contact usually occur (e.g. at hospital discharge, when considering stopping exclusively breastfeeding)? About what percent of contacts are initiated by participants themselves?
43. How soon does a WIC participant generally get contacted by a peer counselor after she requests breastfeeding assistance?
- Are these your formal guidelines?
 - Yes
 - No
 - Don't know

44. Do you have agency policies about stopping peer counseling for women even if they are still breastfeeding?
- Yes
If yes, Please describe.
 - No
 - Don't know
45. Are peer counselors available to WIC participants outside of standard work hours (Monday-Friday, 9am-5pm)?

Types of Contacts

46. What proportion of contacts would you estimate that your peer counselors have with WIC participants that are in person as opposed to over the telephone?
47. Why are some contacts in person rather than by phone?
48. Do *Loving Support* peer counselors see WIC participants while they are in the hospital?
- Yes
If yes, What arrangements are made?
 - No
If no, Why not?
 - Don't know
49. Do *Loving Support* peer counselors see WIC participants in their own homes?
- Yes
If yes, How frequently and under what circumstances? How have liability concerns been handled?
 - No
 - Don't know
50. Do you require that at least some of the contact between peer counselors and WIC participants be in person?
- Yes
If yes, Please describe. (Probe: For all participants or for some?)
 - No
 - Don't know
51. Are *Loving Support* peer counseling services ever delivered to WIC participants in group sessions?
- Yes
If yes, Please describe.
 - No
 - Don't know

Content of Peer Counseling Sessions

52. What topics are discussed and techniques demonstrated by peer counselors to *Loving Support* peer counseling participants at the following times:
- During pregnancy?
 - First weeks post partum?
 - When infant is 2-6 months?
 - General
53. Is the content of the sessions standardized?
- Yes.
- If yes, Please describe how.*
- No
- Don't know

Documentation of Sessions

54. How do peer counselors monitor caseload to ensure mothers receive timely contacts?

Module 8: *Loving Support* Peer Counseling Expenditures

(See the Program Data Collection Form.)

Module 9: Recruiting, Training and Supporting Peer Counselors

55. Tell me about your process for recruiting peer counselors.
56. In addition to ongoing training, what are the ways in which you support and monitor peer counselors? For instance, is there mentoring or on-the-job shadowing after peer counselors first arrive?
57. Do you offer access to lactation consultants and other breastfeeding experts?
- Yes
- If yes, Please describe.*
- No
- Don't know

58. Do peer counselors participate in WIC agency staff meetings or other activities?
- Yes
If yes, Please describe.
 - No
 - Don't know

Module 10: Relationships with Hospital and Other Community Partnerships

Local Hospitals

59. We've mentioned you work with [hospital name(s) from Program Data Collection Form]. Does your agency work with any other hospital in the Loving Support peer counseling program?
- *Are there hospitals that your WIC participants go to that you do not work with?*
60. In addition to what you've already told me about any arrangements you've made with the hospital to reach out to WIC participants after delivery, do you collaborate on any other activities with the hospital for the Loving Support peer counseling program?

Other Collaborations

61. In addition to collaborations with local hospitals, is your agency involved in other community collaborations directly related to the *Loving Support* peer counseling program?
- Yes
 - No (*Skip to Q73*)
 - Don't know (*Skip to Q73*)
62. Who do you collaborate with that focuses on the Loving Support peer counseling program? What are the objectives/purposes of the collaborations? When and how did the collaborations get formed? What are the types of organizations that collaborate? What are the major achievements of the collaboration? What are the major challenges of the collaboration?

Module 11: Data Collection for the *Loving Support* Peer Counseling Program

63. Which of the following indicators are collected by the local agency for either all WIC participants or for *Loving Support* peer counseling participants?

- Breastfeeding initiation.
If selected, How do you define this?
- Breastfeeding duration.
If selected, How do you define this?
- Breastfeeding exclusivity
If selected, How do you define this?
- None

64. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data are for each of these items.

