

Appendix E1: LWA Staff Interview Guide 1: Demonstration Period

<Revised, November 7, 2011>

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

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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.

| Respondent | Title <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>) | | | |

- B3a. Since the Demonstration Period began, have there been any changes in these *non-peer-counseling* breastfeeding promotion activities available to WIC participants in your agency? *(if Yes, describe changes)*
- B3b. 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 *If yes, describe:*
 - No
 - Don't know
- B4. Do you have a lactation consultant on staff?
- Yes
 - 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?

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.

C1. Who directly supervises the peer counselors?

- The Breastfeeding Coordinator
- A Peer Counseling Coordinator
- Another LWA staffperson. **List Title:** _____

C1a. Were peer counselors supervised by a different individual before the Demonstration Period began?

- Yes: **Who?** [title, not name of person]
- No
- Don't know

C1b. How long has this person been directly supervising the peer counselors?

C1c. Please describe this person's general duties.

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 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> ? | Role in <i>Loving Support</i> | New position? | Any change in qualifications and/or responsibilities since start of Demo Period? |
|-------------------------------|--|--|-------------------------------|--------------------------|--|
| <i>Example: nutritionists</i> | 10 | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> | |

C4a. 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?

C4b. Have the qualifications or responsibilities for any of these positions changed since the start of the Demonstration Period? (***In particular, review Peer Counseling Coordinator and/or Breastfeeding Coordinator qualifications .***)

C5. 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, and the approximate amount of time they spent on *Loving Support* Peer Counseling Program before the Demonstration Period began. **[Title/Position electronically prefilled from C4]**

| Name | Title or Position <i>[Prefilled]</i> | Reports to whom? | 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>If any changes in time on <i>Loving Support</i> since start of Demo Period, note current information here:</i> |
|------|--------------------------------------|------------------|--|--|
| | <i>WIC agency director</i> | | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time |
| | <i>Assistant director</i> | | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time |
| | <i>Breastfeeding Coordinator</i> | | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time |
| | <i>Peer Counseling Coordinator</i> | | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time |
| | | | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time | _____ <input type="checkbox"/> Hrs/week <input type="checkbox"/> Hrs/month <input type="checkbox"/> % of time |

C5a. Other than peer counselors' wages, does the *Loving Support* grant support the salaries of anyone else? ***If yes***, who? Is this person's salary fully or partially supported by the *Loving Support* grant?

C5b. 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? ***If yes***, fill in current time spent on *Loving Support* since Demonstration Period began (last column).

Module D: *Loving Support* Peer Counselors

D1. How many *Loving Support* peer counselors worked for your agency before the Demonstration Period began? Please include all peer counselors who worked at local service delivery sites/clinics.

D2. Did you hire, or are you currently trying to 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

D3. 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 how long she has worked as a peer counselor. 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) | # of months or years as a Peer Counselor | Avg. Weekly Hours Worked before Demo Period | Change in Avg. Weekly Hrs since start of Demo Period |
|-------------------|---------------|--|---|--|
| Peer Counselor #1 | | | | |
| Peer Counselor #2 | | | | |
| Peer Counselor #3 | | | | |
| Peer Counselor #4 | | | | |
| Peer Counselor #5 | | | | |
| Peer Counselor #6 | | | | |
| Peer Counselor #7 | | | | |
| Peer Counselor #8 | | | | |

D3a. Are there any Peer Counselors who are NOT supported by the FNS *Loving Support* grant? *If yes*, how many Peer Counselors? Is any percentage of their time covered by the grant and if so, what percentage?

D3b. Since the start of the Demonstration Period, have there been any changes in the average amount of time peer counselors work?

Completed AFTER the interview and fill TABLE at end of MODULE F

| D3i | | D3ii | D3iii |
|----------------------------|-------------------|--------------|--|
| 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:

D4. Do you have a written job description for *Loving Support* peer counselors?

- Yes
 No

D4a. **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.

D4b. Since the start of the Demonstration Period, have there been any changes in the qualifications or hiring criteria for peer counselors? ***If yes***, describe these changes:

D5a. 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, did *Loving Support* peer counselors have other job activities such as teaching classes?

D5b. Since the Demonstration Period began, have there been any changes in peer counselors' job responsibilities?

D6. How do Peer Counselors' wages compare to WIC entry-level support staff in your agency?

