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WIC Breastfeeding Peer Counseling Study

Supporting Statement for Paperwork Reduction Act Submission

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Part A

Justification

Part A provides supporting statements for each of the eighteen points outlined in Part A of the OMB guidelines, for the collection of information in a study of the *Loving Support* peer counseling program in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), called the *WIC Breastfeeding Peer Counseling Study*.

A.1 Explanation of Circumstances That Make Collection of Data Necessary

The U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) is requesting approval from the Office of Management and Budget (OMB) to conduct Phase I of the *WIC Breastfeeding Peer Counseling Study*. This phase of the study will examine how States and Indian Tribal Organizations (ITOs) are using peer counseling grants provided to initiate the FNS *Loving Support* peer counseling model in local WIC agencies or to expand existing WIC peer counseling programs to meet the requirements of the *Loving Support* peer counseling model. Following the completion of Phase I, FNS will launch Phase II of the study, which will assess the impact on breastfeeding duration of enhancing the *Loving Support* model with evidenced-based strategies to improve peer counseling programs. A separate request for OMB approval will be submitted for Phase II approval, once the design has been finalized, based on Phase I findings.

This section contains background information on WIC; breastfeeding promotion in WIC, and specifically the *Loving Support* initiatives funded by FNS; and the need for the study.

Background

WIC was designed to improve the health of nutritionally at-risk, low-income pregnant, breastfeeding, and postpartum women; infants; and children up to five years of age. The program provides supplemental foods that are rich in nutrients known to be lacking in the target population; health and social service referrals; and nutrition education, including information about breastfeeding. Over 8 million women, infants and children are served by WIC each month (FNS, 2006). Bartlett and her colleagues (2006) report that in 2004, WIC served about 941,000 pregnant women and about 2.2 million infants, roughly half of all infants born in the United States (Martin et al., 2002).

Current recommendations of the American Academy of Pediatrics, the American Dietetic Association, the World Health Organization, and the U.S. government's Healthy People 2010 goals call for increases in the proportion of U.S. mothers who breastfeed their babies. The goals for breastfeeding, as outlined in Healthy People 2010, are to (1) increase to 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period; (2) increase to 50 percent the proportion of mothers who breastfeed their babies through five to six months of age; (3) increase to 25 percent the proportion of mothers who breastfeed their babies through the end of the first year; and (4) close the racial and ethnic disparities in breastfeeding. WIC encourages breastfeeding as the best source of infant nutrition, and is working to meet the 2010 goals and improve the breastfeeding rates of WIC women relative to non-WIC participants.

Loving Support

In a series of efforts to promote breastfeeding, FNS implemented the national WIC breastfeeding promotion program, *Loving Support Makes Breastfeeding Work*. This program is a comprehensive social marketing initiative designed to increase the initiation and duration rates of breastfeeding and to increase community support for WIC breastfeeding participants. The program was launched in 1997, and includes public awareness materials, participant educational materials, staff training resources, and policy guidance. *Loving Support* has been implemented in all 50 U.S. States and nearly all State WIC agencies, and continues to be the WIC “brand” for breastfeeding support. In 2002, USDA funded a training initiative using the *Loving Support* “model” developed in the States of Mississippi and Iowa, and provided it in 22 U.S. States and Indian Tribal Organizations.

In 2004 FNS further built upon the *Loving Support* breastfeeding program by launching the national peer counseling initiative, *Using Loving Support to Implement Best Practices in Peer Counseling*. The *Loving Support* peer counseling model developed specifically for WIC in this initiative has been adopted by 86 States and ITOs across the country and provides a framework for State and local WIC agencies either to develop a successful peer counseling program or to enhance WIC peer counseling programs that already exist. It uses training curricula also developed under the Best Start cooperative agreement: *Using Loving Support to Manage Peer Counseling Programs*, aimed at program managers and State breastfeeding and nutrition coordinators; and *Loving Support through Peer Counseling*, aimed at peer counselor trainers.

Through implementation of the *Loving Support* peer counseling program, WIC has continued to move towards its goal of institutionalizing peer counseling as a core service in WIC. The literature suggests that peer counseling has shown some success in increasing breastfeeding duration rates, a critical focus for WIC sites across the country (McLaughlin et al., 2003). In addition, peer counseling has been shown to be associated with positive breastfeeding outcomes in minority groups that have proven difficult for WIC to support in the initiation and continuation of breastfeeding (McLaughlin et al., 2003; Centers for Disease Control and Prevention, 2005).

Beginning in Fiscal Year 2004 and continuing through to the present, Congress has appropriated about \$15 million dollars per year for States and ITOs to support breastfeeding peer counseling in WIC (Public Law 108-99). FNS has awarded funds to States and ITOs for a two-year grant period on a non-competitive basis. To receive the funds, States must agree to implement a peer counseling program that is based on the *Loving Support* model and is consistent with the guidance set forth in the *Loving Support* training curricula. As stated above, State agencies with pre-existing peer counseling programs can use the funds to expand those programs that meet the requirements of the *Loving Support* model or enhance current programs to include all model components.

As part of the current study, FNS requested a review of the documents required of State agencies¹ that have accepted peer counseling funds, including (1) peer counseling implementation plans and accompanying line item budgets; and (2) State agency Fiscal Year (FY) 2006 State Plans. These plans were related to (a) breastfeeding promotion and support and (b) peer counseling, with accompanying updated line item budgets demonstrating how FY 2006 peer counseling funds were being used. The depth and quality of the information obtained from State agencies varied and, for the most part,

¹ In this supporting statement, we use the term “State agencies” to refer to the 86 States and ITOs that receive FNS peer counseling grant funds.

provided little detail about the specific ways in which *Loving Support* is being implemented within a State or ITO. What information was provided suggests that States do implement the components of the *Loving Support* model differently, and most States have used the funds in some but not all local WIC agencies in their State.