Breastfeeding initiation (<i>circle one</i>)	1	2	3	4	5	Don't know
Breastfeeding duration (<i>circle one</i>)	1	2	3	4	5	Don't know
Breastfeeding exclusivity (<i>circle one</i>)	1	2	3	4	5	Don't know

65. About which populations do you collect these data? All WIC participants or only *Loving Support* Peer Counseling participants?

- All WIC participants (*Ask Q75a*)
- Loving Support* peer counseling participants only

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

- Yes
- No
- Don't know

***Loving Support* Peer Counseling Program Operations Data**

Now I want to talk about the data you keep to monitor the *Loving Support* Peer counseling program.

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

- Yes
If yes, Please describe.
- No
- Don't know

Module 12: Adapting the *Loving Support* Peer Counseling Program

67. Since you started receiving the *Loving Support Grant*, what types of changes (beyond what you did to start up) have been made to your program?

Key Changes Made in Peer Counseling Program Since Inception	Describe the change. Why was the change made?
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services.	
<input type="checkbox"/> Staffing for the peer counseling program at the local agency	
<input type="checkbox"/> Staffing for the peer counseling program at the site delivery level	
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	
<input type="checkbox"/> Number of local clinics operating <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Criteria for selecting local clinics to conduct <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Criteria for selecting peer counselors	
<input type="checkbox"/> Scope of practices for peer counselors	
<input type="checkbox"/> Other (<i>Specify</i>):	
<input type="checkbox"/> We haven't made any of the above changes.	

68. In any of the areas we just talked about, are there any more changes you are planning to make in the coming year? If yes, please describe the change and why it will be made.

Key Changes to be Made in Peer Counseling Program in the Next Fiscal Year	Describe the change. Why is the change planned or anticipated?
<input type="checkbox"/> Expansion or contraction of <i>Loving Support</i> peer counseling services.	
<input type="checkbox"/> Staffing for the peer counseling program at the local agency	
<input type="checkbox"/> Staffing for the peer counseling program at the site delivery level	
<input type="checkbox"/> Peer counselor or WIC staff training content and/or procedure	
<input type="checkbox"/> Number of local clinics operating <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Peer counselor supervision/monitoring procedures	
<input type="checkbox"/> Criteria for selecting local clinics to conduct <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Types of data/documentation maintained regarding the peer counseling services	
<input type="checkbox"/> Funding (sources, amount, etc.)	
<input type="checkbox"/> Criteria for selecting peer counselors	
<input type="checkbox"/> Scope of practices for peer counselors	
<input type="checkbox"/> Adaptations in peer counseling program because of changes in choices for WIC participants in the first month post-partum	
<input type="checkbox"/> Other (<i>Specify</i>)	
<input type="checkbox"/> We don't plan/anticipate making any of the above changes.	

Module 13: Local Agency Perceptions of *Loving Support Peer Counseling Program*

69. In addition to the evaluation and monitoring you've already told me about, are there other ways you track the program's effectiveness? If so, what have you learned?
70. Do you believe you have the tools to adequately and effectively monitor the changes in breastfeeding outcomes (that is, in the rates of breastfeeding initiation, exclusivity, or duration)?
- Yes
 - No
 - Don't know
- *Why or why not?*
71. What are the typical responses of WIC mothers to *Loving Support* peer counseling services they receive overall and during various times before and after their baby's birth?
72. What are the reactions or attitudes of WIC staff and, if applicable, other agency staff about the *Loving Support* peer counseling program? In terms of...
- *The value or importance of peer counseling services to WIC mothers? The quality of work peer counselors perform?*
 - *How Loving Support peer counseling affects the other work of WIC staff?*
73. What are your major achievements and major challenges of the *Loving Support* peer counseling program since it began in this local WIC agency?
- *Achievements:*
 - *Challenges:*
74. What are the lessons learned in implementing the *Loving Support* peer counseling program that you'd like to share with others who would like to implement a similar peer counseling program?
75. Are there areas where you could use more guidance or technical assistance from the State or USDA?
- Yes
 - If yes, Please describe.*
 - No
 - Don't know

76. When you think about *Loving Support* peer counseling in your state or local WIC agency, is there a person you would consider its champion—whose efforts and enthusiasm really make it work?

