

Part B

Statistical Methods

Part B of the justification for this information collection activity, the *WIC Breastfeeding Peer Counseling Study*, addresses the five points outlined in Part B of the OMB guidelines.

B.1 Respondent Universe and Sampling Methods

Phase I will include all 86 States and Indian Tribal Organizations (ITOs) that receive WIC breastfeeding peer counseling funding, 40 local WIC agencies, 20 local WIC clinics, and 40 agencies or organizations that collaborate on *Loving Support* peer counseling with the local WIC agency. A three-stage cluster sample will be selected, summarized in Exhibit B.1.

Stage 1. The first stage will be a web-based survey of *the universe of all 86 States and ITOs* that receive FNS peer counseling grant funding. (Of 90 State agencies, all currently receive peer counseling grant funds with the exceptions of the Commonwealth of the Northern Mariana Islands (which entered the WIC program in 2006), Pleasant Point, Maine; Indian Township, Maine; and Seneca Nation, New York.)

Stage 2. In this stage, we will select *40 local agencies implementing Loving Support peer counseling*. A review of State plans conducted as part of this study found that peer counseling in many States is not offered in all local agencies. The State plans do not, however, always name the agencies implementing *Loving Support* peer counseling. In order to develop the sample frame for Stage 2, the web-based survey of State agencies will ask for names of all implementing local agencies. We then will merge this information with local office caseloads from the 2006 WIC Participant and Program Characteristics Study (PC 2006) files, a biennial report on WIC based on State management information systems.

Our next step will be to stratify the local WIC agencies implementing *Loving Support* peer counseling by combining the seven FNS regions into four “superregions”: East (FNS’ Northeast and Mid-Atlantic regions), South (FNS’ Southeast and Southwest regions, Midwest (FNS’ Midwest and Mountain Plains regions), and West (left as is).¹ The sample of 40 agencies will be allocated to the four strata proportional to the number of pregnant WIC participants in each stratum. We will select local agencies within each stratum with probability proportional to size, where the measure of size is *number of pregnant WIC participants*. (Using the number of breastfeeding WIC participants in the measure of size may give undue weight to agencies that do more effective breastfeeding promotion, which is one of the outcomes we are measuring.) The number of pregnant participants appears to be a good index or proxy for the population that is eligible for WIC peer counseling and other breastfeeding support activities.

The sample for Stage 2 will thus be nationally representative of *local WIC agencies with Loving Support peer counseling programs*. We will conduct site visits to these 40 local agencies and interview staff involved in breastfeeding peer counseling services.

¹ WIC caseload by “super region” was calculated using PC 2004. East represents 20 percent of WIC caseload; South, 34 percent; Midwest, 21 percent; and West, 24 percent.

