

# Appendix F2: Funding Opportunity Announcement

## Funding Opportunity Announcement

[Abt logo]

[FNS logo]

### Statement of Purpose

Beginning in 2006, FNS contracted with Abt Associates Inc. to conduct the WIC Peer Counseling Study to evaluate the implementation of the *Loving Support* Peer Counseling Programs in local WIC agencies and the impact of this program on breastfeeding outcomes for WIC participant women. The first phase of this study was completed in June 2010 with a report posted here:

[<http://www.fns.usda.gov/ora/menu/published/wic/FILES/WICPeerCounseling.pdf>.] Phase 1 of the study found that local WIC agencies (LWAs) vary widely in how they implement their *Loving Support* Peer Counseling Programs. The goal of the next phase of this study is to test the impact of a more intensive set of peer counseling services than are currently offered by many LWAs.

Local WIC agencies are invited to apply for grant funding to implement two components designed to enhance their existing *Loving Support* Peer Counseling Program. The two enhanced services to be implemented in grantee LWAs target first-time mothers at the early post-partum stage. These enhancements are as follows:

1. Peer counselors will contact willing WIC participants enrolled in the *Loving Support* Peer Counseling Program by telephone or in-person when the WIC participant is in the hospital for delivery of her baby.
2. Peer counselors will meet in-person with willing WIC participants enrolled in the *Loving Support* Peer Counseling Program within the first 10 days after the WIC participant has given birth.

The study focuses on first-time expectant mothers in the belief that the *Loving Support* Peer Counseling Program has the potential to have the greatest impact on this group, rather than mothers who have had previous children, who may be inclined to use the same infant feeding practices they used for their previous children. In addition, early contact, especially in-person contact, may be critical for supporting new mothers (who have no prior breastfeeding experience) through their first breastfeeding experiences to allay concerns and provide assistance overcoming any challenges.

Local WIC agencies that already routinely offer these two components (or highly similar service components) as part of their *Loving Support* Peer Counseling Programs are not eligible for this study.

To evaluate the effect of these enhancements to existing peer counseling services on breastfeeding outcomes, Abt Associates will randomly assign first-time expectant WIC participants (aged 18 years or older) who sign up to receive peer counseling at grantee LWAs to one of two groups:

- A Treatment Group of women will receive an enhanced model of the *Loving Support* Peer Counseling Program that incorporates the two components listed above.
- A Control Group of women will receive the grantee LWA's existing *Loving Support* Peer Counseling services.

Peer counselors participating in the study will work with women in each group (treatment and control). The Abt research team will administer two telephone surveys to WIC participants in the study, the first after they have enrolled in the study and are still pregnant, and the second conducted two to three months after their baby's birth. Women in the study will receive \$20 for each survey completed. An additional \$5 gift card will be offered to women who call a dedicated toll-free number to report their infant's birth date within two-weeks of the baby's birth. Abt will also conduct two one-day site visits to each grantee LWA in order to interview key staff and peer counselors about existing peer counseling services and the LWA's implementation of the enhanced services.

Between four and eight local WIC agencies will be selected to participate in the research study and receive grant funding. To support the sample size needed for the study, LWAs will be selected in part on their ability to enroll into the study approximately 35 to 40 first-time expectant WIC participants per month for six months (that is, an average of 225 women total if 8 LWAs are selected). Within each LWA, half of the women enrolled will be assigned to the treatment group and half to the control group. If there are 8 participating LWAs, each will deliver the enhanced *Loving Support Peer Counseling Program* to approximately 18 to 20 women per month (approximately 113 women total). If there are fewer participating LWAs, the average number of women receiving the enhanced services will be larger.

Although the selection process will give some priority to larger LWAs, there is no minimum agency size. Regardless of LWA size, participating LWAs must have the capacity in their peer counseling program to provide the enhanced *Loving Support Peer Counseling Program* to half of those WIC participants enrolled in the study (i.e., those assigned to the treatment group) while maintaining their provision of the standard *Loving Support Peer Counseling Program* to women assigned to the control group.