Yes

If yes, Who is this person?

No

Don't know

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

Thank you for your time and cooperation!

Community Collaborator Interview Guide – Spring 2009

OMB Clearance Number: 0584-0548

Expiration Date: 7/31/2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0548. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

Introduction

Thank you for taking the time today to participate in this interview. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are interviewing key people involved in the implementation of the *Loving Support* peer counseling program funded by FNS peer counseling grants. The purpose of this study is to describe how *Loving Support* peer counseling is being implemented in various States and local agencies across the country.

Please understand that your organization's name and location will not be identified in reports prepared for this study and in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name except as required by law. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary. Failure to complete the interview will not affect your employment or your agency's receipt of Federal WIC funds.

The estimated average total time to complete this interview is 60 minutes. This includes your time and any other person you may need to bring in to respond to the questions.

Do you have any questions before we begin?

Module 2: Respondent Information

1. Name and title of respondent(s).
2. Responsibilities as they relate to the promotion of breastfeeding.

Module 3: Organizational Activities to Promote Breastfeeding

We would like to learn about the WIC breastfeeding promotion activities supported in your organization in addition to *Loving Support* peer counseling.

3. Have you been involved in peer counseling programs to promote breastfeeding prior to collaborating on the *Loving Support* peer counseling program?

Yes

If yes, Please tell me about the program and how it was similar to and different from *Loving Support* peer counseling.

No

Don't know

4. Does your agency provide other breastfeeding promotion services or programs (e.g., support groups, classes, educational materials) for women, including WIC participants, in addition to *Loving Support* peer counseling?

Yes

If yes, Please indicate which of the following breastfeeding promotion activities are available to WIC participants in your local agency.

No

Don't know

If yes to Q4, Please indicate the breastfeeding promotion activities available to WIC participants in your local agency. (*For each selected activity, prompt for funding amount, source, collaborators, and major activities.*)

	Funding amount	Funding source	Collaborators	Major activities
<input type="checkbox"/> Media campaigns and/or posting materials in public places, such as WIC clinics.				
<input type="checkbox"/> Making lactation consultants and other trained specialists available to WIC participants				
<input type="checkbox"/> Support groups or classes for WIC participants				
<input type="checkbox"/> Equipment (e.g., breast pumps)				
<input type="checkbox"/> Special training to nutritionists and other WIC staff				
<input type="checkbox"/> Warmline or hotline				
<input type="checkbox"/> Other				
<i>If Other, ask: Does your LWA provide other kinds of supports? If so, what are they?</i>				

5. Do you collect any evidence of effectiveness of these efforts?

Yes

If yes, Please describe what you collected and what you found out.

No

Don't know

Module 4: Collaborating on the *Loving Support* Peer Counseling Program

Please describe the collaboration with the *Loving Support* peer counseling program.

6. Are *Loving Support* peer counselors able to meet with WIC participants after delivery while they are still in the hospital?
 - Yes
If yes, Please describe the arrangements made to make this possible. How have you handled patient privacy issues? How have you handled any liability issues?
 - No
If no, Why not?
 - Don't know
7. When and how did the collaboration with the *Loving Support* peer counseling program start?
8. Please describe the responsibilities of the staff from your organization who work on the *Loving Support* peer counseling program.
9. Do you have a formal agreement, such as a contract or a Memorandum of Understanding (M.O.U.) with the local WIC Agency about the *Loving Support* peer counseling program? Please describe the nature of your agreement.
10. What, if any, other organizations are involved in the collaboration?
11. What have been the major accomplishments of the collaboration?
12. What have been its challenges and what has been done to overcome these challenges?

Module 5: For Local Hospital Staff Only

If the responding organization is not a hospital, skip to Module 6.

