

# **Appendix E1: LWA Staff Interview Guide 1: Demonstration Period**

# WIC Peer Counseling Study

## Interview Guide 1: LWA Staff Interviews (Demonstration Period)

INTERVIEWER NAME	DATE	LOCATION	
NAME OF LWA	SITE ID	Time start	Time end

OMB Clearance Number: 0584-0548	Expiration Date: mm/dd/20xx
Estimates of Burden for the Collection of Information. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0548. The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.	

### Introduction

Thank you for taking the time today to participate in this interview. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are interviewing key people involved in the implementation of the *Loving Support* Peer Counseling Program at your agency. There are two purposes of this phase of our study. First, we want to describe the *Loving Support* Peer Counseling Program at your agency before you began the Demonstration Period of the intervention. Next, we'd like to learn how you have begun testing two additional components: contacting new mothers when they are in the hospital for delivery and conducting in-person meetings with new mothers during the first week to ten days post-partum.

You and your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name, except as required by law. Although we may report direct quotations from the interview, you and your agency will be given pseudonyms. Because of the small number of individuals selected to participate in this interview, it is possible that you may be identifiable to other people on the basis of what you have said. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary, although someone from your agency must complete the interview if your agency is going to participate in the impact study. Do you have any questions before we begin?

## Module A: Respondent Information

*Interviewer: In some agencies the Breastfeeding Coordinator and the Peer Counseling Coordinator may be the same individual, or the two roles may not be separate. If the LWA does have both a Breastfeeding Coordinator and a separate Peer Counseling Coordinator, you may interview both. You also may interview the LWA Director.*

I'm going to ask you some questions about the *Loving Support* Peer Counseling program at your agency. First I'll ask about your Peer Counseling program activities and procedures before you began the Demonstration Period of the enhancements, and then I'll ask you about what your agency has done to implement the two new components to the program: having peer counselors contact women when they are in the hospital and meet in-person with new mothers during the first week to 10 days post-partum.

A1. Please enter the name and title of each person answering this survey.

<b>Respondent</b>	<b>Title</b> <i>Use the titles below, if applicable</i>

*Title: Write the title or position, if any, each respondent holds. Examples of possible respondents:*

- *Breastfeeding Coordinator*
- *Budget director*
- *Loving Support peer counselor*
- *Loving Support peer counselor coordinator or supervisor*
- *WIC Agency director*
- *Respondent has other duties ( **If other duties**, Please specify)*

A2. Who else works on the Loving Support peer counseling program? (*name, position*)

## Module B: Agency Activities to Promote Breastfeeding

**Intro:** We would like to learn about your agency’s efforts to support and promote breastfeeding, including *Loving Support* peer counseling.

B1. How long has your agency received funding from your State WIC agency for *Loving Support* Peer Counseling? (*probes: year and month of first funding; ensure funding referenced was for Loving Support Peer Counseling not other breastfeeding promotion or other counseling. source(s) of funding*)

First received funding specifically to implement the *Loving Support* model:

(month): \_\_ (year): \_\_\_\_\_

B2. Have there been any other sources of funding for your *Loving Support* Peer Counseling program?

B3. In addition to offering *Loving Support* Breastfeeding Peer Counseling, what breastfeeding promotion activities have been available to WIC participants in your agency? Again, I’m asking about activities that were available before you began implementing the enhanced *Loving Support* Peer Counseling services.

	If they occur	Collaborating Organization(s) (if any)	Description
Media campaigns about breastfeeding and/or posting promotional materials WIC clinics, hospitals, or other public places			
certified lactation consultants and other trained specialists available to WIC participants			
breastfeeding support groups or classes for WIC participants			
breastpumps, breastfeeding pillows, or other equipment that supports breastfeeding			
Peer Counseling or other counseling to WIC participants that is different from the <i>Loving Support</i> Peer Counseling program			
special training on breastfeeding to nutritionists and other WIC staff			
a 24-hour breastfeeding hotline or access to designated staff with cell phones or pagers who are on-call after clinic hours? ( <i>if yes</i> , ask how the hotline is staffed or which staff carry these cell phones)			
any other activities to promote breastfeeding or support breastfeeding mothers? ( <i>specify</i> )			

B4. Do you have a lactation consultant on staff?

- Yes
- No
- Don't know

**If yes, confirm:** Was this lactation consultant on staff before the Demonstration Period began?

**If no,** Is there a lactation consultant from a local hospital or other organization that you work closely with? Do peer counselors have opportunities to meet with this lactation consultant? When do such opportunities occur?

- B4a. Did peer counselors have opportunities to meet with this lactation consultant? When did such opportunities occur?
- B5. Did your agency have a breastfeeding Peer Counseling program prior to implementing the *Loving Support Peer Counseling Program*?
- Yes **Describe this prior program:**
  - No
  - Don't know

## Module C: WIC Staff Working on *Loving Support* Peer Counseling

Now I am going to ask about the WIC staff *other than peer counselors* who work on the *Loving Support* peer counseling program. Then I will ask specific question about your peer counselors.