Given the variations that are suggested by the State Plans and the differing contexts in which the *Loving Support* peer counseling program may be implemented, it is important for FNS to have systematic and comprehensive information on the program nationwide. FNS also needs information to guide future policy on whether enhancements to the *Loving Support* model can improve breastfeeding outcomes, which will be the focus of Phase II of the study.

Study Objectives

Phase I of the study involves the collection of data on the implementation of the FNS *Loving Support* peer counseling model in State and local WIC agencies, local WIC clinics, and organizations that collaborate with local WIC agencies on *Loving Support* peer counseling. The information will provide a comprehensive and systematic description of the WIC *Loving Support* peer counseling program operations and of FNS peer counseling grant expenditures. It will improve USDA's understanding of how the program is being implemented and inform the direction of WIC *Loving Support* peer counseling policies and practices in the future.

The data collected will cover the following domains: contextual information, local *Loving Support* peer counseling implementation, expenditures for *Loving Support* peer counseling, data collection and monitoring practices, and local collaborations. More specifically, the study will address the following research questions:

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?

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 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?

A.2 How the Information Will Be Used, By Whom, and For What Purpose

This section of the supporting statement provides an overview of the research design and data collection efforts planned to meet the overall objectives of the *WIC Breastfeeding Peer Counseling Study*. The section begins with an overview of the research design, followed by a description of the data collection activities for which OMB clearance is requested. The final section describes how the information collected will be used.

Overview of the Research Design

The Phase I implementation study will conduct a national census of the 86 State WIC agencies receiving *Loving Support* peer counseling funds. Additional information will be collected from a nationally representative sample of 40 local WIC agencies with *Loving Support* peer counseling programs, and purposive samples of 20 of their local clinics/service delivery sites and 40 organizations collaborating on *Loving Support* peer counseling with the 40 selected local WIC agencies. (The sampling plan is described in Part B, Section B.1.)

How the Information Will Be Collected

The study will rely on three main methods of data collection:

1. A web-based survey of key staff from State WIC agencies,
2. On-site interviews with staff from local WIC agencies, local WIC clinics, and collaborating organizations,
3. Data abstraction from administrative systems of local WIC agencies and from existing documents, and
4. Use of extant data, including the WIC Participant Characteristics (WIC PC) data set.

No interviews are planned with program recipients or participants for the Phase I implementation study.

Protocols for each form of data collection are summarized below. Recruitment letters and data collection instruments are provided in Appendix A to this document.

Web-Based Surveys of State WIC Agencies

An on-line survey will be used to collect uniform data from the 86 State WIC agencies receiving FNS peer counseling grants on the implementation of the *Loving Support* peer counseling program. These agencies will be asked about the variety of responsibilities they are charged with to administer, support, and monitor *Loving Support* peer counseling, including designating a *Loving Support* peer counseling coordinator at the State level; distributing the FNS peer counseling grant to local agencies; providing State guidelines on the implementation of *Loving Support* peer counseling; supporting *Loving Support* peer counseling training; and tracking and monitoring the effectiveness of the *Loving Support* program. Other types of information to be collected include 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. One or

more State agency staff will be asked to complete the survey, including the State WIC Director, budget administrator, breastfeeding coordinator and/or peer counseling coordinator.

Prior to contacting the States and ITOs for this study, FNS will contact the FNS Regions to let them know about the plan and to provide them with the introductory materials that will be sent to the State agencies. Two weeks prior to the start of the web-based survey, FNS will contact the 86 States and ITOs to remind them about the study and to inform them that Abt will be contacting them about the web-based survey. Abt staff will obtain the contact information from FNS and then send e-mails to all State Directors with instructions on accessing the on-line survey and the deadline for its completion. If there are respondents who cannot complete the survey via the Internet, the contractor will offer them the option to complete a paper survey or respond via a telephone interview.

On-Site Interviews with Local WIC Agency Staff, Local WIC Clinic Staff, and Staff From Collaborating Organizations

Contractor project staff will conduct in-depth, in-person interviews with representatives of a sample of local WIC agencies implementing the *Loving Support* peer counseling program, local WIC clinic staff, and collaborating organizations

The key objective of these interviews is 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; compensation; and responsibilities; FNS peer counseling grant expenditures; peer counselor training and supervision; hospital and community partnerships; and perceptions of the *Loving Support* peer counseling model.

The recruitment process for the local WIC sites involves FNS notifying the FNS Regions and State agencies of the local agencies selected in their Region/State and asking the States to notify the local agencies and encourage their participation. The local WIC agency will be sent a letter of introduction, signed by an FNS official, that will provide an overview of the study, a detailed description of the local WIC agencies' responsibilities in this study, and a request for their participation. A copy of the introduction letter will be sent to the State WIC agency for each sampled local agency. The letter will ask the local WIC director to nominate a collaborating organization. In addition, the letter will ask the local WIC director if the local WIC agency has a clinic or separate service delivery site that is implementing *Loving Support* peer counseling independently from the local agency. If so, we will ask to include clinic staff in our site visit interviews.² The local agencies will also be sent the one-page information sheet about the study.

Each local WIC agency will be contacted by an Abt staff member. The staff member will follow up with each of the local agencies to clarify any questions about participating in the study, collect contact information, identify WIC clinics that are operating *Loving Support* peer counseling independently from the local WIC agency, and begin the scheduling process for those that agree to participate. During the call, we will identify the names and positions of key staff with whom we will need to speak. We will also review the program operations data that the interviewer will ask about while on

² Abt will include up to 20 clinics that operate *Loving Support* peer counseling independently from their local WIC agency in the study sample. Part B of this package describes the process of sampling local WIC agencies and clinics in more detail.

site. Two weeks before the visit, we will send the Program Information Form for local WIC staff to fill out prior to the visit along with a topic guide for the local agency interview. We will ask our agency contact to distribute the topic guide and information to the staff to be interviewed so that they can prepare as appropriate prior to the interview.

