

Initial Telephone Contact Script for Local WIC Agencies

OMB Clearance Number: XXXX-XXXX

Expiration Date: xx/xx/xxxx

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On [date] we sent you a letter about the implementation study of the *Loving Support* peer counseling program. [If they have not received the letter, provide an overview of it for them. If they have, acknowledge this, and say “As was described in the letter...”] Your agency was one of 40 selected from local WIC agencies across the country to participate in the study. We think this is a very important study and will answer many questions about how the *Loving Support* peer counseling program is being implemented across the country. I am calling to answer any questions you have about the study and ask you to participate.

Let me review with you what the study involves:

Study staff will come out and visit your agency and conduct a series of interviews with individuals involved in the *Loving Support* peer counseling program. We will send you a form beforehand to help you get ready for the interview. Putting all the interview time together, we expect that we would spend about a half a day at your agency.

We would also like you to share program information that you already collect about expenditures and *Loving Support* participants. We would not ask you to collect any new information. Participation is voluntary.

We would like you to tell us about a hospital or other agency or organization that is collaborating on the *Loving Support* peer counseling program and we will conduct an interview with key staff from there. This is to provide us with some information on what kinds of organizations are collaborating on *Loving Support* and how the collaborations are structured.

Finally, if you have a separate clinic or clinics (i.e., separate service delivery sites) that are implementing *Loving Support* peer counseling differently or independently from the way it is run in the local agency (e.g., there is a separate breastfeeding or peer counselor coordinator and different peer counselors), we would like to make a visit to one of these clinics while we are here.

Do you have any questions? Is your agency willing to participate? [If they are not willing to participate, ask for their reason. Thank them and end the call.]

[If the local WIC Director agrees to participate, continue with the following.]

Identifying Key Staff:

I'd like to identify the staff that we should interview to learn more about the *Loving Support* peer counseling program. I'll tell you the different topics we will cover in the interview and it'd be great if you could tell me the name and title of the person who we should talk to and what days he or she is generally in the office.

- Your agency's overall activities to promote breastfeeding
Name:
Title:
Office Schedule:
- Daily operation of the *Loving Support* peer counseling program (sites where it is offered, details about peer counselors, daily operations, etc.)
Name:
Title:
Office Schedule:
- Expenditures for the *Loving Support* peer counseling program

Name:
Title:
Office Schedule:
- Training for the *Loving Support* peer counseling program

Name:
Title:
Office Schedule:
- Community Collaborations related to the *Loving Support* peer counseling program

Name:
Title:
Office Schedule:
- Data and reporting for the *Loving Support* peer counseling program

Name:
Title:
Office Schedule:

We would like to schedule the site visit during [named two week period]. Would this be feasible for you? Would you be willing to find a date within that period and schedule the appointments for us, or would you like us to contact the people above and do our own scheduling?

Local Clinics/Service Delivery Sites [for 20 agencies]

Do you have a clinic or clinics that are implementing the *Loving Support* peer counseling program in a way that differs substantially from how it is being run in other sites in your local agency? For example, the clinic may have different peer counselors or breastfeeding coordinator, or they have might have a different way of structuring the program.

If yes, could you tell me the name(s) of the clinic(s). How much of the local agency's caseload is handled at the(each) clinic? We would like to visit one or more of the clinic(s) that run independent *Loving Support* peer counseling, particularly the one (or ones) that handle a large percentage of your agencies caseload.

Who would be the contact there? [Ask for title of contact person, address, phone number and/or e-mail address as well.]

Would you like us to make the clinic contact(s) directly or would you like us to and ask if we can visit? Your support in encouraging their participation would be helpful.

Collaborating Agencies

As I said earlier, we would also like conduct and interview at a hospital or other organization that is collaborating with you on the *Loving Support* peer counseling program. What organization would you recommend?

Who would be the contact there? [Ask for title of contact person, address, phone and/or e-mail address as well.]

We plan to contact them directly to schedule an interview. Is that acceptable to you? We will be sending them a letter of introduction, but it would be helpful if you also mention the study to them.



WIC Breastfeeding Peer Counseling Study

Overview

The Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA) has awarded a contract to Abt Associates Inc. to study the implementation of the *Loving Support* Peer Counseling Program across the country, as well as to test the effectiveness of higher-intensity (higher cost) versus lower-intensity (lower cost) peer counseling on breastfeeding duration. Phase I of the study will describe how *Loving Support* peer counseling has been implemented in states and Indian Tribal Organizations (ITOs) that accepted peer counseling funds, including challenges faced and strategies used to overcome these challenges, evolution of the peer counseling program over time, and peer counseling program expenditures. Phase II of the study is designed to examine the effects on breastfeeding duration of various ways of providing peer counseling using the *Loving Support* model. This component of the study is not designed to be nationally representative, but will focus on a small number of programs serving WIC participants with low rates of breastfeeding.

Study Methods and Timeframe

In Phase I, all 86 States and ITOs receiving *Loving Support* peer counseling funds will be asked to complete a web-based questionnaire. In-person interviews will be conducted in 40 local WIC agencies and local agencies that collaborate with these agencies in carrying out the peer counseling model. Staff from local clinics associated with some of these local WIC agencies will also be interviewed. Data for Phase II will be collected from local WIC Directors, site peer counselor coordinators, peer counselors, and from a sample of WIC women assigned a peer counselor. Data collection for Phase I will begin in early spring 2008. Phase II will begin once the results from Phase I have been reviewed.

Uses of the Results

The results of this study will be used to:

- Capture and disseminate information on implementing peer counseling programs using the *Loving Support* model;
- Assess the additional technical assistance and training needs of State agencies; and
- Provide information to FNS and other stakeholders on how State agencies are using the peer counseling funding.

How You Can Help

If you are involved in the implementation of *Loving Support* peer counseling at the State or local levels, you may be asked to participate in a survey, or an in-person or telephone interview. Your participation and support of this effort will ensure that we obtain the most accurate and comprehensive information on the program, which is critical to the future of the *Loving Support* peer counseling program.

Who to Contact for More Information

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