### **Eligibility to Apply**

This Funding Opportunity is open to local WIC agencies that meet the following criteria:

1. LWAs must have an existing *Loving Support Peer Counseling Program* that has been implemented in at least one WIC clinic or service delivery site for at least one year at the time of the application.
2. The LWA's *Loving Support Peer Counseling Program* must not already require peer counselors to contact WIC participants who are in the hospital for delivery of their infants;
3. The LWA's *Loving Support Peer Counseling Program* must not already require peer counselors to hold in-person meetings with WIC participants within the first 10 days after birth;
4. Under the existing *Loving Support Peer Counseling Program* in operation at the LWA, peer counselors must have an assigned caseload of WIC participants to whom they are matched (*In a caseload model, there is one-to-one matching of peer counselors to individual WIC participants and this relationship is maintained over the duration of the WIC participant's enrollment in the peer counseling program.*)
5. The LWA must have the capacity to deliver the enhanced peer counseling services to a *minimum* of approximately 12 to 14 first-time mothers per month;
6. The LWA must be willing to participate in Abt Associates' study of the intervention, in which WIC participants are randomly assigned to receive either the agency's existing *Loving Support Peer Counseling Program* or the enhanced *Loving Support Peer Counseling Program*. The study requires participating local WIC agency staff and peer counselors to do the following:
  - a. Successfully implement the intervention during a two-month Demonstration Period to a target number of mothers (the target number will be based on the LWA's estimate of the number of women to whom they can deliver the intervention during the Study Period);
  - b. Participate in the Study Period for approximately one year following this Demonstration Period;
  - c. Implement procedures to ensure that LWA staff and peer counselors participating in the study receive appropriate training, supervision and guidance to deliver the intervention to WIC participants assigned to the treatment group and ensure that women assigned to the control group do not receive the intervention; ;
  - d. Share data with the Abt research team necessary for the operation of the study (e.g., study enrollment data, information abstracted from peer counselor contact logs) and participate in interviews during each of two scheduled on-site visits to the LWA by a member of the Abt research team.

## Overview of Study Procedures

The study begins with a 2-month Demonstration Period followed by a 12-month Study Period. The purpose of the Demonstration Period is to ensure that the local WIC agency can deliver the components of the enhanced *Loving Support* Peer Counseling Program to a sufficient number of women targeted to receive these enhancements. The target number will be determined cooperatively by Abt and the LWA based on the LWA's estimate of the number of women to whom they can successfully deliver the intervention during the Study Period. (For example, if an LWA estimates that it can enroll 30 women per month in the study and deliver the enhanced *Loving Support* peer counseling services to half this number (15 per month) during the course of the study, then the LWA's target number for the Demonstration Period will be 15 women per month, or 30 women total during the two-month Demonstration Period.)

During the Demonstration Period, no random assignment procedures will apply, and Abt will not conduct telephone surveys or collect other data from WIC participants. Instead, a participating LWA staff member will complete a bi-weekly Demonstration Period Progress Form based on peer counselor contact logs to document the successful delivery of the intervention to each woman who receives these services (sample of this form is included with this FOA). During the Demonstration Period, an Abt member of the research team will visit the LWA and interview key staff to learn about the agency's existing *Loving Support* Peer Counseling Program and how the agency is implementing the enhanced services (i.e., the intervention). The site visitor will also work with LWA staff to familiarize them with the procedures and data collection instruments to be used during the Study Period.

LWAs that successfully deliver the intervention to their targeted number of WIC participants during the Demonstration Period will be certified by Abt (with FNS approval) to participate in the Study Period. Since LWAs that describe the most feasible plans in response to this FOA will be selected for the Demonstration Period, it is likely that all such LWAs will successfully implement the intervention during this time. In the unlikely event that an LWA is not certified at the end of the 2-month Demonstration Period, Abt will recommend to FNS one of two actions:

- Provide the LWA an extension of one additional month to the Demonstration Period, during which Abt will provide technical assistance to support the LWA's effort to meet its target; or
- Exclude the LWA from the Study Period.

If an LWA is excluded from the Study Period, the LWA will not receive further grant funds and will be under no further obligation to participate in the evaluation conducted by Abt. If the LWA wishes to continue to provide the enhanced peer counseling services, it may do so using its own funding sources, but will be under no obligation to continue providing the enhanced services. Further details on the grant disbursement process are provided below.