We will get the names of collaborating organizations, and, where relevant, local WIC clinics, as per our sampling plan, from the local WIC agency. The procedures for recruiting the clinics and collaborators are similar to those used for the local WIC agency: the local WIC agency will be asked to encourage their participation, a letter of introduction and study overview will be sent, and recruiting calls made.

The site visits will be conducted by trained data collectors. Each site visit will take approximately one and a half days. Data collectors will prepare a report on each interview conducted, following a standardized format and coding structure.

Data Abstraction from Existing Program Data

The data collection staff will ask local WIC administrators to extract extant program data on the *Loving Support* peer counseling program operations and WIC agency expenditures, including those from the FNS peer counseling grants. This will be requested in the Program Information Form sent to the local WIC agencies prior to the site visit, and discussed while the data collector is on site.

WIC Participant and Program Characteristics (WIC PC)

Our final source of data is WIC Participant and Program Characteristics (WIC PC). This study compiles characteristics of a virtually complete census of WIC participants in April in even-numbered years. Data from the 2006 study are currently being assembled and will shortly be available for analysis. Relevant items include State and local agency, certification category (i.e., pregnant, breastfeeding, other postpartum, infant, or child), date of birth, date of most recent WIC certification, expected date of delivery (if pregnant), race and ethnicity, migrant status, participation in various means-tested programs, and family or economic unit income. Additional information is available on anthropometric measures, blood iron, nutritional risks, and breastfeeding (for infants).

These data will serve two functions in our study. First, the counts of pregnant women served by local agencies will provide a basis for developing a sampling frame for Phase I sites. Second, the participant-level data will enable us to characterize the Phase I sites, and all sites with (and without) peer counseling programs, in terms of pregnant participants' demographics, geographical region, and trimester of WIC enrollment.

Exhibit A.1 shows the research question, the key variables, and the source of the information.

Use of the information

Results of this study will be used to: (1) capture and disseminate information on implementing peer counseling programs using the *Loving Support* model, including lessons learned and successful approaches used by State agencies; (2) assess the additional technical assistance and training needs of State agencies; and (3) provide information to FNS and other stakeholders on how State agencies are using the peer counseling funding.

Exhibit A.1**Phase I Implementation Study: Research Questions, Key Variables, Sources of Data, and Data Collection Methods**

Research Questions	Variables	Source of Data	Data Collection Method
<i>Contextual Information</i>			
1. What breastfeeding promotion services (besides the <i>Loving Support</i> peer counseling intervention) are being offered to WIC mothers?	- Types of breastfeeding promotion services provided - For each type, the approach, methods used, collaborating organizations, WIC participants targeted (e.g., pregnant, post-partum) - Evidence of effectiveness of breastfeeding promotion/support services - Staff members involved in breastfeeding promotion/support services - Expenditures for breastfeeding promotion and support services	- Staff from all State WIC agencies - Sampled local WIC agency and clinic staff	- State web-based survey - On-site local WIC agency and clinic staff interviews
2. What are the characteristics (e.g., geographic location, urbanicity, enrollment size) of WIC local agencies/sites that have implemented the <i>Loving Support</i> peer counseling program?	- Type of agency (health, social service, etc.) - Number of service delivery sites/clinics - Number of WIC participants - Geographical region and urbanicity - Breastfeeding coordinator or lactation consultant on staff - Amount of WIC Nutrition Services and Administrative (NSA) funds devoted to breastfeeding promotion/support	- Staff from all State WIC agencies - Sampled local WIC agency staff - WIC PC 2006 data	- Agency administrative data collection - On-site local WIC agency staff interview
3. For those States that keep account of expenditures from all funding sources, how much NSA funding is used to support breastfeeding promotion activities targeted to WIC participants, other than <i>Loving Support</i> peer counseling?	- Types of breastfeeding promotion activities for WIC participants and funding amounts - Total amount of NSA funds for breastfeeding promotion activities	Staff from all State WIC agencies	State web-based survey
<i>Local Loving Support Peer Counseling Implementation</i>			
4. How is the <i>Loving Support</i> peer counseling program implemented at participating WIC agencies and how has it been adapted over time?	- Staffing patterns, responsibilities of staff, additional staff or reassigned staff for <i>Loving Support</i> program - WIC staff training to support the peer counseling intervention - Ways in which 10 core elements of <i>Loving Support</i> peer counseling are implemented - Peer counselor pay, benefits and reimbursed expenses - Peer counselor work schedule and caseload - Agency's administrative record keeping process/system as it relates to <i>Loving Support</i> peer counseling and breastfeeding promotion	Sampled local WIC agency and clinic staff	On-site local WIC agency and clinic staff interviews

Exhibit A.1**Phase I Implementation Study: Research Questions, Key Variables, Sources of Data, and Data Collection Methods**