### **Peer Counseling Coordinator**

C1. Is the *Loving Support* Peer Counseling Coordinator/supervisor a separate position from the breastfeeding coordinator?

- Yes
- No
- Don't know

C1a. **If yes**, Did the Peer Counseling Coordinator position exist before the Demonstration Period began?

- 
- 
- 

Yes  
 No  
 Don't know

C1b. **If yes**, How long has this person been the Peer Counseling Coordinator?

C1c. **If yes**, Please describe breastfeeding coordinator's duties and how they relate to the *Loving Support* peer counseling coordinator. For each duty listed below, indicate whether it performed by the Breastfeeding Coordinator, the Peer Counseling Coordinator, or both (the duty is shared).

Breastfeeding Coordinator	Peer Counseling Coordinator	Duties
<input type="checkbox"/>	<input type="checkbox"/>	Supervise and monitor work performance of <i>Loving Support</i> peer counselors
<input type="checkbox"/>	<input type="checkbox"/>	Develop basic policies and procedures for local <i>Loving Support</i> peer counseling program
<input type="checkbox"/>	<input type="checkbox"/>	Conduct needs assessment to target the WIC <i>Loving Support</i> peer counseling services
<input type="checkbox"/>	<input type="checkbox"/>	Provide training to local WIC staff (other than peer counselors) about breastfeeding and peer counseling
<input type="checkbox"/>	<input type="checkbox"/>	Provide training to peer counselors about peer counseling duties and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	Initiate or serve as point of contact for community organizations that collaborate on <i>Loving Support</i> peer counseling activities
<input type="checkbox"/>	<input type="checkbox"/>	Develop and implement outreach strategies for <i>Loving Support</i> peer counseling
<input type="checkbox"/>	<input type="checkbox"/>	Design and/or participate in evaluation of local WIC peer counseling services
<input type="checkbox"/>	<input type="checkbox"/>	Conduct program promotion with local organizations in the community
<input type="checkbox"/>	<input type="checkbox"/>	Provide information to WIC clients about the peer counseling program
<input type="checkbox"/>	<input type="checkbox"/>	Monitor <i>Loving Support</i> peer counseling implementation (i.e., peer counseling caseloads, number of women served, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Report on the <i>Loving Support</i> program operations to State WIC administrative staff

- C2. Does the Peer Counseling Coordinator have other duties besides those listed above? ***If yes, describe:***
- C3. Please describe your agency’s guidelines for qualifications of Peer Counseling Coordinator and which of these are required qualifications as opposed to preferred qualifications

Peer Counseling Coordinator’s	Agency Hiring Guidelines (if any)	Req'd/Pref'd?
Educational background		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Professional training or certifications		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Similarity to WIC participants		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Personal qualities		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Practical or logistical capacity to fulfill peer counseling coordinator duties (e.g., transportation, schedule flexibility)		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Other qualifications		<input type="checkbox"/> Required <input type="checkbox"/> Preferred

- C4. Please tell me the number and positions of all non-peer counseling staff in your agency, and whether or not the person in this position worked with the *Loving Support* Peer Counseling Program. I’m referring to how the person in each position worked with the *Loving Support* Peer Counseling Program before you started the Demonstration Period. (*titles of positions will vary by agency and may or may not include: nutritionists; certification specialists; agency director; assistant director; breastfeeding coordinator; peer counseling coordinator; lactation consultant; budget director; other staff.*)

Title or Position	# at the agency (all service delivery sites)	Before Demonstration Period, worked with <i>Loving Support</i> ?	Describe role in <i>Loving Support</i>
<i>Example: nutritionists</i>	10	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Now, I'd like to learn more about each agency staff person's involvement in the *Loving Support* Peer Counseling Program, including their name, who they report to, if any of their salary paid by the *Loving Support* grant, and the approximate amount of time they spend on *Loving Support* Peer Counseling Program. **[ELECTRONICALLY PREFILLED FROM EARLIER ITEM]**

Name	Title or Position <i>[Prefilled]</i>	Reports to whom?	Any salary supported by <i>Loving Support</i> grant from FNS/ State WIC agency?	Estimated amount of time on <i>Loving Support</i> program. You can tell us average hours per week, or per month, or average percent of time.
	<i>WIC agency director</i>		<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time
	<i>Assistant director</i>		<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time
	<i>Breastfeeding Coordinator</i>		<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time
	<i>Peer Counseling Coordinator</i>		<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time
			<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time
			<input type="checkbox"/> Fully <input type="checkbox"/> Partially <input type="checkbox"/> None <input type="checkbox"/> Don't Know	_____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time



## Module D: *Loving Support* Peer Counselors

- D1. How many *Loving Support* peer counselors worked for your agency before the Demonstration Period began? Please include everyone who worked at local service delivery sites/clinics.
- D2. How many, if any, of these were considered “senior peer counselors”?
- D3. Before the Demonstration Period began, did you have career paths for peer counselors?  
 Yes *If yes, Please describe.*  
 No  
 Don’t know
- D4. Are you currently trying to hire additional peer counselors, or did you hire additional peer counselors to help with the Demonstration Period?  
 Yes, currently trying *If yes, How many? \_\_\_\_\_*  
 Yes, hired additional for the Demonstration Period *If yes, How many? \_\_\_\_\_*  
 No  
 Don’t know
- D5. Please list the first names of each of your peer counselors, and indicate the average number of hours per week that each peer counselor worked (or hours worked during the last reported month) *before the start of the Demonstration Period* and the percentage of her pay supported by the FNS peer counseling grant. If you had more than 8 peer counselors working for your agency then, please continue this list by adding lines as necessary.