Unlike the Demonstration Period, the Study Period marks the start of the impact study in which the intervention's effects on breastfeeding outcomes will be tested. The Study Period begins with LWAs recruiting and enrolling first-time expectant WIC participants (aged 18 years or older) who wish to receive breastfeeding peer counseling into the study. Abt will provide LWAs with needed study materials. As women are enrolled into the study, LWAs will assign each woman a peer counselor (using their existing procedures for matching peer counselors to WIC participants). Next, the Abt research team will conduct a baseline interview with the enrolled participant to learn about her prior beliefs about breastfeeding and breastfeeding experiences of family and friends that may affect her own attitudes. After completion of the Baseline Survey or within four to six weeks of her enrollment (whichever comes first), Abt will randomly assign each study participant to the treatment or control group and send the results back to the WIC agency.

Note that under these procedures, the matching of peer counselors to WIC participants will take place **before** WIC participants are randomly assigned to the Treatment or Control Group; as a result, a peer counselor working on the study will have a caseload of approximately half women assigned to the control condition, and half women assigned to the treatment condition. To preserve the integrity of the study, the assignment of peer counselors to WIC participants must not be altered after random assignment.

Based on the results of random assignment, LWAs will then provide study participants with the peer counseling services—either their standard Loving Support Peer Counseling services (i.e., to women in the control group) or the enhanced Loving Support Peer Counseling services (i.e., to women in the treatment group). Abt will conduct a Follow-up Survey approximately two to three months after the participants' due date to collect information on breastfeeding exclusivity and intensity, experiences with the WIC peer counseling program, and whether or not she received formula at discharge from the hospital.

During the Study Period, LWAs will periodically complete a Contact Log Abstraction Form for each study participant to provide selected information from peer counselors' contact logs (see the enclosed sample Contact Log Abstraction Form). Abt will conduct a second site visit to the LWA to interview key staff and peer counselors (as available) about the implementation of the study procedures and the delivery of the intervention.

Because women will be enrolled into the study on a rolling basis, and because the two components of the enhanced Loving Support Peer Counseling Program occur only once a woman has delivered her baby (in many instances several months after enrollment into the study), the total duration of an LWA's participation in the Study Period is expected to last 12 months unless the agency has the capacity to enroll and serve sufficient numbers on a monthly basis to shorten the study period. Throughout both the Demonstration and Study Periods, Abt will work with each LWA to implement procedures for collecting and exchanging study-related data that minimize burden to agency/clinic staff and maintain the privacy and security of information about individual WIC participants. All study procedures and data collection instruments have been approved Abt's Institutional Review Board (IRB).

### **Responsibilities of Abt Associates and LWAs**

Abt Associates will provide LWAs with necessary training and materials to recruit eligible women into the study and obtain informed consent. Abt will work with LWA staff to establish clear protocols for staff and peer counselors to track the number of women invited to participate in the study and the number of those invited who agree. In addition, Abt will coordinate with LWAs to develop procedures for notifying Abt of any women who withdraw from the study (or from peer counseling altogether). Abt will be responsible for conducting telephone surveys with WIC participants in the study.

LWA staff will be responsible for recruiting and enrolling study participants, assigning peer counselors to WIC participants, and providing peer counseling services based on individual study participants' assignment to the treatment or control condition. LWAs will monitor and document the provision of peer counseling services to WIC participants in these two groups. That is, LWAs will need to establish and adhere to procedures to ensure that:

1. WIC-participants assigned to the control condition do not receive the two enhancements to the standard peer counseling program, and
2. WIC-participants assigned to the treatment condition do receive the enhancements.

LWAs should develop plans to train peer counselors to maintain the fidelity of random assignment and should establish procedures for monitoring peer counselors' contact logs.

LWAs and Abt will agree to a regular reporting schedule to ensure that study enrollment data, random assignment results, information from peer counselor contact logs, and other information about the progress of the study is communicated in a timely fashion that imposes the least possible burden on the agency.

In LWAs with multiple service delivery sites (i.e., clinics), there is no requirement that all service sites in the LWA participate in the study. Not all first-time mothers who are *Loving Support* Peer Counseling participants in a service delivery site need to be enrolled in the study. Likewise, not all peer counselors at an LWA will be required to take part in the study. However, all WIC participants taking part in the study must receive peer counseling from a peer counselor who is also participating in the study.