Research Questions	Variables	Source of Data	Data Collection Method
5. What activities and services are involved in <i>Loving Support</i> peer counseling?	- State guidance related to activities and services - Administrative supports and monitoring provided by States - Places where peer counseling is conducted (e.g., WIC site, participant home, hospital) - Methods of counseling contacts (individual meeting, phone, home visit, group meeting) - Variation of methods of contact and reasons for using different methods (e.g., transportation issues, liability issues, age of child) - Professional supports available (e.g., lactation consultant, nurse practitioner) for peer counselors to refer participants - Procedures by which peer counselors refer WIC participants to professional supports	- Staff from all State WIC agencies - Sampled local WIC agency and clinic staff	- Web-based State survey - On-site local WIC agency and clinic staff interview
6. How are the <i>Loving Support</i> peer counselors recruited, trained, assigned to WIC mothers, and monitored in each site?	- Policies/guidelines and practices about peer counselor recruitment, training, and monitoring - Peer counselor recruitment and selection process - Qualifications and responsibilities of peer counselors - Demographic similarities of peer counselors to population served - Training: content, who does training, who receives training, use of <i>Loving Support</i> curriculum, - Process of matching and assigning peer counselor to WIC mothers - Continuing training and supports provided to peer counselors - Turnover rate of peer counselors - Process of training additional peer counselors	- Staff from all State WIC agencies - Sampled local WIC agency and clinic staff	- Web-based State survey - On-site local WIC agency and clinic staff interview
7. What are the prospects for continuing <i>Loving Support</i> peer counseling at the participating WIC agencies?	- Local WIC agencies' plans for continuing peer counseling - Changes and modifications anticipated - Reasons for discontinuing the intervention - Plans for funding peer counseling	Sampled local WIC agency staff	On-site local WIC agency staff interview

Exhibit A.1**Phase I Implementation Study: Research Questions, Key Variables, Sources of Data, and Data Collection Methods**

Research Questions	Variables	Source of Data	Data Collection Method
<i>Expenditures for Loving Support Peer Counseling</i>			
8. For peer counseling programs that began in the last year, what have been their expenditures?	Program expenditures by local agencies that have been operating for one year or less compared with all others	Sampled local WIC agency staff	Local WIC agency staff interview
9. What are the expenditures for <i>Loving Support</i> peer counseling programs?	- Amount of FNS, NSA, and any other funds spent on program - Expenditures of <i>Loving Support</i> grant funds per WIC participant - Categories of expenditures of <i>Loving Support</i> Grant funds (e.g., staff salaries, consultation, indirect expenses)	- Staff from all State WIC agencies - Sampled local WIC agency staff	- Web-based State survey - Local WIC agency staff interview
10. In addition to the <i>Loving Support</i> peer counseling funds, how much regular Nutrition Services Administrative (NSA) funding is used to support <i>Loving Support</i> peer counseling activities that meet the FNS model?	Amount and percent of NSA funds allocated to <i>Loving Support</i> breastfeeding peer counseling services	Sampled local agency WIC staff	Local WIC agency staff interview
11. Do peer counseling programs supported by regular NSA funds use these funds because they do not meet the requirements of the <i>Loving Support</i> model? Are NSA funds used because the <i>Loving Support</i> peer counseling grant does not provide enough funding to cover expenses of a fully implemented program?	- Presence of peer counseling programs to support breastfeeding that do not follow <i>Loving Support</i> peer counseling model - Percentage of <i>Loving Support</i> peer counseling that is paid for by FNS peer counseling grant funds	Staff from all State WIC agencies	Web-based State survey

Exhibit A.1**Phase I Implementation Study: Research Questions, Key Variables, Sources of Data, and Data Collection Methods**

Research Questions	Variables	Source of Data	Data Collection Method
<i>Local Collaborations</i>			
12. How do the WIC agencies coordinate their <i>Loving Support</i> peer counseling program with activities and services at area hospitals and other organizations?	• Number and type of collaborating organizations • Responsibilities and contributions of each organization • Type of coordination made with area hospital • Hospital staff involved in the administrative coordination (type and number of staff) • Infant feeding policies and practices of area hospital • Breastfeeding promotion/support services provided by area hospital (content, timing) • Hospital staff involved in hospital's breastfeeding promotion/support services (type and number of staff, type of service provided) • Breastfeeding promotion services provided by other organizations	• Sampled local WIC agency and clinic staff • Staff from sampled local collaborators	• On-site local WIC agency and clinic staff interview • Interview with local collaborating organizations
13. What are the responses of collaborating organization staff to the <i>Loving Support</i> peer counseling program?	Views of staff of collaborating organizations on the <i>Loving Support</i> peer counseling program.	• Staff from sampled local collaborators	• Interviews with local collaborating organizations
<i>WIC Loving Support Participants</i>			
14. To what extent do WIC mothers participate in the <i>Loving Support</i> peer counseling program?	• Method for determining who receives the peer counseling services • Extent of peer counseling services participants receive (prenatal, in hospital, postpartum) • Number and type of postpartum peer counseling contacts received by counseling program participants • Number of calls peer counselors received from participants and timing of the calls • Percentage of those WIC participants who refuse peer counseling when offered	• Sampled local WIC agency and clinic staff	• Interviews with local WIC agency staff
15. What are the responses of WIC staff and WIC participants to the <i>Loving Support</i> peer counseling program?	• Views of WIC staff of <i>Loving Support</i> peer counseling program and staff perceptions of WIC participants response to <i>Loving Support</i> peer counseling	• Sampled local WIC agency and clinic staff	• Local WIC agency and clinic staff interviews

Exhibit A.1**Phase I Implementation Study: Research Questions, Key Variables, Sources of Data, and Data Collection Methods**