**Table below pre-filled by agency in advance of site visit:**

	First Name(s)	Ave. Weekly Hours Worked	# of months or years as a Peer Counselor	Supported by FNS peer counseling grant?	IF YES, % of pay supported by grant
Peer Counselor #1				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #2				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #3				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #4				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #5				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #6				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #7				<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Peer Counselor #8				<input type="checkbox"/> Yes <input type="checkbox"/> No	%

*Completed AFTER the interview and filled TABLE at end of MODULE F*

D5a		D5b	D5c
Total # of Peer Counselors	Sum of Hours/Week	X 4.3 wks/mo	Total # of Peer Counseling Hours/Month

***If job description for peer counselors not yet received:***

D6. Do you have a written job description for *Loving Support* peer counselors?

- Yes  
 No

D6a. **If yes**, please provide us with a copy of the job description. Is this the job description you were using before the Demonstration Period began?

- Yes  
 No

***If no, ask for a copy of the job description used prior to the Demonstration Period.***

***Using job description, probe to fill in table below on Peer Counselor qualifications. Note that in some agencies the official job description posted externally may be more generic or vague than we need for Item D7. Probe to find out what specific qualifications were sought.***

D7. Before starting the Demonstration Period, what qualifications did you look for in your Peer Counselors? Specifically what were you looking for in terms of:

Characteristics	Peer Counselor Qualifications	Req'd/Pref'd?
Educational background		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Professional training or certifications		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Similarity to WIC participants: • Prior breastfeeding experience? • Prior WIC participation?		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Languages spoken		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Peer Counselor had own transportation		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Peer Counselor's availability • Minimum hours per week • Is availability evenings/weekends required or preferred?		<input type="checkbox"/> Required <input type="checkbox"/> Preferred
Other qualifications?		<input type="checkbox"/> Required <input type="checkbox"/> Preferred

D8. We will ask about peer counselor's roles in further detail later on, but right now I'd like to ask, in addition to providing peer counseling, before the Demonstration Period began, what were *Loving Support* peer counselors' other job activities? These can include staff training, teaching classes, leading support groups, community outreach, making referrals, service documentation and program administrative tasks. For each of these activities, could you please tell us about their responsibilities? What percentage of their time generally went to these activities?

D9. Did all your peer counselors get paid?

- Yes
- No
- Don't know

***If yes***, What is the pay range for your *Loving Support* peer counselors?

From \$ \_\_\_\_ to \$ \_\_\_\_ per (hour, week, 2-weeks, bi-monthly, monthly, annually, other)  
***(select one)***

***(If other format, please specify.)***

D10. How does this wage compare to WIC entry-level support staff in your agency?

- Lower
- Roughly equivalent
- Higher
- Don't know
- Other

D11. Did you provide non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?

- Yes
- No
- Don't know

***If yes***, Please indicate below the non-wage compensation that you provide to your *Loving Support* peer counselors. ***(Select all that apply)***

- Paid leave (e.g., sick, holiday, vacation)
- Health insurance benefits
- Other benefits (e.g., life insurance, disability insurance)
- Compensation for job-related expenses (e.g., mileage, telephone)
- Other types of compensation

***If other***, Please specify.

## Module E: Local Sites Offering *Loving Support* Peer Counseling

E1. Your agency’s application to participate in the study indicated that your agency has [number] WIC centers/local service delivery sites—is that accurate? By local service delivery site, we mean any location where WIC participants come for services. If your agency has added any new service delivery sites to accommodate the Demonstration Period, please do not include these.

\_\_\_\_\_ # of Sites

E2. Before you began the Demonstration Period, how many of these sites were offering *Loving Support* peer counseling services to WIC participants?

\_\_\_\_\_ # of Sites that offered *Loving Support* peer counseling services.

E3. For the last full month before you began the Demonstration Period, please tell us the following information for each of the sites where *Loving Support* peer counseling is offered: the monthly average number of: (1) WIC participants (2) *Loving Support* peer counseling participants (if available), (3) and *Loving Support* peer counseling participants initiating breastfeeding (if available) (If information is not available, write N/A.)

If your agency has more than 6 service delivery sites, please provide details for the 6 largest sites and summarize the information for the remaining sites.