13. We would like to hear more about your infant feeding policies. More specifically,
 - 14.a Has this hospital been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?
 - Yes (*Skip to Q15*)
 - No
 - Don't know

- 14b. Has the hospital applied for a Certificate of Intent for Baby-Friendly?
 Yes
 No
 Don't know
- 14.c. Is there rooming in for newborns?
 Yes
 No
 Don't know
- 14.d. Are mothers encouraged to breastfeed within the first hour after birth?
 Yes
 No
 Don't know
- 14.e. Are breastfeeding infants given routine supplementation, including water?
 Yes
 No
 Don't know
- 14.f. Are formula discharge packs, sample formula or formula company materials provided?
 Yes
If yes, Who provides the discharge packs?
 No
 Don't know
- 14.g. Are there lactation consultants on staff?
 Yes
 No
 Don't know
- 14h. Does the hospital have a breast pump rental program?
 Yes
If yes, Is there a program where low-income women can get breast pumps for free or at a reduced price?
 No
 Don't know
- 14i. Has the hospital provided breastfeeding training for nursing staff in the last three years?
 Yes
 No
 Don't know

14j. Does the hospital have a breastfeeding policy?

Yes

If yes, Describe.

No

Don't know

14k. Does the hospital offer an outpatient breastfeeding clinic?

Yes

If yes, Is there a program where low-income women can get breast pumps for free or at a reduced price?

No

Don't know

14. Do you track the rates of breastfeeding at hospital discharge?

Yes

If yes... What are they?

Have they gone up or down recently?

Gone up

Gone down

Don't know

Why has this change occurred?

No

Don't know

Module 6: Funding for *Loving Support* Peer Counseling Collaboration Activities

15. Does your organization receive funding from the state or local WIC agency for *Loving Support* peer counseling?

Yes

If yes, How much was this for your last completed fiscal year (2008)?

No

Don't know

16. Does your organization commit resources that *have not been received* from the local WIC agency to support your activities as they relate to the *Loving Support* Peer counseling program?

Yes

No (*Skip to Q20*)

Don't know

17. What are the sources of those resources or funding?

Module 7: Training on *Loving Support* Peer Counseling

18. Now I am going to ask you about the types of training that staff at your organization could receive about *Loving Support* peer counseling. Please indicate whether staff from your organization have received each of these types of training and, if so, whether they received it once or more than once.

Type of Training	Collaborating Organization Staff...			
	Yes	No	Don't know	If yes, who at your organization got it?
a. <i>Loving Support</i> peer counseling training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Other (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

19. Has anyone from your organization offered either of these kinds of trainings to either your own staff or to WIC Staff?
- Yes
If yes, Please describe which training and who was trained.
- No
 Don't know

Module 8: Collection of Data on Breastfeeding Indicators

20. Does your agency/organization collect information on breastfeeding indicators (e.g., initiation, duration, exclusivity)?
- Yes
 No (*Skip to Module 9, Q32*)
 Don't know
21. Please indicate which of the following data are collected by your organization and how you define each indicator. Specifically, do you collect data about... (*Select all that apply*)
- Breastfeeding initiation
If selected, How do you define this?
- Breastfeeding duration.
If selected, How do you define this?
- Breastfeeding exclusivity
If selected, How do you define this?

22. On a scale of 1 to 5, 1 being the **least** accurate, please tell us a number that reflects how accurate you think the data are for each of these items.

Breastfeeding initiation (<i>circle one</i>)	1	2	3	4	5	Don't know
Breastfeeding duration (<i>circle one</i>)	1	2	3	4	5	Don't know
Breastfeeding exclusivity (<i>circle one</i>)	1	2	3	4	5	Don't know

23. About which populations do you collect these data?

- All women receiving services by your agency/organization (*Ask Q27.a*)
- All WIC participants (*Ask Q27.a*)
- Loving Support* peer counseling participants only (*Skip to Q28*)
- Don't know

27a. Can a separate rate for *Loving Support* peer counseling participants be calculated?

- Yes
- No
- Don't know

24. How are these data used?

Module 9: Data Collection Related to *Loving Support* Peer Counseling Program

25. Do you collect any data about the *Loving Support* peer counseling program?

- Yes
- No (*Skip to Q35*)
- Don't know

26. Which data items do you collect?

27. How are these data used?

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

- Yes
If yes, Please describe.
- No
- Don't know

Module 10: Beginning and Adapting the *Loving Support* Peer Counseling Program

29. I am going to read to you a list of things that could have changed in your organization since your involvement with the *Loving Support* Peer Counseling program. I'd like you to tell me if any of the changes have occurred, and if so, what the changes were and why they were made.