Research Questions	Variables	Source of Data	Data Collection Method
<i>Data Collection and Program Monitoring</i>			
16. How does each State track various breastfeeding measures (e.g., ever breastfed, duration, and exclusivity of breastfeeding)?	- WIC breastfeeding information tracking method used at the State level - Types of breastfeeding measures tracked - WIC participant involvement in <i>Loving Support</i> tracked at the State level	Staff from all State WIC agencies	Web-based State survey
17. How do WIC agencies use data to evaluate the effectiveness of its Loving Support peer counseling program?	- Ways in which State data are used in monitoring and evaluation - Ways in which local WIC agency uses data in monitoring and evaluation - Local agency participation in evaluation studies	- Staff from all State WIC agencies - Sampled local agency WIC staff	- Web-Based State survey - Local WIC agency staff interview
18. Can those sites implementing <i>Loving Support</i> peer counseling programs adequately and effectively monitor changes in breastfeeding rates for initiation and duration?	- Methods being used by sampled local WIC agencies to monitor and track breastfeeding initiation and duration rates - Agency staff assessment of the adequacy and effectiveness of monitoring breastfeeding outcomes	Sampled local agency WIC staff	Local WIC agency staff interview

There is currently no other national effort that can address the research objectives of the proposed study. Extant data from the Peer Counseling Implementation Plans and State Agency FY2006 State Plans related to (1) breastfeeding promotion and support and (2) peer counseling are the only other available sources of information on the *Loving Support* peer counseling program. This information is highly variable, and information to be generated from this study goes well beyond the data provided in those plans. In addition, the plans do not provide information on why specific decisions or choices were made. Without the proposed study, FNS would not obtain a thorough and systematic description of current *Loving Support* peer counseling efforts. There would be no information base to evaluate and plan future FNS guidance and technical assistance.

A.3 Use of Improved Information Technology to Reduce Burden

The study strives to comply with the eGovernment Act of 2002 (Public Law 107-347, 44 U.S.C. Ch 36) by using a web-based survey for WIC State agencies to facilitate convenient, timely, and accurate collection of information. Respondents will be able to complete and submit the web-based survey online. Features of the web-based survey that are intended to reduce burden and increase item response include: closed-ended questions with specific answer categories; skip pattern questions that only some respondents need answer; highlighted “key words” that respondents can click on to see standard definitions; and a “contact us” icon respondents can use to send an e-mail question to the survey director. The web-based survey is designed so that respondents can complete part of the survey, check their records or research answers to questions if they are not sure, and then complete the survey at a later time. This also allows multiple authorized respondents access to the survey. An agency-specific username and password will be required each time the survey is accessed. No persons other than those selected to receive usernames and passwords will have access to the website. The use of on-line survey technology will allow the study contractor to track completed questionnaires in real time, and it eliminates the need for data entry. The web-based survey will include no tracking of respondents’ Internet use of any kind. Upon completion of the surveys by all parties, the website will be dismantled.

On-site interviews are considered necessary for most of the remaining data collection due to the varied contexts and implementation strategies for *Loving Support* peer counseling. Interviewers will need to tailor questions as they learn about local *Loving Support* peer counseling implementation through the interview process conducted with differing local staff. However, data on breastfeeding rates (e.g., breastfeeding initiation, duration, and exclusivity), *Loving Support* peer counseling program operations, and expenditure data will be obtained when possible from extant program data bases.

A.4 Efforts to Identify and Avoid Duplication

Every effort has been made to avoid duplication of data collection efforts. These efforts include a review of State plans and extant documents describing the *Loving Support* peer counseling program as it is implemented in States and selected communities, and pre-populating the data fields of individual State web surveys with extant data, most notably existing information about each State’s local WIC agencies so that information does not need to be entered by State agency staff.

As noted in Section A.2, this is the only federally funded information collection that plans to collect data on the *Loving Support* peer counseling program.

A.5 Efforts to Minimize Burden on Small Businesses or Other Entities

No small businesses or other entities will be involved as respondents in the proposed data collection effort.

A.6 Consequences of Less Frequent Data Collection

The data collection for the proposed study will be conducted one time only. Without this effort, FNS will not have the comprehensive, systematic description of the implementation of the *Loving Support* peer counseling program required to inform the future program decisions outlined in section A.2, including expenditures of peer counseling funds.

A.7 Special Circumstances Requiring Collection of Information in a Manner Inconsistent with Section 1320.5(d)(2) of the Code of Federal Regulations

There are no special circumstances for the data collection of the *WIC Breastfeeding Peer Counseling Study*.

A.8 Federal Register Comments and Efforts to Consult with Persons Outside the Agency

Federal Register Announcement

In accordance with the Paperwork Reduction Act of 1995, an announcement of the Food and Nutrition Service's intent to seek OMB approval to collect information for the Systems Review provided an opportunity for public comment. This announcement was published in the *Federal Register* on September 21, 2007 (72 FR 53983), and specified a 60-day period for comment ending November 20, 2007. A copy of the *Federal Register* Notice is provided in Appendix B.

FNS received seven responses to the Federal Register Notice (included in Appendix B). They were all from Texas, but represented a wide spectrum of staff associated with WIC, including one on behalf of the State WIC Director, five from local WIC agency staff from various agencies around the state, and two from peer counselors. The comments were unanimous in their support of the study. Many talked about the importance of the peer counseling program in their area, the results that they have seen in terms of increases in breastfeeding rates that they associate with peer counseling, and the need for continued support for peer counseling.

Included in the comments submitted were suggestions or recommendations for the current study. These are presented below, along with our response.

- The researchers need to provide advance notice of data collection and be flexible in scheduling appointment times.

The data collection plan for this study includes advance notice through FNS Regional and State WIC offices, and advance materials sent to the States and local WIC agencies. These will give the agency time to think about their schedule and to work out the best times for their participation within the data collection window. The data collectors will work with the WIC agencies as much as possible to accommodate their schedule in making appointments with staff.

- The researchers need to be aware that local agency personnel may serve in several capacities (e.g., the local WIC director may also be the database manager).

FNS and the Abt Associates researchers are well aware that WIC staff may serve in several capacities. When scheduling calls, the site visitors will be sensitive to the multiple roles of staff, and the data collection instruments enable WIC staff respondents to identify their roles as necessary.