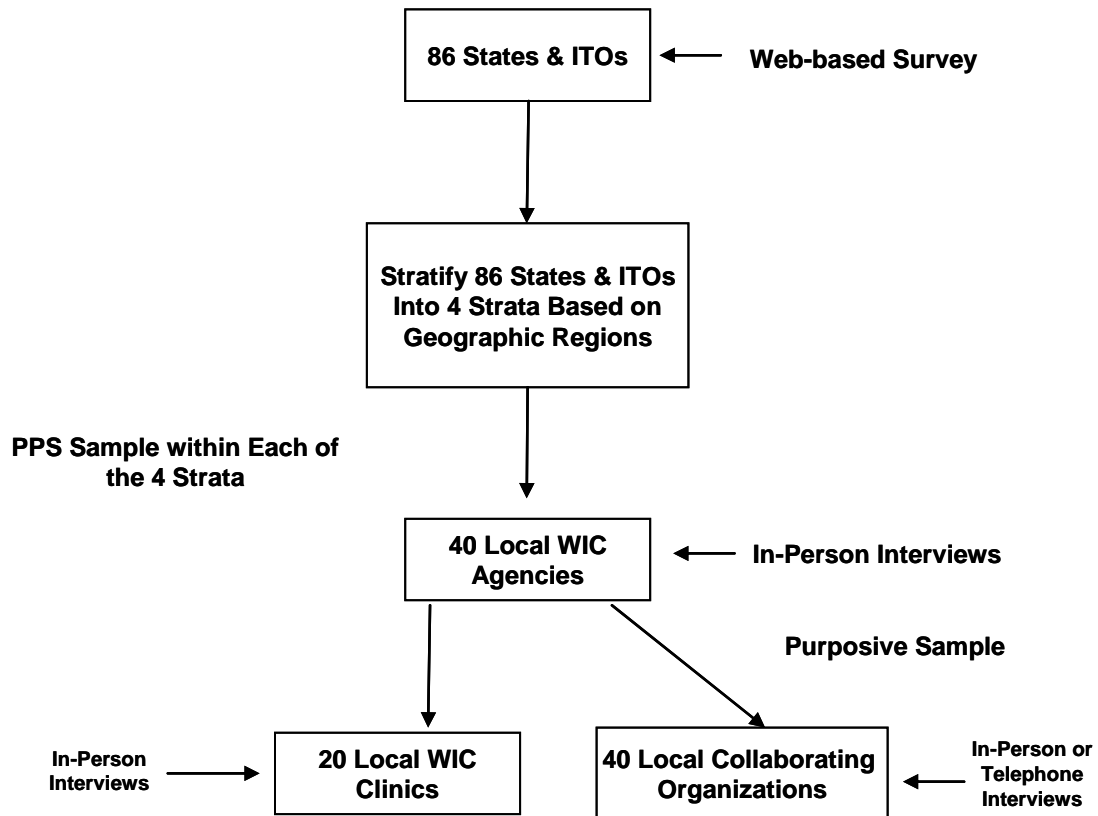
As *part of* Stage 2, we will also visit *local WIC clinics* associated with the local WIC agencies. We estimate that there will be 20 such clinics that we will visit. While many local WIC agencies have multiple WIC service-delivery sites or clinics, often the same peer counselors and WIC staff (e.g., the breastfeeding coordinator) work across most or all of the service delivery sites (e.g., they spend one or two days at one clinic, and the rest of their time at the other). However, our sample of local WIC agencies also may include some agencies, such as those that operate in some larger cities, with clinics that employ *Loving Support* peer counseling staff that work exclusively at one particular clinic and may implement the *Loving Support* peer counseling program differently than the other sites within the local WIC agency. In order to understand the complete picture of how *Loving Support* peer counseling is implemented across the country, it will be important to gather information from these clinics if they are part of the selected local WIC agency to understand the variation in how services are delivered locally. When obtaining agreement for local agency participation for Stage 2, we will ask local WIC directors if there are clinics or separate service delivery sites that implement *Loving Support* peer counseling in a way that is different or independent from the way it is implemented within the local WIC agency overall. At the time we schedule site visits to local agencies, we will also work with the agencies to schedule visits to the 20 local clinics.

In addition, we will identify **40 community organizations collaborating with the Local WIC agencies** on breastfeeding promotion, and interview staff of one such organization per local agency.

We expect virtually all (more than 95 percent) States and ITOs to complete the web-based survey, based on responses to previous survey requests at the State level. Based on our experience with similar studies, we anticipate a 90 percent response rate from local WIC agencies and their collaborating organizations. Local agencies receiving *Loving Support* peer counseling are likely to be enthusiastic about the program and want to share their experience in an FNS-supported study. We anticipate that virtually all WIC clinics asked to participate will respond positively, as they will be under the authority of the local WIC agency recommending their participation.

Exhibit B.1

Overview of the Phase I Sampling and Data Collection Plan



a “PPS” refers to probability proportional to size

B.2 Procedures for the Collection of Information

Procedures for the collection of information addressed below include:

- Statistical methodology for stratification and sample selection;
- Estimation procedure;
- Degree of accuracy needed for the purpose described in the justification;
- Unusual problems requiring specialized sampling procedures; and
- Any use of periodic (less frequent than annual) data collection cycles to reduce burden.

Statistical Methodology for Stratification and Sample Selection

As described in Section B.1, the sample design for Phase I of the *WIC Breastfeeding and Peer Counseling Study* comprises two stages.

1. The first stage will be a web-based survey of the universe of all 86 States and ITOs that receive WIC breastfeeding peer counseling funding.

2. The data collected in the first-stage survey will include a list of local agencies implementing *Loving Support* peer counseling in each State and ITO. This list will comprise the sample frame for the second stage. The agencies will be stratified by “superregion,” within which 40 local agencies will be selected with probability proportional to size (measured as number of breastfeeding WIC participants). The four superregions are based on the seven FNS regions: East (FNS’ Northeast and Mid-Atlantic regions), South (FNS’ Southeast and Southwest regions, Midwest (FNS’ Midwest and Mountain Plains regions), and West (left as is). The sample of 40 agencies will be allocated to the four strata proportional to the number of pregnant WIC participants in each stratum. The sample for Stage 2 will thus be nationally representative of local WIC agencies with *Loving Support* peer counseling programs.