Key Changes Made in Peer Counseling Program Since Inception	Describe the change. Why was the change made?
<input type="checkbox"/> Staffing changes as they relate to the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Changes in training as it relates to <i>Loving Support</i> peer counseling	
<input type="checkbox"/> Changes in coordination procedures with the local WIC Agency	
<input type="checkbox"/> Changes in the number of organizations involved in the local collaboration for the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Changes in types of data/documentation maintained regarding the peer counseling services.	
<input type="checkbox"/> Changes in funding (sources, amount, etc.)	
<input type="checkbox"/> Other changes (<i>Specify</i>)	
<input type="checkbox"/> We didn't make any of the above changes.	

30. In the coming year, will any of the types of changes listed below be made in your local *Loving Support* peer counseling program? If yes, please describe the change and why it will be made.

Key Changes to be Made in Peer Counseling Program in the Next Fiscal Year	Describe the change. Why is the change planned or anticipated?
<input type="checkbox"/> Staffing changes as they relate to the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Changes in training as it relates to <i>Loving Support</i> peer counseling	
Changes in coordination procedures with the local WIC Agency	
<input type="checkbox"/> Changes in the number of organizations involved in the local collaboration for the <i>Loving Support</i> peer counseling program	
<input type="checkbox"/> Changes in types of data/documentation maintained regarding the peer counseling services.	
<input type="checkbox"/> Changes in funding (sources, amount, etc.)	
<input type="checkbox"/> Other (<i>Specify</i>)	
<input type="checkbox"/> We didn't make any of the above changes.	

Module 11: Local Perceptions of *Loving Support* Peer Counseling Program

31. In addition to formal evaluation, do you track the program's effects?
- Yes
If yes, What have you learned?
 - No
 - Don't know
32. Do you know what the typical responses of WIC mothers are to *Loving Support* peer counseling? If yes, what are they?
33. What are the reactions or attitudes of your organizations' staff about the *Loving Support* peer counseling program? In terms of the importance of the WIC program? The value or importance of peer counseling services to WIC mothers? The value or importance of peer counseling services to WIC infants? The quality of work peer counselors perform?
- *How implementation of Loving Support peer counseling affects the other work of your staff?*
34. What are the lessons learned in this collaboration that you'd like to share with others who would enter into a similar collaboration?
35. Are there areas where you believe more guidance or technical assistance from the State WIC agency or USDA would be useful?
- Yes
If yes, Please explain.
 - No
 - Don't know
36. When you think about the *Loving Support* peer counseling program, is there a person you would consider its champion—whose efforts and enthusiasm really make it work?
- Yes
If yes, Who is this person?
 - No
 - Don't know

Thank you for your time and cooperation!

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Appendix C: List of Loving Support Sites Selected for Site Visits

WIC Peer Counseling Implementation Study (Spring/Summer 2009)