### **Grant Funding**

FNS has authorized Abt Associates to award grant funds on a competitive basis to eligible local WIC agencies that wish to enhance their existing *Loving Support* Peer Counseling Programs and participate in an evaluation of these enhancements. For participating in the study, LWAs will receive a pro-rated amount of approximately \$175 per WIC participant in the Treatment Group to whom peer counselors successfully deliver the intervention. (The amount is based specifically on the WIC participants who receive the intervention who are in the Treatment Group, and not on those served during the Demonstration period.) These funds are intended to help offset expenses of the Demonstration Period, of delivering the intervention to women assigned to the Treatment Group during the Study Period, and of all other study-related costs (e.g., study enrollment, training related to the implementing the study).

The study will invite up to 8 LWAs and 1,800 WIC participants (approximately 225 per LWA, half assigned randomly to control, half to treatment group). If eight LWAs are selected to participate in the study, then the average total grant to each LWA would be \$20,000. However, the exact amount will depend on the size of an LWA's peer counseling program and its capacity to deliver the intervention to half of the study participants assigned to the treatment condition.

In addition to grant funding to support study participation, this study will afford sites the opportunity to implement an enhanced peer counseling approach that may improve breastfeeding outcomes for WIC participants. Regardless of the study's results, information obtained by this study will help guide federal decisions about breastfeeding policy and local decisions about changes in the peer counseling program.

### **Application procedures**

To apply for funding, grantees are required to submit a detailed description of their plans to implement the intervention and participate in the study. To be considered, grantees' proposals must address the following:

#### **I. Provide Contact Information on a Cover Page**

- A. Name and street address of agency
- B. Name of State WIC agency to which LWA reports
- C. Name, telephone number and email address of LWA Director or other official point-of-contact for questions about the proposal
- D. Total number of WIC service delivery sites in the LWA
- E. Zip codes of each LWA service delivery site proposed for the study

- F. Total number of pregnant or post-partum (breastfeeding or not) WIC participant women served by the service delivery sites proposed for the study (if the total cannot be broken down by delivery site, please provide the Total number of WIC participant women served by the LWA)

## II. Describe Agency's Population of WIC participant Women

- A. Average # of pregnant women who certify for the first time for WIC benefits per month
- B. Average # of first-time expectant women who certify (do not include re-certifications) for WIC benefits per month (please estimate if not known)

## III. Describe Agency's Peer Counseling Population and Caseload

- A. The total number of peer counselors at your agency and how many are part-time and full-time.
- B. The total number of hours that peer counselors worked in the last week (or for a typical week). That is, sum the number of hours each peer counselor worked during a typical week, and report that total.
- C. **For the last reported month (or in a typical month):**
  - 1. Please report the number of WIC participant women (pregnant, breastfeeding or post-partum) were in your agency's *Loving Support* Peer Counseling Program (combined across all peer counselors)? Please estimate this number if it is not known **and indicate that it is an estimate.**
  - 2. Please describe the composition of the WIC participants receiving peer counseling services in terms of race, ethnicity, and language. Please estimate this number if it is not known **and indicate that it is an estimate.**
  - 3. The number of **pregnant** WIC participant women received the *Loving Support* Peer Counseling Program (combined across all peer counselors)? Please estimate this number if it is not known **and indicate that it is an estimate.**
  - 4. The number of **infants** born to WIC participants receiving peer counseling How many infants were born to **first-time** mothers in your agency's *Loving Support* Peer Counseling Program? Please estimate this number if it is not known **and indicate that it is an estimate.**