The sample of 40 local agencies in the will each be asked whether they have any local clinics that implement *Loving Support* peer counseling programs independent from their local WIC agency. We plan to visit 20 of the clinics that are so identified.

Estimation Procedures

Abt Associates Inc. will be responsible for assigning sampling weights to the local WIC agencies and clinics in the study sample. Two sets of weights will be developed for the 40 local agencies in the Stage 2 sample. The first set will sum to the total number of local WIC agencies (LWAs) implementing *Loving Support* peer counseling nationwide, while the second set will sum to the total number of pregnant WIC participants served by these LWAs. Because the LWAs will be selected PPS, the weights for local agencies that incorporate participant counts will be nearly uniform. That is, every pregnant WIC participant will have about an equal probability of her LWA being selected. In contrast, the weights that sum up to the total number of LWAs will vary across the 40 sampled agencies, with smaller agencies receiving larger weights. The agency-level weights for the 40 local agencies in the Stage 2 sample will be equal to the reciprocal of the selection probabilities, and will sum to the total number of agencies receiving peer counseling fund grants.

Note that within the catchment areas of some of the 40 local WIC agencies, there may be variation in how *Loving Support* peer counseling is implemented, with some clinics operating the program differently than the sponsoring local WIC agency. In these cases, we will also have to weight information collected from the local WIC agencies and from clinics in order to characterize the implementation of *Loving Support* at that individual local WIC site, prior to then weighting the information to construct the national estimate. In such cases, the local WIC agency’s and the clinic’s operations each will be weighted proportional to the relative size of the amount of FNS peer counseling fund grants used by each entity. For instance, if 25 percent of the FNS peer counseling grant is used by a local clinic and 75 percent of grant is used by the local WIC agency, then operations would be weighted so that the local WIC implementation is counted for 75 percent to describe the local implementation and the clinic will be weighted to describe 25 percent.

Characteristics of States and ITOs, and local WIC agencies, will be presented as tabulations and cross-tabulations. The agency-level analysis will be weighted to incorporate clinic-level information as just described. Standard errors will be calculated using a statistical software package that takes account of the complex sampling design, such as SUDAAN or SAS SURVEYMEANS.

Degree of Accuracy

The sample of 40 local WIC agencies will be used to generate national means and proportions related to characteristics of peer counseling programs—for example, the proportion of pregnant women served by local agencies in which peer counselors meet with WIC mothers while they are pregnant. In other words, for observational units (agencies) of varying sizes there is more interest in the element mean than the group mean (the proportion of agencies in which peer counselors meet with WIC mothers while they are pregnant). When the observational units are selected with probability proportional to size (PPS) sampling, an unbiased estimate of the element mean is the simple mean:

$$\bar{y} = \frac{1}{a} \sum_a y_a ,$$

where y_a equals 1 if the a^{th} sample agency has the characteristic of interest and 0 otherwise.

Hence for a characteristic with a mean of 0.50, the 95 percent confidence interval will be ± 0.15 .

Unusual Problems Requiring Specialized Sampling Procedures

No specialized sampling procedures are involved.

Use of Periodic Data Collection Cycles to Reduce Burden

This is a one-time survey data collection effort.

B.3 Methods to Maximize Response Rates and Deal with Non-Response

The procedures to be used to ensure a high rate of response for the study are largely non-statistical in nature and focus on methods to ensure the cooperation of WIC staff at the State and local levels. Our expectation, based on similar studies, is that we will achieve a 90 percent or better response rate using these methods.

In eliciting cooperation from WIC staff, we have found that the following guidelines prove successful:

- use senior-level staff for recruitment and refusal conversion;
- provide sufficient information about the study purposes, objectives, and methodology so that potential participants have an informed basis for their decision;
- provide a realistic appraisal of what contributions in time, information, space, and human resources the participants will be expected to invest in the study effort and a statement of anticipated benefits to them;
- demonstrate knowledge and understanding of WIC and breastfeeding promotion activities and a sensitivity to the problems facing WIC staff in trying to complete their day-to-day activities; and

- obtain the endorsement and support of State agencies and professional associations for the objectives of the study.

In addition, use of highly trained data collectors helps minimize item non-response. These steps have proven to yield an honest, collaborative relationship between the research team and participants in the study.