SUPER REGION	FNS REGION	STATE_NAME	LOCAL_NAME
1-Northeast	1-Northeast	Maine	Coastal Economic Development
1-Northeast	1-Northeast	Massachusetts	Springfield South WIC
1-Northeast	1-Northeast	New York	Brownsville Community Development Corp.
1-Northeast	1-Northeast	New York	Kings County Hospital Center (NYCHHC)
2-Midwest	4-Midwest	Illinois	Crawford County Health Dept
2-Midwest	4-Midwest	Michigan	Wayne County Health Dept
2-Midwest	4-Midwest	Ohio	Coshocton County WIC Program
2-Midwest	4-Midwest	Ohio	Erie/Huron County WIC Program
2-Midwest	6-Mountain Plains	Missouri	Pettis County Health Dept
2-Midwest	6-Mountain Plains	Missouri	Family Care Health Center
4-West	7-Western	California	Marin County HHS, Montecito
4-West	7-Western	California	County of Sonoma
4-West	7-Western	California	Santa Clara County DPH
4-West	7-Western	California	Contra Costa County Hlth Service
4-West	5-Southwest	New Mexico	WIC Administrative Office, Region IV
4-West	7-Western	Nevada	Carson City - Ron Wood WIC
4-West	7-Western	Oregon	Jackson County Health Department
4-West	7-Western	Washington	Pregnancy Aid of Snohomish
4-West	6-Mountain Plains	Colorado	Tri-County Health Dept
4-West	6-Mountain Plains	Utah	Central Utah Public Health Dept
4-West	6-Mountain Plains	Utah	Bear River Health Dept
3-South	3-Southeast	Florida	Okeechobee County Hlth Department
3-South	3-Southeast	Florida	Citrus County Health Department
3-South	3-Southeast	Georgia	Dist/Unit 10-0 Northeast Health District
3-South	3-Southeast	North Carolina	Yadkin County Health Dept
3-South	3-Southeast	North Carolina	Burke County Health Department
3-South	3-Southeast	North Carolina	Appalachian District Health Department
3-South	3-Southeast	North Carolina	Union County Health Dept
3-South	3-Southeast	South Carolina	Edisto Savannah Health District
3-South	3-Southeast	Tennessee	South Central Region
3-South	5-Southwest	Louisiana	David Raines/Bossier Parish Health Unit (
3-South	5-Southwest	Texas	Ft. Bend Family Health Center Inc.
3-South	5-Southwest	Texas	Brazoria County Health Department
3-South	5-Southwest	Texas	San Angelo-Tom Green City HL
3-South	5-Southwest	Texas	El Centro Del Barrio, Inc..
3-South	5-Southwest	Texas	Houston Health & Human Services
3-South	2-Mid-Atlantic	Virginia	Henrico District
3-South	2-Mid-Atlantic	West Virginia	Central WV WIC
3-South	2-Mid-Atlantic	Delaware	Division of Public Health/Milford Clinic
3-South	2-Mid-Atlantic	Maryland	Harford County WIC Program

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Appendix D: Baby-Friendly Hospital Policies

In 1992, the Healthy Mothers, Healthy Babies Coalition received a grant from the US Department of Health and Human Services to convene an Expert Work Group to examine the criteria and assessment process of the global BFHI. Wellstart International, which is located in San Diego, California, developed the evaluation materials to support the assessment process. The U.S. Committee for UNICEF supported these efforts financially and with “in kind” services. In January of 1997, the U. S. Committee for UNICEF asked the Healthy Children Project, Inc. to accept responsibility for the initiative and form Baby-Friendly USA as the non-profit organization which now implements the Baby-Friendly Hospital Initiative in the United States.

The Ten Steps To Successful Breastfeeding

The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

(Excerpted from <http://www.babyfriendlyusa.org/eng/01.html>)

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Appendix E: Supplementary Characteristics of *Loving Support* Sites

Chapter 3 presented tabulations comparing local WIC agencies (LWAs) that received FNS funding for their *Loving Support* programs with other LWAs nationwide on a variety of dimensions, pertaining to site characteristics, key sociodemographics of women served, and breastfeeding rates. In this appendix we present additional descriptors of the sites related to participant categories, risk priority codes, sociodemographic measures, and prevalence of nutritional risks.

The sole differences found of more than a percentage point are that for pregnant women served by FNS-funded *Loving Support* sites, the prevalences of clinical risks and “other” dietary risks are 52% and 34%, respectively, compared with values of 55% and 32%, respectively, for pregnant women in US WIC. In the broader group of all sites operating *Loving Support* programs, “other” dietary risks are slightly more common than in US WIC.

Participant Categories

Nationwide, about half of all participants (49%) are children, a quarter (26%) are infants, and the remainder are women (Exhibit E.1). The national proportions are closely replicated in the sites that receive FNS grants for *Loving Support* programs and for the broader group of sites that operate *Loving Support* programs regardless of funding source.