D. During the last report month (or in a typical month), report how many peer counselor contacts (combined across all peer counselors) took place as follows:

|                                                                                                 | # of contacts per month |                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>With pregnant WIC participants:</b>                                                          |                         |                                                                                                                                                               |
| By telephone                                                                                    |                         | Does this include messages left on voicemail? Y N                                                                                                             |
| In-person                                                                                       |                         | Approximately what percentage of these in-person contacts took place:<br>— In a WIC office<br>— At a hospital<br>— In participant's home<br>— Other locations |
| By mail                                                                                         |                         |                                                                                                                                                               |
| Other                                                                                           |                         | What "other" types of contacts?                                                                                                                               |
| <b>With post-partum WIC participant mothers (breastfeeding or not breastfeeding) of infants</b> |                         |                                                                                                                                                               |
| By telephone                                                                                    |                         | Does this include messages left on voicemail? Y N                                                                                                             |
| In-person                                                                                       |                         | Approximately what percentage of these in-person contacts took place:<br>— In a WIC office<br>— At a hospital<br>— In participant's home<br>— Other locations |
| By mail                                                                                         |                         |                                                                                                                                                               |
| Other                                                                                           |                         | What "other" types of contacts?                                                                                                                               |

**IV. Describe Agency’s Loving Support Peer Counseling Program Model**

1. Indicate whether or not your *Loving Support* Peer Counseling Program meet the FNS model for a successful peer counseling program (review the enclosed “Components of the *Loving Support* Peer Counseling Model”).
2. Report the amount of your FNS *Loving Support* peer counseling grant for this year.
3. Indicate approximately what percentage of time peer counselors work out of a WIC clinic and what percentage from their homes.
4. For pregnant WIC participants in the peer counseling program, indicate the frequency of peer counselor contacts for each trimester:

| Trimester | Frequency with which peer counselors contact each WIC participant during this trimester |
|-----------|-----------------------------------------------------------------------------------------|
| First     |                                                                                         |
| Second    |                                                                                         |
| Third     |                                                                                         |



- After WIC participants in peer counseling have given birth, describe the policies about timing and frequency of peer counselor contact in the first two weeks post-partum, the first month post-partum, and subsequent months.

| Post-delivery                          | Is peer counselor contact required?                                                                               | How frequently during this period do peer counselors make contact? |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| During the first two-weeks             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Recommended, not required | __ contacts per (____)<br><i>Indicate per week or per month</i>    |
| During the first Month                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Recommended, not required | __ contacts per (____)<br><i>Indicate per week or per month</i>    |
| During the second month                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Recommended, not required | __ contacts per (____)<br><i>Indicate per week or per month</i>    |
| During the third and subsequent months | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Recommended, not required | __ contacts per (____)<br><i>Indicate per week or per month</i>    |

- Do peer counselors ever visit peer counseling participants in the hospital (even if rarely)? What are the reasons for these visits? Do peer counselors ever visit peer counseling participants in WIC participants' homes? What are some of the reasons such home visits might occur?
- On average, about how long after a WIC participant in peer counseling delivers her baby, do peer counselors contact these mothers?
- Describe **briefly** what kind of training and ongoing supervision peer counselors receive. Do less experienced peer counselors receive coaching or mentoring from more experienced peer counselors?

**V. Describe how WIC Participants are Selected for Peer Counseling**

- Indicate whether or not the Agency offers peer counseling to all women WIC participants who are pregnant or have an infant. If there any particular groups of WIC participants that the agency targets to receive the agency's *Loving Support Peer Counseling Program*, describe this/these group(s) and the rationale for targeting this/these group(s)
- Indicate how women are enrolled in peer counseling: Do pregnant and post-partum WIC participants automatically receive *Loving Support Peer Counseling* or are they invited to participate in the program?
- Indicate the proportion of WIC participants offered peer counseling who actually receive it. If women are automatically enrolled, indicate with what proportion peer counselors actually make telephone or in-person contact (please do not count brochures or informational mailings sent to WIC participants as a "contact"). Likewise, indicate the approximate proportion of

WIC participants who speak directly with their peer counselor at least once after they have given birth.

4. Indicate whether or not peer counselors have assigned caseloads and explain how your agency defines “caseload.”

**VI. Describe your agency’s plans to deliver the enhanced peer counseling services to WIC participants, by addressing the following:**

1. About how many first-time expectant WIC participants do you estimate your agency could enroll in the study per month (half of whom will be assigned to the Treatment group and receive enhanced services)? When making this estimate, LWAs should consider and describe the following:
  - The number of peer counselors who will work on the study and the hours they have available;
  - The number of **first-time** expectant mothers in the LWA’s existing *Loving Support* Peer Counseling Program;
  - The number of women who typically “drop out” of peer counseling after giving birth (e.g., by not returning peer counselors’ phone calls or otherwise declining breastfeeding assistance); and
  - The number of women expected to refuse either a hospital contact or an in-person meeting with a peer counselor.