For the State Agency Survey, the contractor's survey monitoring team will each be assigned a portion of respondents that they will be responsible for following up with as needed during the web-survey data collection period. Our plan for following up with State agencies if they do not complete the survey includes e-mail and phone reminders, and an offer to do the survey by phone. We will also ask the FNS project officer for help if the State agencies continue to be unresponsive. It has been our experience that reminding key informants of the importance of the data collection effort and offering them different options to complete the survey will induce most State-level respondents to participate.

For the on-site data collection, our team of six experienced research staff will begin making contact with sampled local WIC agencies during the recruitment phase. The assigned data collector will follow up with each of the local agencies to clarify any questions about participating in the study as part of the recruitment process. This will help to establish a working relationship with agency staff. In cases where directors of sampled WIC agencies are reluctant or refuse to participate, we will work with our FNS project officer in determining if the State WIC Director should be contacted to encourage the sampled agency to participate. We will replace local WIC agencies that refuse to participate with other agencies included in the sample as back-ups.

B.4 Tests of Procedures or Methods to Be Undertaken

Web-Based Survey

Two rounds of instrument testing are planned for the web-based State Survey. First, a paper version of the survey was tested with staff from three WIC State agencies to make sure the questions result in interpretable and intended responses.

Forms were e-mailed to respondents who were able to print them out and record responses. They were also provided with a form where they could record the length of time spent on each survey section. After providing the respondents with adequate time to complete the pilot survey, Abt staff followed up with each WIC State agency staff participating in the pilot test to discuss their experience filling out the survey and any comments on the draft instrument. The instruments were revised based on feedback obtained from State staff, including clarification of instructions, changing some of the questions, and modifications to question wording.

The second round of testing will occur once the on-line version of the State Survey is developed, which will occur while the paper instruments are under OMB review. The purpose of the second round of testing is to ensure that the presentation of the survey questions is clear on screen and the data entry and editing procedures are user-friendly and minimize error. The second pilot testing of the instrument will also be conducted by a group of nine or fewer State WIC staff. This test will be followed by a similar telephone interview to get feedback about using the on-line instrument (ease of navigation through the instrument, clarity of on-line instructions, layout and structure of the screens, etc.).

Interview Guides

Abt study staff piloted test each of the interview guides with staff (e.g., WIC agency staff, WIC clinic staff, and collaborating organization) from two local WIC agencies in Massachusetts and one in Connecticut. Abt study staff worked with the FNS project officer to contact the Northeast Region and the Massachusetts and Connecticut State Directors to identify WIC agencies that were willing to volunteer for the pilot test. The local staff were contacted and site visits were arranged. Interviewers made note of questions that needed clarification, questions that required adjustments, and those that needed to be reworded, paying particular attention to phrasing that is common to the WIC community that should be included to make the questions more meaningful. The time required for each interview was also recorded. The interview wrapped up with a short session asking the respondents their opinions of the interview, including what should be changed and what would make it better. The results of the interview guide pilot were used to revise the guides and the data collection procedures (e.g., what to include in phone calls setting up the site visits).

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Individuals responsible for the data collection, analysis, and all statistical aspects of the study include the Project Director, Joan McLaughlin (301-634-1833 or joan_mclaughlin@abtassociates.com); the Task Leader for the Phase I implementation component of the study, Ann Collins (617-349-2664 or ann_collins@abtassoc.com); and the Director of Analysis, Nancy Burstein (617-349-2796 or nancy_burstein@abtassoc.com).

In addition, staff from FNS' Office of Research, Nutrition and Analysis have reviewed the study design and instruments. Dr. John Endahl is the FNS contact for this effort. He can be reached at 703-305-2122 or john.endahl@fns.usda.gov. Abt Associates is responsible for all data collection and analysis for this study.

**Addendum to the OMB Supporting Statement
WIC Breastfeeding Peer Counseling Study
Food and Nutrition Service, USDA
Responses to Questions from OMB
June 11, 2008**

- 1. Please provide more detailed information regarding the Phase II study, especially the key research questions and how they relate to the data being collected in the Phase I survey sample.**

Response: Phase II is planned as an impact study. The key question for this part of the study is whether enhancing the peer counseling offered to WIC mothers in local WIC agencies with *Loving Support* peer counseling programs results in longer durations of breastfeeding.

The *Loving Support* peer counseling program provides a lot of local flexibility on key aspects of the program model. There is currently not enough known about how States and local WIC agencies are implementing *Loving Support* to know what are “standard” and common practices and what are potential enhancements that could be integrated to increase breastfeeding duration rates. Once we have the results of the Phase I implementation study, FNS will be in a better position to proceed to Phase II. A separate OMB package will be prepared for Phase II.