Exhibit E.1: Categories of Participants Served by Local WIC Agencies Implementing *Loving Support* Breastfeeding Promotion

	LWAs that operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Pregnant women	10.7%	10.6%	10.7%	10.7%	10.7%
Breastfeeding women	7.3	5.8	7.0	6.9	7.0
Postpartum women	7.3	8.2	7.4	7.5	7.5
Infants	25.9	26.2	25.9	25.3	25.6
Children	48.9	49.3	49.0	49.7	49.3
Total	100.0	100.0	100.0	100.0	100.0

Source: 2008 Survey of State WIC Agencies.

Risk Priority Codes

Federal regulations define seven levels of priority for provision of WIC services in local agencies, based on applicant categories and type of nutrition risk. When funding is insufficient to serve all eligible applicants, sites place those in the lower priority groups on a waiting list. Precedence is given to medically based nutrition risks over risks based only on inadequate diet. Higher priority levels are assigned to infants, pregnant women, and breastfeeding women than to children and postpartum women.

The top three priorities are used for:

- Pregnant and breastfeeding women and infants at nutritional risk as demonstrated by anthropometric or hematological assessment or by other documented nutritionally related medical condition
- Infants up to six months of age of mothers who participated in WIC during pregnancy, or who would have been eligible to participate under Priority I documented medical condition (and breastfeeding mothers of such infants)
- Children at nutritional risk as demonstrated by anthropometric or hematological assessment or other documented medical condition (and at State option, high-risk postpartum women).

As shown in Exhibit E.2, the *Loving Support* sites closely resemble US WIC in proportions of pregnant participants and of all participants that fall in the three highest priority classes. These values for US WIC are 87% and 67%; for sites with FNS *Loving Support* grants, 86% and 67%; and for all sites with *Loving Support* programs, 87% and 68%.

Exhibit E.2: High Priority Participants Served by Local WIC Agencies Implementing *Loving Support* Breastfeeding Promotion

	LWAs that operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Fraction of pregnant participants in Priorities I through III	86.0%	89.4%	86.6%	86.5%	86.5%
Fraction of all participants in Priorities I through III	67.3	68.4	67.5	65.9	66.8

Source: 2008 Survey of State WIC Agencies.

Additional Sociodemographic Measures

The caseload composition in *Loving Support* sites closely resembles that of US WIC with regard to pregnant participants' trimester of enrollment, migrant farmworker status, household size, and poverty status. For US WIC, the proportions of pregnant women enrolling in their first, second, and third trimesters are 51%, 38%, and 11%, respectively (Exhibit E.3). The proportions are the same for FNS-funded *Loving Support* sites, and virtually the same for the broader group of all *Loving Support* sites.

Migrant farmworkers comprise 1% of pregnant participants in US WIC. The same proportion holds for the FNS-funded *Loving Support* sites and for all *Loving Support* sites.

Nationwide, 52% of pregnant WIC participants are in families or economic units with three or four members. Those in larger and smaller households account for 24% and 26%, respectively. These same proportions apply, plus or minus a percentage point at most, in sites with FNS-funded *Loving Support* programs, and likewise in all sites with *Loving Support* programs.

Two-thirds (66%) of pregnant WIC participants nationwide live in households with income under 100% of the Federal Poverty Level (FPL). Another 32% have incomes between 100 and 185% of the FPL, and the remaining 2% have incomes above 185% of the FPL.¹ These proportions are likewise found, plus or minus no more than a percentage point, in FNS-funded *Loving Support* sites and in the broader group of all sites with *Loving Support* programs.

¹ The income eligibility cutoff for WIC is 185% FPL. Some households with higher income are however deemed adjunctively eligible for WIC because they participate in Medicaid, a means-tested program with a higher income cutoff in many States.