*Note that peer counselors working on the study must deliver peer counseling both to women in the Control Group and to women in the Treatment Group. In other words, any proposal to select a group of peer counselors to work solely with women in the Treatment Group will not conform to the study requirements.*

2. Describe how the agency proposes to train peer counselors working on the study to deliver the two components of the enhanced *Loving Support* Peer Counseling Program.
3. Describe how the agency proposes to supervise and monitor peer counselors working on the study, including providing the resources and supervisory support necessary for peer counselors to succeed.
  - How does the agency propose to ensure that WIC participants in peer counseling assigned to the Control Group **do not** receive the enhanced peer counseling?
  - How do the agency propose to ensure that WIC participants in peer counseling assigned to the Treatment Group **do** receive the enhanced peer counseling?
4. Describe the most likely challenges to implementing the intervention at your agency and how the agency plans to address those challenges.

### Evaluation criteria

The table below lists criteria we will use to evaluate responses to this FOA and the maximum number of points possible for each.

| Evaluation Criteria                                                                                                                                                                                                                                                                                                     | Points possible   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Feasibility of plans for training peer counselors to deliver the components of the intervention to women in the treatment group                                                                                                                                                                                         | 20                |
| Feasibility of plans for monitoring peer counselors' implementation of the enhancements and study procedures, including providing the resources and supervisory support necessary for peer counselors to succeed;                                                                                                       | 20                |
| Feasible plan for tracking the assignment status of WIC participants in the study, and ensuring that WIC participants in the treatment group are offered the enhancements and WIC participants in the control group are not offered the enhancements;                                                                   | 20                |
| Match between proposed number of first-time expectant WIC participants to be enrolled in the study and capacity of proposed number of LWA staff and peer counselors to deliver the intervention to the half this number (treatment group) and the existing peer counseling services to half this number (control group) | 20                |
| Recognition of likely challenges to implementing the intervention and plans to address these challenges                                                                                                                                                                                                                 | 20                |
| <b>Total</b>                                                                                                                                                                                                                                                                                                            | <b>100 points</b> |

### Additional Information Available Online

Prior to the release of this FOA, information about the upcoming study was disseminated to State and local WIC agencies and three optional Webinars were held. All materials presented during the Webinars and all questions and answers that arose from these webinars have been compiled and are posted online here: [\[URL\]](#)

**Submit Questions** about this FOA to [Phase2WICStudy@abtassoc.com](mailto:Phase2WICStudy@abtassoc.com) by 5pm Eastern Standard Time on **Due Date**. All Questions received and Responses to all Questions received by this deadline will be posted online at [\[URL\]](#) on **Due Date + 7 days**

### Submission guidelines

Responses to this FOA should not exceed 12 single-spaced, 8½ by 11 inches pages. This 12 page limit does not include the Cover Page or the Appendices A and B requested below. Responses should be submitted electronically in Microsoft Word or PDF format **on or before 5pm Eastern Standard Time on <due date>** to [Phase2WICStudy@abtassoc.com](mailto:Phase2WICStudy@abtassoc.com). Agencies unable to submit responses electronically should make arrangements to have paper copies delivered on or before the above due date and time to the following address (this address accepts FedEx and UPS shipments as well as regular US mail):

Phase2 WIC Peer Counseling Study,  
ATTN: Carter Epstein  
Abt Associates Inc.  
55 Wheeler Street  
Cambridge, MA 02138

Each submission must include the name and contact information of a designated Agency Official (e.g., the LWA Director) that the Abt Associates research team may contact with questions. In addition, each submission must include the name and contact information of an Agency official with signing authority to commit the Agency to study participation if the Agency is selected. Each submission should also include the following:

- Appendix A: A completed copy of the Attached Proposed Key Staff Form (see attached)
- Appendix B: A copy of the Agency's current Peer Counselor Contact Log

**Attachments:**

- A. Components of the *Loving Support* Peer Counseling Model
- B. Proposed Key Staff Form
- C. Contact Log Abstraction Form
- D. Demonstration Period Progress Form