- 2. Please clarify why the state portion of this “study” is preferred over adding detail to the current state reporting requirements. It appears as though some portion of Phase I is designed to compensate for inadequate detail collected in mandatory program reporting (so the proposed study may not actually be a “study”). Three factors contribute to this impression. First, the proposal itself states, “The depth and quality of the information obtained from State agencies varied and, for the most part, provided little detail about the specific ways in which *Loving Support* is being implemented . . .” (pp. A2 – A3). Second, Phase I would begin with a “national census of the 86 State WIC agencies receiving *Loving Support* peer counseling funds.” Third, the content of the 18 “research questions” and much of the proposed survey questions seem to be operationally oriented. Thus, the very broadest question arises of whether some of the information sought by could be obtained through refined administrative reporting rather than a study format.**

Response: Congress specifically appropriated the funds for the *Loving Support* peer counseling program and designated that these funds not be counted against the one-sixth of NSA funds that are targeted to breastfeeding promotion. As such, FNS is working to obtain a level of detail on the spending of these peer counseling grant funds that goes beyond what could be expected of States to report on each year, and can be separated from the reporting on the breastfeeding promotion expenditures typically documented in the State plans. In addition, FNS needs information that consistently reports on the more detailed aspects of the *Loving Support* peer counseling on a one-time basis for this study, so it would not be appropriate to ask states to report on this information annually. This type of research is not uncommon for FNS. FNS conducts studies of program operations on a fairly regular basis, as staff need systematic and consistent information that cannot easily and efficiently be obtained through mandated reporting in State Plans.

3. Please clarify the primary research goals and questions overriding the list of 18 largely operational questions characterized as research questions.

Response: The primary research objective for the Phase I study is to obtain a comprehensive and systematic picture of the implementation of the *Loving Support* peer counseling program.

4. Please provide a narrative that identifies and explains the components of the *Loving Support* model, considers which components are mandatory vs. optional, which are subject to interpretation and whether that interpretation is at the State or clinic level, etc. Such a narrative could help in the assessment of how well the proposed survey is tied with study objectives.

Response: The FNS guidance for the ten components of the *Loving Support* model is presented in the table below, which we think more easily captures the information OMB is asking for in this question. The left column identifies the mandatory components of the model, while the right column describes the practices that are not mandatory but are recommended by research. Note that even within the mandatory components outlined in the left column, much is left to the discretion of the State and/or local agency, based on its WIC population, experience with peer counseling in the past, local contexts, etc.

Ten Components of *Loving Support*:

Required Components of a Peer Counseling Program	Recommendations from the Research
I. Appropriate Definition of Peer Counselor. <ul style="list-style-type: none"> • Paraprofessional • Recruited and hired from target population • Available to WIC clients outside usual clinic hours and outside the WIC clinic environment. 	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.
II. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level.	Use sample job description provided in the <i>Using Loving Support to Manage Peer Counseling Programs</i> Training Manual.
III. Defined job parameters and job descriptions for peer counselors.	Job parameters: <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. Job descriptions: Use sample job descriptions provided in the <i>Using Loving Support to Manage Peer Counseling Programs</i> Training Manual.
IV. Adequate compensation and reimbursement of peer counselors.	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. Other recommendations: <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.

Required Components of a Peer Counseling Program	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>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>Involve both State and local stakeholders in developing policies and procedures for a peer counseling program.</p>
<p>VII. Adequate supervision and monitoring of peer counselors</p>	<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>
<p>VIII. Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program.</p>	<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>
<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. 	<p>Provide formal instruction in addition to home study.</p> <p>Provide opportunities to "shadow" or observe other peer counselors and lactation experts.</p> <p>Provide career path options (e.g., training/experience to become senior level peer counselors; training to become IBCLC).</p>
<p>X. Provision of training and continuing education of peer counselors:</p> <ul style="list-style-type: none"> • Peer counselors receive standardized training using "<i>Loving Support</i> through Peer Counseling" training curriculum. • Peer counselors receive ongoing training at regularly scheduled meetings. 	<p>Provide formal instruction in addition to home study.</p> <p>Provide opportunities to "shadow" or observe other peer counselors and lactation experts.</p> <p>Provide career path options (e.g., training/experience to become senior level peer counselors; training to become IBCLC).</p>

5. Please identify breastfeeding promotion activities that would be outside of the *Loving Support* model. Would a listing of those activities in the survey be helpful for respondents?