- While supporting the sample size and burden estimate, one commenter suggested that the local agency sample be increased, as she felt the study was weighted toward the State-level staff.

Resources for this study allow site visits to 40 local WIC agencies across the country. These 40 agencies will be selected to be nationally representative of all local WIC agencies with *Loving Support* peer counseling programs across the country. While more local WIC agencies could have been included if we conducted a less intensive mail or telephone survey, the in-depth information that can be obtained through site visits was deemed to be critical in fully understanding how *Loving Support* is implemented in the variety of WIC settings that exist across the U.S.

We will include the census of all 86 State agencies receiving *Loving Support* peer counseling funds because States set the tone for how *Loving Support* is implemented *within* a State, and the questions for States are conducive to a web-based survey, which is less resource intensive than site visits.

In addition to the comments above, there was one individual who stated that an evaluation of the efficacy of some aspects of the *Loving Support* peer counseling program would be welcome. Phase II of the current effort will be an impact study, although at the present time it is designed to address the impact of an enhanced version of *Loving Support* peer counseling (high intensity) relative to *Loving Support* peer counseling that meets but does not exceed implementation standards (low intensity).

Consultations Outside the Agency

In addition to the public comments above, consultations with experts in technical and substantive areas occurred throughout the design, instrument development, and data collection planning, and will continue to take place throughout the study. These individuals are:

Abt Associates Inc.:
Nancy Burstein, Ph.D.
Deborah Walker, Ph.D.

Centers for Disease Control and Prevention:
Carol A. MacGowan, MPH, RD, LD
Public Health Nutritionist

North Carolina State Department of Health & Human Services:
Bethany T. Holloway, MEd, RD, LD
North Carolina State WIC Breastfeeding Peer Counseling Coordinator

Every Mother, Inc. (non-profit organization):
Mary Catherine Carothers, IBCLC, RLC
Current trainer and former national coordinator for *Loving Support* peer counseling

The study plans and data collection instruments have been reviewed and approved by the contractor's Institutional Review Board (IRB). The contact for Abt Associates' IRB is:

Marianne Beauregard
Administrator, Institutional Review Board
Abt Associates Inc.
Cambridge, MA
(617) 492-7100

A.9 Payments to Respondents

Data collection for this study does not involve payments to respondents.

A.10 Assurance of Confidentiality

The individuals participating in this study will be assured that the information they provide will not be released in a form that identifies them except as required by law. No identifying information will be attached to any reports or data supplied to USDA or any other researchers.

Abt Associates Inc. has extensive experience in data collection efforts requiring strict procedures for maintaining the confidentiality, security, and integrity of data. The following data handling and reporting procedures will be employed to maintain the privacy of survey participants and composite electronic files.

- All project staff, both permanent and temporary, will be required to sign a confidentiality and non-disclosure agreement. In this agreement, staff pledge to maintain the confidentiality of all information collected (including memoranda, manuals and questionnaires) from the respondents and will not disclose it to anyone other than authorized representatives of the evaluation. Field data collectors are required to carry their signed pledge with them at all times while in the field and may be required to show it to respondents. Issues of confidentiality are also discussed during training sessions provided to staff working in the project.

- While in the field, data collectors are required to store all completed forms, surveys, and material with identifying information on it in a locked car trunk. If the data collector is in the field for several days, forms and materials are shipped to the central office by Federal Express, UPS or other traceable shipping service. Regular mail is not used to ship any material containing respondent information. Field staff are also instructed to avoid making photocopies of such material.
- Once in the central office, documents containing respondent information are kept in locked files cabinets. At the close of the study, such documents are shredded.
- Data gathered from the interviews will be combined into master respondent files. Immediately after the file is created, it will be assigned a unique identification number. Any identifying information will be removed from the survey data and replaced with the identification number.
- Any respondent-identifying information will be contained only in a master list to be created and protected in secure storage, to which only a limited number of project staff pledged to maintain confidentiality will have access.

In addition, the evaluation contractor has established a number of procedures to ensure the confidentiality and security of electronic data in their offices during data collection and processing period. Standard backup procedures will be implemented for the central office computer system to protect project data from user error or disk or other system failure. Backups and inactive files will be maintained on tape or compact disks. The system servers will be maintained inside a secure locked area accessible only to authorized systems personnel. Files will be accessible only by authorized personnel who have been provided project logons and passwords. Access to any of the study files (active, backup, or inactive) on any network multi-user system will be under the central control of the database manager. The database manager will ensure that the appropriate network partitions used in the study are appropriately protected (by password access, decryption, or protected or hidden directory partitioning) from access by unauthorized users. All organizations using data on study participants will maintain security, virus, and firewall technology to monitor for any unauthorized access attempts and any other security breaches.

Specific precautions will also be taken for the web-based survey. As discussed in Section A.3, the web-based survey will use session cookies to allow respondents to move from page to page without reentering identifying information. The survey will not use persistent cookies to track respondents' browsing habits. Upon completion of the surveys by all State agencies, the website will be dismantled.

A.11 Questions of a Sensitive Nature

The data collection instruments for this study do not contain questions of a sensitive nature.

A.12 Estimates of Respondent Burden

Exhibit A-2 presents our estimates of the annual reporting and cost to respondents for the study instruments described in Section A.2. Time estimates are based on experience with similar instruments in similar studies and a pilot test of instruments and procedures conducted in summer 2007. The estimated cost to respondents has been calculated using average hourly rates for respondents obtained from FNS' 2006 WIC Staffing Data Collection Project, which provides detailed wage information for WIC staff, and from the Bureau of Labor Statistics' estimates for occupational wages (www.bls.gov/bls/wages.htm).

Exhibit A.2.