## **Attachment 1: Components of the *Loving Support Peer Counseling Model***

1. Appropriate Definition of Peer Counselor
2. Designated Breastfeeding Peer Counseling Managers/Coordinators at State and/or local level
3. Defined job parameters and description for peer counselors
4. Compensation and reimbursement of peer counselors
5. Training of appropriate WC State/local peer counseling management and clinic staff
6. Establishment of standardized breastfeeding peer counseling program policies and procedures at the State and local level as part of Agency nutrition education plan
7. Supervision and monitoring of peer counselors
8. Establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program
9. Provision of timely access to breastfeeding coordinators/lactation experts for assistance outside 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
10. Provision of training and continuing education of peer counselors

**Attachment 2:**

**Proposed Key Staff Form (complete and include as Appendix A)**

Below, complete the following information for up to 5 key staff at the Agency who are proposed to work on the study. Do not include Peer Counselors as Key Staff.

|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1. Name of Key Staff proposed to work on the Study</b>                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>Agency Title or Role</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>Proposed responsibilities for the study</b>                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>Does this person have any of the following certifications?</b> (specify each certification held, or enter "none")<br>Certified Breastfeeding Counselor (CBC), Certified Lactation Counselor (CLC), Certified Lactation Educator (CLE), Registered Lactation Consultant (RLC); that is, certification from the International Board of Lactation Consultant Examiners (IBLCE), Other similar certification (please specify)? |  |  |
| <b>Does this person have experience conducting or supervising home visits as part of delivery of any social or community service? Describe.</b>                                                                                                                                                                                                                                                                               |  |  |
| <b># of years of supervisory experience</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b># of years employed in local or State WIC agency(ies)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>Highest education level</b> (High School diploma/GED, Some college, Associate's, Bachelor's, Master's or higher:                                                                                                                                                                                                                                                                                                           |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>2. Name of Key Staff proposed to work on the Study</b>                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>Agency Title or Role</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>Proposed responsibilities for the study</b>                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>Does this person have any of the following certifications?</b> (specify each certification held, or enter "none")<br>Certified Breastfeeding Counselor (CBC), Certified Lactation Counselor (CLC), Certified Lactation Educator (CLE), Registered Lactation Consultant (RLC); that is, certification from the International Board of Lactation Consultant Examiners (IBLCE), Other similar certification (please specify)? |  |  |
| <b>Does this person have experience conducting or supervising home visits as part of delivery of any social or community service? Describe.</b>                                                                                                                                                                                                                                                                               |  |  |
| <b># of years of supervisory experience</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b># of years employed in local or State WIC agency(ies)</b>                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| <b>Highest education level</b> (High School diploma/GED, Some college, Associate's, Bachelor's, Master's or higher:                                                                                                                                                                                                                                                                                                           |  |  |

[include additional staff, up to 5, as needed]



## Attachment 4: Demonstration Period Progress Form (SAMPLE)

OMB Clearance Number: 0584-0548

Expiration Date: xx/xx/20xx

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0548. The time required to complete this information collection is estimated to average one hour per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research & Analysis, Room 1014, Alexandria, VA 22302.

This biweekly progress report covers contacts made xx/xx/2011 through xx/xx/2011.

[Click here to adjust these dates:](#) ○

RECORD #1

Enter mother's first name:

Was contact made while mother was IN HOSPITAL to deliver her infant?

Yes  No

Name of Peer Counselor who made contact

Name of hospital where mother delivered

Mode of contact  Telephone  In-person  Other, specify:

If special circumstances limited peer counselor's ability to provide breastfeeding peer counseling while mother was in the hospital, please indicate below: (check all that apply)

- Unable to contact mother in hospital, unknown reason
- Mother or infant had a health problem
- Family member or health care provider objection
- Other **known** circumstance (information withheld)

Was IN-PERSON contact with mother made after she gave birth?

Yes  No

Name of Peer Counselor who made contact

Infant was how many days old?

Days

Location (check one):

- WIC clinic  Mother's home  Hospital
- Other, specify:

Duration of in-person meeting

\_\_\_ Hours, \_\_\_ Minutes

Language(s) used by peer counselor

Language(s) used by mother

[Each contact will be entered in a new record like that shown above]