Response: State Survey question #3 lists breastfeeding promotion activities outside of the *Loving Support* model, and provides an “other” option if they are doing something not included in the list:

State question 3. Please indicate the breastfeeding promotion activities that your State agency funds for WIC participants. (*Select all that apply*)

- Media campaigns
 - Educational materials
 - Breastfeeding promotion training (other than *Loving Support* peer counseling training)
 - 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 (*Specify:*) _____
-

The local WIC agency interview guide also contains a listing that can be used to prompt staff during the interview:

Local Agency Question 5. 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?

- No
- Yes

****If yes, Please indicate the breastfeeding promotion activities available to WIC participants in your local agency. (*Prompt for funding amt and source, if known, collaborators, and major activities.*)**

- Media campaigns and/or posting materials in public places, such as WIC clinics.
 - Making lactation consultants and other trained specialists available to WIC participants
 - Support groups or classes for WIC participants
 - Equipment (e.g., breast pumps)
 - Peer counseling or other counseling to WIC participants that is different than *Loving Support* peer counseling
 - Warmline or hotline
 - Other (Describe:)
-

6. **Unless there is a statutory basis for assuring confidentiality, please change the supporting statement and the instructions on the questionnaire more along the lines of FNS’s intent, e.g., FNS does not plan to release identifiable data except as required by law.**

Response: Based on our discussion with Stephanie on Tuesday, June 10th, we will add to Section A10 and in our confidentiality section of the questionnaires that we will protect respondent confidentiality to the extent allowable by law.

7. **What is the meaning of the numbers (e.g., 12, 24, 8, and 4 in the “number of respondents” column) in each “non-responses” row of the burden table? Also, note that there seems to be an error in the State WIC agency, Total Annual Responses column of the burden table.**

Response: The number in the “number of respondents” column in the burden table (attached to the end of this document) in each non-response row represents the individuals that may refuse participation in the survey. The number is calculated based on our estimated response rates. For example, we estimate that 95 percent of the State agencies will respond. Thus, 4 of each of the 86 State level respondents listed (State WIC Director, State Breastfeeding or Peer Counselor Coordinator, or State Budget Officer) are estimated to minimally respond, spending a burden of about 5 minutes on this study (4 State WIC Directors + 2 State Breastfeeding or Peer Counselor Coordinator + 4 State Budget Officers = 12 respondents). The numbers for the Local WIC agencies, clinics, and collaborating organizations are calculated similarly, with the estimated 10 percent non-response for each entity.

There is an error in the State WIC Agency, Total Annual Responses column that we have corrected in the table.

8. **What are the key estimates that the study will produce? Please explain how the sample sizes were derived and how they relate to precision requirements for key estimates.**

Response: The key estimates that the study will produce are proportions of State agencies and local WIC agencies whose *Loving Support* Breastfeeding peer counseling programs have particular characteristics.

An example of State agency level characteristics is the proportion of State agencies that fund particular breastfeeding promotion activities:

- Media campaigns
- Educational materials
- Breastfeeding promotion training (other than *Loving Support* training)
- Making lactation consultants available to WIC participants
- Equipment (e.g., breast pumps)
- Peer counseling or other counseling to WIC participants that is different than *Loving Support*
- Warmline or hotline

An example of local WIC agency characteristics is the proportion of local WIC agencies in which the service delivery site for WIC peer counseling is:

- the local WIC agency
- local WIC clinics
- other

For *characteristics of State agencies* FNS desires a full census of agencies receiving *Loving Support* funds (n=86). For *characteristics of local WIC agencies*, FNS seeks an estimate with a confidence interval of +/- 15 percentage points. For characteristics with a mean proportion of 50 percent, this can be accomplished with a PPS (probability proportional to size) sample of 40 local agencies.

9. Please explain the proposed procedure for replacing “local WIC agencies that refuse to participate” and how this will can be done while preserving the probability nature of the sampling.

Response: The contractor for this study, Abt Associates, will generate a list of 40 local WIC agencies through the process described in Part B of the Supporting Statement (section B1, Stage 2). These are the local WIC agencies that will be recruited first. Abt will also develop a backup list of the remaining agencies using the same procedure, so that if one of the original 40 local WIC agencies refuses to participate, then recruiters will go to the first local WIC agency on the backup list, then the second if another refuses, and so on, thus still retaining the probability nature of the sampling.

10. Why are the collaborative organizations to be purposively sampled? What is the proposed procedure? How will this purposive sampling limit generalizability of the key estimates?