Estimate of Response Burden

Respondent by Instrument	Number of Respondents	Number of Responses per Respondent	Total Annual Responses	Hours per Response	Response Burden in Hours	Estimated Cost to Respondents
State WIC Agency Survey						
State WIC Director	82	1	82	1	82	\$2,574
State breastfeeding or peer counselor coordinator	82	1	82	1	82	2,168
State budget officer	82	1	82	.5	41	1,287
Non-responses (5%)	12	1	12	.08	1	30
Local WIC Agency Interview and Program Information Form^a						
Local WIC agency director	36	1	36	1	36	1,012
Local WIC breastfeeding or peer counselor coordinator	36	1	36	1.5	54	1,073
Local budget officer	36	1	36	.5	18	506
Local WIC agency database manager	36	1	36	.5	18	254
Peer counselors	72	1	72	.5	36	329
Non-responses (10%)	24	1	24	.08	2	51
Local WIC Clinic Interview and Program Information Form						
Local WIC clinic director or supervisor	18	1	18	1	18	357
Local WIC clinic peer counselor coordinator or supervisor	18	1	18	1	18	315
Peer counselors	36	1	36	.5	18	165
Non-response (10%)	8	1	8	.08	.64	10
Community Collaborator Interview Guide						
Liaison/contact person in an organization collaborating with local WIC agency	36	1	36	1	36	991
Non-response (10%)	4	1	4	.08	.32	9
Total	618		618		461	\$11,131

^a The burden estimate for local WIC agencies and local WIC clinics is the maximum burden for program staff, and includes the initial phone interview, site visit interview and the completion of the Program Information Form. In the pilot test, we found that completing the Program Information Form sent prior to the interviews, as opposed to providing this information during the interview, reduced the overall burden for staff as the time taken to complete the form was less than the time it would take to provide the same information during the interview. However, as filling out the Program Information Form prior to the interview is voluntary, we believed the safest course was to provide estimates of burden as if all information was gathered during the interview process.

A.13 Estimates of Other Annual Costs to Respondents

There are no startup or annualized maintenance costs to respondents.

A.14 Estimates of Annualized Government Costs

The period of performance for this task order is from September 8, 2006 through December 31, 2009. Phase I data collection will occur between March 2008 and September 2008. The cost to the Federal government for the design, recruitment of WIC agencies and collaborating organizations, data collection, analysis of data, report writing, and federal government review and oversight for the Phase I implementation study is \$620,730.

A.15 Changes in Hour Burden

This submission to OMB is a new request for approval. The data collection instruments have not been previously submitted for approval by OMB. The burden of 495 hours represents a program increase.

A.16 Time Schedule, Publication, and Analysis Plans

This section describes the schedule for the project, along with plans for tabulation, analysis, and publication of study results.

Study Schedule

The schedule shown in Exhibit A.3 lists the expected period of performance for data collection and reporting.

Exhibit A.3

Anticipated Schedule for Data Collection and Reporting

Activity	Time Schedule
Collect data (web-based surveys and site-visit interviews)	March – September 2008
Prepare final report, brochure, and journal article	December 2008 – April 2009

Analysis Plan

The Phase I implementation study will generate qualitative and quantitative data collected from multiple sources. The quantitative implementation study data (e.g., percent of participants who receive in-hospital peer contact, percent of participants who initiate breastfeeding, number of peer counselor contacts participants receive of various types) will be analyzed by univariate descriptive statistical analysis (e.g., means, frequencies, and percentages). The results will document peer counseling services conducted at a nationally representative sample of WIC agencies in terms of the program context, implementation process, implementation outcomes, and expenditures. These descriptive data, combined with qualitative data from interviews with WIC staff, peer counselors, and collaborating agency staff, will be used to generate systematic, rich information on how WIC breastfeeding peer counseling services are implemented nationally.

Addressing the research questions listed in Exhibit A.1 will be facilitated by organizing implementation data and analysis into three components: 1) background contextual factors, 2) implementation outcomes, and 3) intervention expenditures. The key topics and issues included in each of these components and their use in analysis are discussed below.

Background Contextual Factors

The contextual factors pertain to the setting and context in which the peer counseling intervention is implemented, including:

- WIC program characteristics (e.g., geographic location, urbanicity, enrollment size, demographic composition of the participants);
- State breastfeeding rates (initiation, duration, exclusivity)
- Breastfeeding promotion and support activities (other than peer counseling) provided by the participating WIC agencies;
- Breastfeeding promotion services available in the community; and
- Breastfeeding promotion and support services and infant feeding policies in the area hospital(s) where WIC participants deliver their babies.

Careful and thorough description of these program contextual factors will be essential in understanding the nature and extent of peer counseling implemented and the degree of success in achieving desired outcomes. This information will also be useful in determining the feasibility of implementing certain types/models of peer counseling in specific program and community contexts.

Implementation Outcomes

Our description of peer counseling programs will include:

- Changes made to local WIC program staffing and operations to support the program;
- Process of peer counselor recruitment, selection, training, assignment to WIC mothers, and supervision;
- Activities involved in peer counseling and the fidelity of the peer counseling implementation according to the intended design;
- Coordination of activities between WIC programs and area hospitals and other organizations;
- The extent of participation by WIC mothers in peer counseling; and
- Reactions of WIC and collaborating organization staff, peer counselors, and WIC mothers (as reported by the local WIC agency and clinic staff) to the *Loving Support* peer counseling approach.

A careful examination of these factors will provide valuable guidance to WIC program administrators in the process of adapting peer counseling programs. Our approaches will include (a) narratives to categorize and describe different approaches to specific implementation issues; (b) tables to indicate

the distribution of these approaches across the sampled local agencies and to illustrate other quantifiable variables; and (c) graphic displays.