Site #	Site Name Where <i>Loving Support</i> Peer Counseling is offered	Average Monthly # of WIC Participants Eligible for Peer Counseling (i.e., pregnant, post-partum, or breastfeeding)	Ave. Monthly # of <i>Loving Support</i> Peer Counseling Participants <sup>1</sup>
1			
2			
3			
4			
5			
6			
All others Combined			

<sup>1</sup> LWAs may not be able to breakdown the number of peer counseling participants by delivery site; if so, ask for the average monthly number of participants across all sites combined

**Allocation of Peer Counselors Across Sites**

E4. Please describe how the time of *Loving Support* peer counselors was allocated, before the Demonstration Period began, among your local clinics/service delivery sites offering *Loving Support* Peer Counseling. If you have more than six sites, please show this time for your six biggest sites. If you have more than 8 Peer Counselors please add lines to this tables as needed.

**Peer Counselor Time Allocation Chart**

<b>Peer Counselor</b>	<b>Site. #1</b>	<b>Site #2</b>	<b>Site #3</b>	<b>Site #4</b>	<b>Site #5</b>	<b>Site #6</b>
Name:	Site name	Site name	Site name	Site name	Site name	Site name
1						
2						
3						
4						
5						
6						
7						
8						

## Module F: *Loving Support* Peer Counseling Service Delivery

### Selecting WIC Participants to Receive *Loving Support* Peer Counseling

- F1. Your application to participate in the study indicated that the following were eligibility requirements for pregnant or post-partum women to enroll in your *Loving Support* Peer Counseling Program. [review eligibility requirements from LWA’s response to the FOA] Is this correct?
- Yes
  - No **If no**, Please describe eligibility requirements:
  - Don’t know

***If respondent confirms that the *Loving Support* Peer Counseling Program is offered to all WIC participants, skip to F3. Otherwise, ask F2.***

- F2. Also, the application indicated that you decide who will receive *Loving Support* peer counseling services based on [describe decision criteria or process]. Is this correct? ***If no***, describe:
- F3. During the last reported month before the start of the Demonstration Period, how many women total were in the *Loving Support* Peer Counseling Program – that is, across all peer counselors, how large was the total peer counseling caseload? (***This answer is needed for calculating caseload and intensity – see TABLE at end of MODULE F***)
- F4. What percentage of WIC participants first enrolled in *Loving Support* Peer Counseling Program:
- During their first trimester of pregnancy
  - During their second trimester of pregnancy
  - During their third trimester
  - Within the first month after they had given birth
  - More than one month post-partum

### Assignment of WIC Participants to Peer Counselors

- F5. Based on your agency’s application to participate in the study, the process your agency follows for assigning WIC participants to peer counselors is [review description from response to FOA, including who makes assignments and when; what matching criteria (language, age, cultural or racial/ethnic similarity, geographic proximity to WIC participant’s hospital/home/preferred LWA service delivery site, similar temperament, other) are used]. Is this accurate? ***If no***, describe how you match WIC participants and peer counselors.

- F6. Also, we want to confirm the procedures you use when *Loving Support* peer counseling participants are reassigned, if a peer counselor leaves the agency. [[review description of process from response to FOA](#)]. Is this accurate? **If no**, describe what happens.
- F7. Before the Demonstration Period began, what percent of women targeted for the *Loving Support* Peer Counseling Program actually took up the services (that is, they participated in an in-person or telephone contact with a *Loving Support* peer counselor)?
- F7a. What do you think their main reasons are for not doing so?
- F7b. Do you keep records of why women do not take up services?
- Yes
  - No
  - Don't know
- F8. In the last few years, how many peer counselors have left?  
**If any counselors have left:** What do you think are the reasons for peer counselor turnover? For those that have left for other jobs, what have those other jobs been?

**Estimated Average Caseload and Average Peer Counseling Intensity**

*Completed AFTER the conclusion of the interview (or programmed for automatic calculation)*

<b>During last reported month before Demonstration Period</b>	
<i># of WIC participants enrolled in peer counseling</i>	<i>(F4)</i>
<i>Total # of Peer Counselors</i>	<i>(D5a)</i>
<i>Total # of Peer Counseling Hours</i>	<i>(D5c)</i>
<hr/>	
<b>Caseload:</b> <i>Average # of WIC participants per Peer Counselor</i>	<i>(F4)/(D5a)</i>
<b>Intensity:</b> <i>Average # of Peer Counseling Hours per WIC participant</i>	<i>(D5c)/(F4)</i>

**Contacts with WIC Participants and Documentation of Contacts**

F9. Before the Demonstration Period began, what was the average number of monthly contacts made with WIC participants for all peer counselors combined?

Average # of contacts per month (all peer counselors combined)	
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F10. How did these contacts breakdown according to those that occur in the WIC offices, in the hospital, over the telephone, or by other means? In the last reported month before the start of the Demonstration Period, what was the number of contacts that occurred:

Mode	#	
In the WIC office(s)		
In the hospital		
Over the telephone		Does this include messages left on voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Using text messages		Does this include messages sent, received, or both? <input type="checkbox"/> Sent by peer counselors <input type="checkbox"/> Received from clients <input type="checkbox"/> Both
By mail		Does this include mailings sent out, received, or both?
By email		Does this include email sent, received, or both? <input type="checkbox"/> Sent by peer counselors <input type="checkbox"/> Received from clients <input type="checkbox"/> Both
Postings on social media sites or services such as Facebook, Twitter		Does this include postings made by peer counselors, by clients, or both <input type="checkbox"/> Posted by Peer Counselors <input type="checkbox"/> Posted by clients <input type="checkbox"/> Both
Other (specify):		



F11. Before the Demonstration Period, did the agency have formal policies about the frequency of contact during each of the following time periods? (See the table below. Please check boxes to indicate that you have guidelines or policies about the frequency of contact during each period specified.)