Response: FNS encourages the establishment of community partnerships, but it leaves it to the discretion of the States and local WIC agencies to determine which organizations are the most appropriate for their local peer counseling programs. Once we have sampled the local WIC agencies, and they have agreed to participate, we will ask them which organizations they collaborate with on the *Loving Support* peer counseling program. Our experience in the pilot is that it is typically one other organization or hospital. If there is more than one, we will ask the local WIC agency to identify the organization that plays the most significant role in their *Loving Support* peer counseling program. Thus, when we report the results from these collaborative organization interviews, they will pertain to those organizations that have been the most helpful to the local WIC agencies in carrying out the program. While they will not be representative of all collaborating organizations across the country, they will be representative of local WIC agencies’ primary collaborating organizations.

Please reconsider which questions could be re-formatted as “yes/no” questions rather than “check all that apply” questions. While the number of questions would of course be longer as a result, the cognitive burden of a yes/no format has been found to be lower than “check all that apply” questions. For example, the “yes/no” format has been found to produce higher data quality than a “check all that apply format” when the response options are lengthy. Further, in a yes/no format, one of each pair of mutually exclusive response categories can be eliminated altogether (e.g., two pairs of responses in Question 7 on the WIC State Survey).

Response: Following the pilot of the surveys, we asked for general feedback about the survey and specific questions about the difficulty level of the questions asked. Although you note that a lengthier survey with yes/no questions actually decreases burden, the respondents from our pilot test indicated that they perceived the case to be otherwise. They told us that they wanted us to keep the survey as short as possible, so we think lengthening the survey would be a problem for State staff. Issues about the length of the survey are compounded by the fact that it is a web-based survey and more web pages to scroll through could potentially increase the burden for those who have internet connections that require more time to load each page. In addition, the pilot test respondents did not indicate that any of the “check all that apply” questions were confusing or difficult. For these reasons, we would prefer not to have to change these questions at this point, as we believe that we would need to test the lengthier yes/no questions in a similar fashion. Given the goal of having some results available to policy makers in the coming months, we recommend proceeding with the survey as currently proposed.

11. Please avoid tabular formats where possible, shifting to series of person-specific questions.

Response: Similar to the issues raised in question 10, our pilot testing revealed no issues associated with the survey tables. Given the current schedule for the study, we would recommend that we proceed with the survey as piloted.

12. On State Level Staff portion of WIC State Survey (p. 6), please use first name only as identifier in person-specific questions. This approach helps keep staff information organized and requires less personal information from the respondent than a full name for staff. Consider which types of information are necessary for the study’s goals. For example, “How long has person been in this position” may be secondary information unnecessary for study.

Response: We will do as you suggest and use first name only as an identifier.

We have had the survey reviewed by FNS evaluation and WIC program staff, CDC staff involved in breastfeeding promotion, and WIC state and local agency staff to try to keep the survey focused on issues that are key to understanding *Loving Support* peer counseling and the context in which it is implemented. The question on the length of time in the staff position is relevant for two reasons: (1) it allows the evaluators to assess the persons knowledge of *Loving Support* peer counseling (staff that have been in the position for a relatively short time will not know the program like an experienced hand); and (2) it allows federal WIC program staff to assess the level of experience of staff implementing this important breastfeeding promotion effort.

13. Is information available that would suggest that the “typical” level of staff for this table or, alternatively, how is known that the respondent does not need to provide information on fifty individuals, which would be very burdensome to complete?

Response: The range of staff for this table is about 2 to 4, including the State Director, Breastfeeding or Peer Counselor Coordinator, and a budget/finance staff person.

14. What is to be calculated from the staff information? FTE in all breastfeeding promotion? FTE supported by *Loving Support*?

Response: FTE supported by *Loving Support* peer counseling grants.

15. Would it be possible to restructure the State Written Guidance (p. 12). Specifically, the section could begin “Does State provide guidance in addition to or instead of the recommendations found in Using *Loving Support* to Manage . . .” A “no” response would result in a skip of several questions. If the response is “yes,” the respondent could proceed to each component (role, etc., qualification, timing, frequency, etc) and be asked a sequence of yes/no questions and, if “yes,” be provided the follow-up questions.

Response: The question will be re-worded along these lines.

16. Frequency of Contact information. Instead of providing either a table for completion or a series of questions, could the contractor glean information if a state agency simply sent the state’s “Frequency of Contacts Guidelines” to contractor? This approach could both increase accuracy (enhance data quality) and reduce burden on respondent.