Exhibit E.3: Additional Descriptors of Pregnant Women Served by Local WIC Agencies Implementing *Loving Support* Breastfeeding Promotion

	LWAs that operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Trimester of enrollment: 1st	50.7%	48.1%	50.3%	52.6%	51.3%
Trimester of enrollment: 2nd	38.4	39.2	38.5	37.9	38.2
Trimester of enrollment: 3rd	10.9	12.7	11.2	9.6	10.5
Migrant farmworkers	0.7	0.5	0.7	1.0	0.8
Number in family or economic unit: 1 or 2	23.5	26.1	24.0	22.7	23.5
Number in family or economic unit: 3 or 4	52.4	50.2	51.1	52.3	51.7
Number in family or economic unit: 5 or more	25.7	24.0	25.4	25.6	25.5
Income under 100% FPL	67.0	66.1	66.8	65.8	66.4
Income 100% to 185% FPL	31.5	31.7	31.5	32.2	31.8
Income over 185% FPL	1.7	2.6	1.8	2.3	2.1

Source: 2008 Survey of State WIC Agencies.

Nutritional Risks

The presence of a documented nutritional risk is an eligibility condition for WIC participation. Up to 10 nutritional risks may be recorded for WIC participants, falling into five broad categories: anthropometric (e.g., high weight for height); biochemical (e.g., low hematocrit); clinical (e.g., substance abuse); dietary (e.g., failure to meet *Dietary Guidelines for Americans*) and “other” (e.g., risk of regression). The general risk profile of pregnant women in sites receiving FNS grants for *Loving Support* programs is similar to the risk profile for all pregnant WIC participants, except that clinical risks are a little less common (Exhibit E.4). For US WIC, about 67% of pregnant women have (at least one) anthropometric risk, 10% have a biochemical risk, 55% have a clinical risk, 54% have a dietary risk, and 6% have some “other” risk. The corresponding proportions for pregnant women served by FNS-funded *Loving Support* sites are all within a percentage point of the national numbers, with the exception of clinical risks, which are found in only 52% of women. Similarly for pregnant women in all sites that offer *Loving Support*, the prevalence of broad nutritional risks are within about a percentage point of the US WIC rates.

Exhibit E.4: General Nutritional Risks of Pregnant Women Served by Local WIC Agencies Implementing *Loving Support* Breastfeeding Promotion

	LWAs that operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
Anthropometric	67.6%	68.0%	67.7%	66.0%	66.9%
Biochemical	10.3	12.9	10.8	9.8	10.4
Clinical	51.5	62.0	53.3	55.9	54.5
Dietary	53.9	41.7	51.8	55.4	53.4
Other	5.0	4.2	4.8	6.4	5.5

Source: 2008 Survey of State WIC Agencies.

The similarity carries over to the prevalence of the more common specific nutrition risks among pregnant women (Exhibit E.5). These rates for pregnant WIC participants nationwide, are 44% high weight for height; 32% inappropriate weight gain pattern during pregnancy; 34% general obstetric risks, and 32% “other” dietary risk. Anemia, determined by an inappropriate hematocrit or hemoglobin count, is present in 9% of pregnant women (test result not recorded for 13%). In sites receiving FNS funds for *Loving Support* programs, all of these prevalences are within 1 percentage point of US WIC, except that “other” dietary risks are found in 34% than 32% of pregnant women. In the broader group of all sites offering *Loving Support*, prevalences are again within 1 percentage point of US WIC, except that “other” dietary risks are seen in 34% of pregnant women.

Exhibit E.5: Specific Nutritional Risks of Pregnant Women Served by Local WIC Agencies Implementing *Loving Support* Breastfeeding Promotion

	LWAs that operate a <i>Loving Support</i> Peer Counseling Program and ...			LWAs that do not operate a <i>Loving Support</i> Peer Counseling Program	US WIC
	Receive FNS grant funding	Do not receive FNS grant funding	Operate program, all funding sources		
High weight for height	44.0%	44.9%	44.1%	43.0%	43.6%
Inappropriate weight gain pattern	32.1	31.4	32	31.6	31.8
General obstetric risk	33.4	37.5	34.1	34.4	34.3
Other dietary risk	33.9	31.5	33.5	30.9	32.4
Anemia	9.4	12.4	9.9	8.6	9.3
Anemia: missing data	14.0	1.8	12.0	13.5	12.6

Source: 2008 Survey of State WIC Agencies.

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