In actual practice, how frequently did peer counselors successfully contact participants during these times? We are referring here to contacts in-person or by phone, where the peer counselor has an exchange with a WIC participant. Don't include unsuccessful attempts to reach participants.

	<b>Are there guidelines for frequency of contact?</b>	<b>Guidelines require contact: Other time period (Specify # of contacts per time period)</b>	<b>Actual contact is typically made: Other time period (Specify # of contacts per time period)</b>
<b>During pregnancy</b>			
1st trimester	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
2nd trimester	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
3rd trimester	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
<b>After Delivery</b>			
Week 1 (after hospital stay)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
Weeks 2 – 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
Months 2 – 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
Months 4 – 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___
After 6 Months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ___ contacts per ___	<input type="checkbox"/> ___ contacts per ___

**Intro:** We just reviewed your agency policies about contact and outreach to participants. Now I'll ask you about WIC participants initiating contact with counselors.

F12. Before the start of the Demonstration Period, how frequently did WIC participants who were enrolled in the *Loving Support* Peer Counseling Program request assistance from peer counselors? What were the reasons for contact? When did contact usually occur (e.g. at hospital discharge, when considering stopping exclusively breastfeeding)? About what percent of contacts were initiated by WIC participants themselves?

F13. How soon did a WIC participant generally get contacted by a peer counselor after she requested breastfeeding assistance?

Are these your formal guidelines?

- Yes
- No
- Don't know

F14. Before the start of the Demonstration Period, were peer counselors available to WIC participants outside of standard work hours (Monday-Friday, 9am-5pm)?

F15. How did Peer Counselors typically find out when a woman delivered a baby?

F16. Were *Loving Support* peer counseling services ever delivered to WIC participants in group sessions?

- Yes *If yes*, Please describe.
- No
- Don't know

### Content of Peer Counseling Sessions

- F17. What topics were discussed and techniques demonstrated by peer counselors to *Loving Support* peer counseling participants at the following times:
- During pregnancy?
  - First weeks post-partum?
  - When infant is 2-6 months?
  - General
- F18. Was the content of the sessions standardized?
- Yes ***If yes***, Please describe how.
  - No
  - Don't know

### Documentation

- F19. What did peer counselors record/document about peer counseling activities? (Select all that apply.)
- Location of contact
  - Method of contact (e.g., home visit, phone)
  - Topics/issues discussed with client
  - Unsuccessful contacts
  - Materials sent
  - Demographic information about mother and baby
  - Referrals made
  - Status of WIC participant in terms of initiation, duration, exclusivity of breastfeeding
  - Other (***Specify***): \_\_\_\_\_
- F20. How was this information recorded?
- On paper records
  - In local centralized data base
  - In state centralized data base
  - Other method (***Specify***) \_\_\_\_\_
- F21. How often was this information recorded?
- At each client contact
  - Once a week
  - Once every two weeks
  - Once a month
  - Other (***Specify***) \_\_\_\_\_

## Module G: Recruiting, Training and Supporting Peer Counselors

### Loving Support Training

G1. Below is a list of training sessions related to the *Loving Support* peer counseling that may be offered in your state as well as more generic training sessions. Please indicate whether any of your staff and/or the peer counseling staff have received such training during the most recent 12 months before the start of the Demonstration Period or if they received such training more than 1 year ago.

	WIC Staff		Peer Counseling Staff	
	Received in the 12 months before Demonstration Period	Received more than 1 year ago	Received in the 12 months before Demonstration Period	Received more than 1 year ago
<b>Loving Support Training Chart</b>				
a. "Using <i>Loving Support</i> to Manage Peer Counseling Programs" training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lactation management training approved through IBCLSC Continuing Education Recognition Points (CERPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. Before the start of the Demonstration Period, what was your process for recruiting peer counselors?

G3. In addition to ongoing training, what are the ways in which you supported and monitored peer counselors prior to the start of the Demonstration Period? For instance, was there mentoring or on-the-job shadowing after peer counselors first arrive?

G4. Did peer counselors participate in WIC agency staff meetings or other activities?

- Yes
- No
- Don't know

G4a. *If yes*, please describe which types of meetings/activities:

## Module H: *Loving Support* Peer Counseling Expenditures

*(Prefilled from response to FOA)*

What is the time period for your organization’s fiscal year?