Response: The State guidelines are often provided in different formats (including e-mails) over months and years. We believe that asking States to provide their written guidance would actually require them to take them more time to gather and send it to us than if we ask these contact questions via a survey at one time. Given our experience with asking for *Loving Support* Implementation plans, State plan sections, and budgets, we anticipate that we would need one or more follow-up calls to clarify information and to understand missing information.

17. If the goals of Phase 2 related to breastfeeding outcomes and if locally collected data will be used, wouldn’t the questions about breastfeeding data (e.g., exclusivity and duration) be better focused on data quality aspects like consistency of collection methods (e.g., self reported on a form versus orally to a counselor etc) rather than mode of availability (e.g., Excel)?

Response: FNS is interested in gathering a broad array of information on breastfeeding data collected by the states. As part of this effort, FNS has requested that Abt Associates provide a separate deliverable on State tracking of breastfeeding data following the completion of the State Survey. This deliverable will include the States focus (e.g., rates, duration, and frequency of breastfeeding), various measures used by the State, how the States use the data, and other items that will help FNS determine the status of data collection on this important topic.

18. Does FNS have the authority to mandate that States collect information on “ever breastfed” and “duration” that is based on an FNS-provided definition that is common across States?

Response: FNS does have this authority and has done so. However, this is a fairly new mandate and FNS will be able to get a sense of how State agencies are doing through the results of this survey.

WIC Breastfeeding Peer Counseling Study
Food and Nutrition Service, USDA
Responses to Second Set of Questions from OMB
June 17, 2008

1. Please explain why a complete census of the grantees is needed. Wouldn't a sample of grantees do in an effort to reduce burden?

The census of grantees serves three purposes. First, it provides us with a complete picture of the ways in which *Loving Support* peer counseling funds are implemented. It is clear that State WIC agencies are using the *Loving Support* peer counseling funds in a wide variety of ways, and differently from one another; a sample of States is likely to produce an incomplete picture of *Loving Support* peer counseling implementation. Our need to do a census, instead of take a sample, was confirmed by review of State agencies' Implementation and State Plans, discussions with individuals involved in *Loving Support* peer counseling implementation, and our pilot test in four States. Secondly, the census will provide FNS with a complete picture of funding for *Loving Support* peer counseling; how funds are used varies, sometimes being matched by other State or grant funds; sometimes distributed across all local WIC agencies and sometimes just to one. FNS needs to report to Congress on how the funds appropriated for peer counseling have been used, and thus it needs to make sure all State agencies are included in a census survey. Finally, it is necessary to do a census of the states in order to select a representative sample of local WIC agencies receiving *Loving Support* peer counseling funds. There is no pre-existing list available of the local sites receiving this funding.

2. Please provide a broad overview of how everything fits together. Explain how the information in Phase I and Phase II will ultimately help FNS reach its end goal.

In Phase I, FNS is interested in learning how *Loving Support* peer counseling is being implemented across the country, including the following: fund distribution and use, number and nature of staff on the State and local level; written guidance provided to local WIC agencies; responsibilities, training, and supervision of peer counselors, numbers of WIC participants served by peer counselors; types of data collected by State and local WIC agencies; and whether other community organizations are involved. Phase I will provide FNS with information on the current status of the program and how it has evolved and which, if any, aspects of the *Loving Support* peer counseling model are "standard" and where there may be important variations. Based on information from Phase I, FNS will identify key enhancements of the *Loving Support* peer counseling model. FNS is then interested in knowing from Phase II whether breastfeeding duration, a key focus of WIC breastfeeding efforts and one that research suggests is improved through peer counseling, can be improved by enhancing the *Loving Support* peer counseling program. Strategies suggested by research and that are not being done universally will be targeted for the enhancements.

As you can see, before FNS can initiate Phase II, a better understanding of how State and local WIC agencies are implementing *Loving Support* peer counseling is necessary. It is only then that the strategies for enhancing the program can be identified, and the current level of implementation identified against which the enhanced programs will be compared.

3. How will Abt collect the data for the “separate deliverable on State tracking of breastfeeding data?” Is FNS submitting an OMB clearance for this collection?

The “separate deliverable” referred to above is a memo that will be submitted to FNS on the results of the questions asked in the State Survey on data collection (found in the last main section of the State Survey, “State Data Collection about Breastfeeding and the *Loving Support* Peer Counseling Program”). These questions are part of this request for OMB approval. FNS did not want to wait until the final report was submitted to learn about the State data on breastfeeding, so it requested a separate memo shortly after the results of the State Survey were obtained.