Expenditures for *Loving Support* Peer Counseling Analysis of Implementation

Another component of the implementation study is to determine expenditures for the *Loving Support* peer counseling program, in the aggregate and per WIC participant. For this purpose we will collect the following data from State and local WIC agencies:

- Total fiscal year expenditures on *Loving Support* peer counseling;
- Sources of funds for *Loving Support* peer counseling (e.g., FNS *Loving Support* funds, NSA funds, State funds);
- Fiscal year expenditures by purpose (e.g. salaries, travel, indirect costs); and
- Number of women served in WIC.

Analysis of these amounts and counts will provide information about both the aggregate and the per-participant resources required to support these programs. Expenditures per WIC participant will be compared between newly established programs and ongoing programs, classified according to whether they have been in operation for at least one year.

Analysis of Implementation Process and Outcomes by Site Characteristics

A final question that can be addressed in Phase I is: How do the peer counseling process and outcomes vary depending on local WIC agency characteristics, e.g., the number and demographic characteristics of WIC participants, staff and other program resources, availability of baby-friendly hospitals in the community, and urban vs. rural community setting? We will examine variations in implementation and participant outcomes by site characteristics. Such analyses may provide policy makers and program administrators additional information regarding the feasibility of implementing, expanding, and refining the peer counseling services in particular types of WIC agencies.

Integrative Analysis of Quantitative and Qualitative Data

While the differences in the types of data and the level of analysis call for the use of different analytic methods, the ultimate purpose of the Phase I implementation study is to address its objectives by integrating the results of all analyses. The discussion of how peer counseling is implemented will weave together the quantitative data analysis results on the number of peer counselors recruited and trained, types of training received, and types of supervision provided for peer counselors, coupled with qualitative descriptions of the types of changes programs made in staffing and program procedures and the types of arrangements WIC agencies make with area hospitals and other collaborating organizations. Similarly, a discussion of the feasibility of implementing similar peer counseling services in additional WIC agencies would clearly involve integrating quantitative findings about the intervention expenditures, comparisons of program and local agency participant characteristics between the study sites and WIC national data, and assessments of the benefits and challenges of peer counseling strategy as reported by WIC staff, peer counselors, and WIC participants.

Case Studies

The analytic approaches described above are designed to produce a national picture of the implementation of WIC breastfeeding peer counseling services. In addition to these descriptions that aim to paint the aggregate national profile of the FNS peer counseling services, we will prepare case study descriptions of the 20 WIC agencies where we will collect data at the State, local WIC agency, and clinic levels.

For each of the 20 clinics included in the Phase I study, we will develop detailed case studies of how State- and agency-level policies and procedures actually are implemented at the service-delivery level. The case studies will be largely descriptive, but will also allow for an assessment of whether peer counseling programs are implemented according to established policies or if there are variations between clinic practices and documented policies and procedures.

Publication of Study Results

The study's findings will be presented in a final report for the project. FNS will make the final report and executive summary available on its web site. In addition to the final report, a brochure and journal article will be prepared. The brochure will be targeted to non-technical audiences, and the journal article will be prepared for a peer-reviewed journal.

A.17 Display of Expiration Date for OMB Approval

All data collection instruments for the *WIC Breastfeeding Peer Counseling Study* will display the OMB approval number and expiration date.

A.18 Exceptions to Certification Statement

There are no exceptions to the Certification for Paperwork Reduction Act (5 CFR 1320.9) for this study.

References

Centers for Disease Control and Prevention (2005). *The CDC guide to breastfeeding interventions*. <http://www.cdc.gov/breastfeeding>.

Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports*, 50(5). Hyattsville, MD: National Center for Health Statistics.

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U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, *WIC participant and program characteristics 2004*, WIC-04-PC, by Susan Bartlett, Ellen Brobonnikov, Nicole Pacheco, et al. Project Officer, Fred Lesnett. Alexandria, VA: March 2006.

U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, *Breastfeeding Intervention Design Study: Review of the literature on breastfeeding promotion and support interventions*. Joan McLaughlin, Nancy Cole, Mary Kay Crepinsek, Mary Kay Fox, Anne Robertson. Project Officer, Patricia McKinney. Alexandria, VA: 2003.

**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.	Ideal Peer Counselor: • 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: • 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: • 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
V. Training of appropriate WIC State/local peer counseling management and clinic staff. - 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 "Loving Support through Peer Counseling." - WIC clinic staff are trained in basic breastfeeding support and receive the training "Loving Support through Peer Counseling."	Cross-train so that peer counselors are familiar with WIC services and WIC staff are trained in breastfeeding support.
VI. Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of Agency nutrition education plan.	Involve both State and local stakeholders in developing policies and procedures for a peer counseling program.
VII. Adequate supervision and monitoring of peer counselors	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. Conduct weekly phone contacts; regular review of contact logs; and spot checks. (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).
VIII. Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program.	Potential partnerships to consider: Breastfeeding coalitions; businesses, community organizations; cooperative extension program; international board certified lactation consultants; La Leche League; home visiting programs; private clinics; hospitals
IX. Provision of the following to peer counselors: - Timely access to breastfeeding coordinators and other lactation experts for assistance with problems outside of peer counselor scope of practice - Regular, systematic contact with supervisor - Participation in clinic staff meetings and breastfeeding in-services as part of the WIC team - Opportunities to meet regularly with other peer counselors.	
X. Provision of training and continuing education of peer counselors: - Peer counselors receive standardized training using "Loving Support through Peer Counseling" training curriculum. - Peer counselors receive ongoing training at regularly scheduled meetings.	Provide formal instruction in addition to home study. Provide opportunities to "shadow" or observe other peer counselors and lactation experts. Provide career path options (e.g., training/experience to become senior level peer counselors; training to become IBCLC).

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.