- January 1 – December 31  
 July 1 – June 30  
 October 1 – September 30  
 Other (specify: \_\_\_\_\_)

Please list the total labor and non-labor expenditures for your WIC agency for your last completed fiscal year (2010):

Labor costs (Including salaries and fringe benefits)                   \$ \_\_\_\_\_

Non-labor costs (Including rent/mortgage/fee for the  
 Space, utilities, professional fees, repair and maintenance,  
 Office supplies and equipment, etc.)   \$ \_\_\_\_\_

Now we would like to know how your agency spent its FNS *Loving Support* peer counseling grant funding during your fiscal year 2010. Please fill in all the lines in bold. If possible, please also fill out any other lines if you have this information. If you do not have it, please indicate so with an “N/A”.

	FNS <i>Loving Support</i> Peer Counseling Grant Expenditures
<b>Salaries &amp; benefits</b>	
Salaries	
Fringe Benefits	
<b>Non-labor direct expenditures</b>	
Travel	
Contract/ Purchased services	
Capital equipment	
Non-capital equipment and supplies	
<b>Indirect cost and occupancy expenditures (rent, utilities, etc.)</b>	
<b>Total Expenditures for <i>Loving Support</i> peer counseling</b>	

Overall, how much funding did your agency commit in your last fiscal year to breastfeeding promotion services other than FNS *Loving Support* peer counseling grant funds? These funds are in addition to those you specify in the chart above.

\$ \_\_\_\_\_ for breastfeeding promotion in the last fiscal year.  
 Don't know

## Module I: Relationships with Hospital and Other Community Partnerships

11. Please answer the following questions for the local hospitals where WIC participants served by your agency most frequently deliver their infants.

		ALL	MOST	SOME	FEW/ NONE
a.	What proportion of these hospitals have been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	What proportion of these hospitals have rooming in for newborns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	In what proportion of these hospitals are mothers encouraged to breastfeed within the first hour after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	In what proportion of these hospitals are breastfeeding infants routinely given any supplementation, including water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	What proportion of these hospitals provide formula discharge packs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	What proportion of these hospitals have lactation consultants on staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	What proportion of the hospitals have staff that received training in lactation management in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	What proportion of these hospitals have any discharge lactating support programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	What proportion of these hospitals refer pregnant or newly delivered women to your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	In what proportion of these hospitals do WIC staff provide education to newly delivered women in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	In what proportion of these hospitals are WIC certifications of newly delivered women and their infants done while in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	In what proportion of these hospitals does your agency have a local clinic or service delivery site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	In what proportion of these hospitals are peer counselors allowed access to WIC participants in this hospital? <b><i>If most, some, or few/none, report why peer counselors are not permitted in other hospitals.</i></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Before the start of the Demonstration Period, did your agency collaborate with other organizations (that is, besides hospitals) to implement the *Loving Support Peer Counseling Program*? Examples may include *La Leche League*, *the Nurse-Family Partnership*, *Healthy Start*, public health or maternal and child health agencies, or any other organizations –the ones I named were just a few of the ones possible.
13. What organizations has your agency collaborated with to deliver peer counseling services? What were the objectives of the collaboration? How was the collaboration formed, and when? What have been the major achievements or benefits of the collaboration? What have been the major challenges?

	Organization 1 Name:	Organization 2 Name:	Organization 3 Name:
Objectives			
How was the collaboration established?			
When did the collaboration begin?			
Major achievements or benefits?			
Major challenges?			

14. Before the start of the Demonstration Period, did your staff or peer counselors encourage pregnant WIC participants or new mothers to participate in the “**Text4Baby**” program?

## Module J: Adapting the *Loving Support Peer Counseling Program*

Now that you've given me a good description of your agency's administration of the *Loving Support Peer Counseling Program* *before* you began the Demonstration Period, I'd like to talk next about how the Demonstration Period has been going and any changes you have made to the peer counseling program since the Demonstration Period began on [DATE LWA BEGAN DEMONSTRATION PERIOD -- prefilled --].

### ***Breastfeeding Promotion (Other Than Peer Counseling)***

J1. First, I'd like to talk about your agency's activities to promote breastfeeding *other than* peer counseling. Have there been any changes in the *non-peer-counseling* activities available to WIC participants in your agency? [***Review the activities from Item B3 for any changes***]

	Description of Any Changes	Unchanged
Media campaigns about breastfeeding and/or posting promotional materials WIC clinics, hospitals, or other public places		<input type="checkbox"/>
Certified lactation consultants and other trained specialists available to WIC participants		<input type="checkbox"/>
Breastfeeding support groups or classes for WIC participants		<input type="checkbox"/>
Breastpumps, breastfeeding pillows, or other equipment that supports breastfeeding		<input type="checkbox"/>
Peer Counseling or other counseling to WIC participants that is different from the <i>Loving Support Peer Counseling program</i>		<input type="checkbox"/>
Special training on breastfeeding to nutritionists and other WIC staff		<input type="checkbox"/>
A 24-hour breastfeeding hotline or access to designated staff with cell phones or pagers who are on-call after clinic hours? ( <b><i>if yes</i></b> , ask how the hotline is staffed or which staff carry these cell phones)		<input type="checkbox"/>
Any other activities to promote breastfeeding or support breastfeeding mothers? ( <b><i>specify</i></b> )		<input type="checkbox"/>

J2. Since the Demonstration Period began, are you aware of any new breastfeeding awareness campaigns or changes in existing campaigns conducted by organizations other than WIC in the communities served by your agency?

- Yes
- No
- Don't know

***If yes, describe:***



**Agency Staffing**

J3. Since the start of the Demonstration Period, have you hired any new agency staff *other than* peer counselors? If yes, were any of these new positions that did not exist before? Have the qualifications or hiring criteria for this position changed? (***In particular, review Peer Counseling Coordinator and/or Breastfeeding Coordinator qualifications .***)

Agency Positions (Examples)	# new hires since Demonstration Period	New position?	Changes in qualifications
Peer counseling coordinator(s)		<input type="checkbox"/>	
Breastfeeding coordinator(s)		<input type="checkbox"/>	
Lactation consultant(s)		<input type="checkbox"/>	
Assistant agency director		<input type="checkbox"/>	
Clinic or service site leader(s)		<input type="checkbox"/>	
Data/information processing staff		<input type="checkbox"/>	
Other? <b><i>Specify</i></b>		<input type="checkbox"/>	
Other? <b><i>Specify</i></b>		<input type="checkbox"/>	
Other? <b><i>Specify</i></b>		<input type="checkbox"/>	

J4. Have the responsibilities of any of existing agency staff changed since the start of the Demonstration Period? ***If yes,*** For which staff, and how? (***In particular, review Peer Counseling Coordinator and/or Breastfeeding Coordinator responsibilities.***) *See table below.*

J5. Have there been any changes in the average amount of time these staff spend working on the *Loving Support Peer Counseling Program*? About how much time total have these staff persons spent on the program since the Demonstration Period began? *See table below.*

Agency Positions (Examples)	Changes in responsibilities	Total time on <i>Loving Support</i> since Demonstration Period began
Peer counseling coordinator(s)		___ avg. hours per week ___ total hours
Breastfeeding coordinator(s)		___ avg. hours per week ___ total hours
Lactation consultant(s)		___ avg. hours per week ___ total hours
Assistant agency director		___ avg. hours per week ___ total hours
Clinic or service site leader(s)		___ avg. hours per week ___ total hours
Data/information processing staff		___ avg. hours per week ___ total hours
Other? <b><i>Specify</i></b>		___ avg. hours per week ___ total hours

**Peer Counselors**

- J6. Since the start of the Demonstration Period, have the qualifications or hiring criteria for peer counselors changed? (**review criteria in item D3**)
- J7. Since the start of the Demonstration Period, have the responsibilities of peer counselors changed?
- J8. Have there been any changes in the average amount of time current peer counselors work? (**Review the average hours worked for each peer counselor in D4.**)

	First Name(s)	Ave. Weekly Hours Worked before Demonstration Period (from D4.)	Current hours worked per week
Peer Counselor #1	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #2	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #3	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #4	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #5	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #6	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #7	<i>Prefilled from D4</i>	<i>Prefilled</i>	
Peer Counselor #8	<i>Prefilled from D4</i>	<i>Prefilled</i>	

- J9. Now that the Demonstration Period has started, have there been any changes in the pay range for your *Loving Support* peer counselors or any changes in non-wage compensation?
- J10. Since the start of the Demonstration Period, have peer counselors received any extra resources to deliver the enhancements – that is, to make telephone or in-person contact with women in the hospital for delivery, or to make in-person contacts with women who’ve just given birth?
- J11. Have there been any changes in policies or practices for making peer counselors available to WIC participants outside of regular working hours?

**Local Service Delivery Sites**

- J12. Now that the Demonstration Period has started, have there been any changes in the number of service delivery sites that offer *Loving Support* peer counseling services or changes in which sites offer these services?
- Yes
  - No
  - Don’t know

*If yes, describe:*

***Assigning WIC Participants to Peer Counselors***

- J13. Have you made any changes in the criteria you use to decide which WIC participants will receive peer counseling?
- J14. Have you made any changes in the way that WIC participants are assigned to peer counselors?
- J15. Since the Demonstration Period began, have you had to re-assign any WIC participants because a peer counselor left, or was not available to conduct an in-person meeting or make a hospital contact? ***If yes***, how did you make this re-assignment?
- J16. Has the average caseloads of peer counselors increased, decreased, or stayed about the same since the Demonstration Period began?
- Increased ***Why?***
  - Decreased ***Why?***
  - About the same

***Implementing the Enhancements During the Demonstration Period***

- J17. Now I'd like to talk about how you planned to implement the enhanced peer counseling services, and how those plans have been working. First, I'd like to review those plans with you so that you can tell me about anything you've done differently.

*[Review the agency's plans, including:*

- 1. Procedures to identify women eligible to receive the enhancements*
- 2. Procedures for providing peer counselor contacts (phone or in-person) during WIC participants' post-delivery hospital stay and in-person contacts during the first 10-days post-partum*
- 3. Planned partnerships with hospitals or other agencies to deliver these enhancements*

*For (1) and (2), ask: Are these procedures the ones you've actually been using?*

*If yes, How have they been working?*

*If not, what procedures have you been using?*

*For (3), ask: Have you been able to establish these planned partnerships?*

*If yes, How are these partnerships working out so far? Any challenges?*

*If not, What have you done instead; have you made other arrangements to work with these or other agencies?*

- J18. What procedures have you followed to implement the enhanced peer counseling services to WIC participants – namely making contact when they are in the hospital and completing in-person meetings during the first week to ten days post-partum? How are you ensuring that these contacts occur? What are the major barriers to making these contacts?

J19. So far during the Demonstration Period, how many WIC participants have peer counselors been able to reach **at the hospital – either by telephone or in-person**? How many attempts were unsuccessful?

Targeted number of hospital contacts:	<i>prefilled</i>
Number of successful hospital contacts:	
Number of unsuccessful attempted hospital contacts:	

J20. What are the main challenges to completing these contacts with WIC participants in the hospital just after delivery? What practices have proven most successful?

J21. So far during the Demonstration Period, how many WIC participants have met **in-person** with a peer counselor **during their first week (that is, up to 10 days) post-partum**? How many attempts to schedule such meetings have been unsuccessful?

Targeted number of in-person post-partum contacts:	<i>prefilled</i>
Number of successful in-person contacts during first week post-partum	
Number of unsuccessful attempted in-person post-partum contacts	

J22. What are the main challenges to completing these in-person meetings during the first week post-partum? What practices have proven most successful?

J23. Where are in-person post-partum meetings taking place? How many are in the WIC participants' homes, in the WIC clinic, etc.

Location	Number completed since start of Demonstration Period
In WIC participant homes:	
In WIC clinic:	
Other location (specify):	
Other location (specify):	

- J24. Are you on target to meet the goals of the Demonstration Period?  
 Yes  
 No ***If not:*** What do you think would help?

J25. Do you know how WIC participants receiving the enhancements are reacting to them?

J26. What proportion of WIC participants targeted for an in-person meeting during her first 10 days post-partum explicitly said they didn't want to meet with their peer counselors? What reasons have they given? What steps have you taken in response?

***Documentation/Contact Logs***

- J27. Have the contact logs that Peer Counselors are using changed at all because of the Demonstration Period?  
 Yes ***If yes, ask:*** May I please have a copy of it?  
 No  
 Don't know

J28. How have peer counselors reacted to changes in the contact logs? Have there been any difficulties implementing these changes?

***Training and Supervision of Peer Counselors***

- J29. What information or training have you provided to LWA staff (other than peer counselors) about the enhanced peer counseling services or the Demonstration Period?
- J30. What training and support have you provided to peer counselors to implement the enhancements, including the hospital contacts and in-person meetings during the first week post-partum?
- J31. Have you made any changes in how peer counselors are supervised, or the types of mentoring they are provided?

***Use of grant funds for Demonstration Period***

J32. How have you used the grant funding you received to implement the Demonstration Period? I'm referring to the funds you have received from Abt Associates to help defray the costs of offering the enhanced peer counseling services. *Ask as an open-ended question and code any of the below after the conclusion of the interview: Check all that apply.*

- Expand peer counseling to other service delivery sites
- Offset salary of existing staff
- To hire new agency staff
- To pay new peer counselors or expand hours of existing peer counselors
- To cover costs of hospital or in-person peer counseling meetings with WIC participants
- To offset increased costs of tracking contacts
- To offset costs of starting up the enhanced model of the program (e.g., time/labor spent)
- To pay consultant(s)
- To fund collaboration with another organizations
- Other

J32a. Have you had any unexpected expenses?

***Relationships with hospitals and other community organizations***

J33. Since the Demonstration Period began, has your agency developed any new arrangements, either formal or informal, with hospitals that serve WIC participants?

J34. Since the Demonstration Period began, has your agency collaborated with any community organizations other than hospitals to deliver the enhanced peer counseling services? For example, have you worked with any agencies that have experience making home visits or providing services in hospitals?

**Module K. Plans to implement the study**

K1. Based on your experience so far with the Demonstration Period, what have been the major challenges to delivering the enhanced peer counseling services to WIC participants in the hospital and during the first 10 days post-partum? How do you plan to meet those challenges?

K2. What procedures have worked well to deliver these enhanced peer counseling services?

K3. Once we move from the Demonstration Period into the study itself, do you have plans for changes in any of the following areas:

- Staffing, either LWA staff or peer counselors at the agency or site delivery level
- Training content, frequency, or procedures for LWA staff or peer counselors
- Which clinics/# of clinics offering peer counseling
- Supervision and monitoring of peer counselors
- Maintaining data or documentation on peer counseling services
- Procedures for assigning WIC participants to peer counselors

*Describe any planned changes below:*

K4. Once we start implementing random assignment, what are your plans for assigning WIC participants to peer counselors? What do you think the major challenges will be? How do you plan to address those challenges?