- Lower
 Roughly equivalent
 Higher
 Don't know
 Other

D7. 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.

D8. Have there been any changes in peer counselors' wages or non-wage compensation since the start of the Demonstration Period?

- D9. 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?
- D10. Have there been any changes in policies or practices for making peer counselors available to WIC participants outside of regular working hours?

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

E1. We understand that you have [number] WIC clinics/local service delivery sites —is that accurate?

- YES
 NO. The number of sites is: _____ # of Sites

E2a. 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 (before Demo Period).

E2b. Since the Demonstration Period began, 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:

E3. Now that you've begun the Demonstration Period, please tell us which sites are offering the enhanced *Loving Support* peer counseling services (that is, which sites are participating in the Demonstration) and how many peer counselors at each site are offering the enhanced services?

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 | # of Peer Counselors offering the enhanced services |
|---------------------|--|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| All others Combined | | |

Allocation of Peer Counselors Across Sites

E4. Below are the names of the peer counselors [**prefilled from Item D3**] who offering the enhanced *Loving Support Peer Counseling* services and the sites participating in the Demonstration. We'd like to know how each Peer Counselor's weekly hours are allocated to these sites: How many hours per week (or what percentage of time) does each of these Peer Counselors allocate to each site?

Peer Counselor Time Allocation Chart

| Peer Counselor | Site. #1 | Site #2 | Site #3 | Site #4 | Site #5 | Site #6 |
|----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Name: | <i>Site name</i> | <i>Site name</i> | <i>Site name</i> | <i>Site name</i> | <i>Site name</i> | <i>Site name</i> |
| 1 [prefilled] | | | | | | |
| 2 [prefilled] | | | | | | |
| 3 [prefilled] | | | | | | |
| 4 [prefilled] | | | | | | |
| 5 [prefilled] | | | | | | |
| 6 [prefilled] | | | | | | |
| 7 [prefilled] | | | | | | |
| 8 [prefilled] | | | | | | |

Module F: *Loving Support* Peer Counseling Service Delivery

Selecting WIC Participants to Receive *Loving Support* Peer Counseling

- F1. Is there any particular group of WIC participants who are especially targeted to receive *Loving Support* peer counseling *If yes*, describe:
- F2. 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*)
- F3. 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

- F4. 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 FOA]. Is this accurate? *If no*, describe how you match WIC participants and peer counselors.
- F5. 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.
- F6. 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)?
- F6a. What do you think their main reasons are for not doing so?
- F6b. Do you keep records of why women do not take up services?
- Yes
 - No
 - Don’t know

Contacts with WIC Participants and Documentation of Contacts

F7. 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) | |
|---|--|

F8. 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 |
| Other (specify): | | |

F9. Before the Demonstration Period, did the agency have formal policies about the frequency of contact during each of the following time periods?

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.

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.

F10. 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 most frequent reasons for such requests?

F11. Before the start of the Demonstration Period, were peer counselors available to WIC participants outside of standard work hours (Monday-Friday, 9am-5pm)?

F12. How did Peer Counselors typically find out when a woman delivered a baby?

Content of Peer Counseling Sessions

F13. What topics were discussed and techniques demonstrated by peer counselors to *Loving Support* peer counseling participants at the following times:

- During pregnancy?
- First month post-partum?

F14. Was the content of the sessions standardized?

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

Documentation

F15. 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:*) _____

F16. How was this information recorded?

- On paper records
- In local centralized data base
- In state centralized data base
- Other method (*Specify*) _____

F17. How often was this information recorded?

- At each client contact
- Once a week
- Once every two weeks
- Once a month
- Other (*Specify*) _____

Estimated Average Caseload and Average Peer Counseling Intensity
Completed AFTER the conclusion of the interview (or programmed for automatic calculation)

| During last reported month before Demonstration Period | |
|---|---------------------------|
| <i># of WIC participants enrolled in peer counseling</i> | <i>(F2)</i> |
| <i>Total # of Peer Counselors</i> | <i>(D3_i)</i> |
| <i>Total # of Peer Counseling Hours</i> | <i>(D3_{iii})</i> |

| | |
|---|--------------------------------|
| Caseload: <i>Average # of WIC participants per Peer Counselor</i> | <i>(F2)/(D3_i)</i> |
| Intensity: <i>Average # of Peer Counseling Hours per WIC participant</i> | <i>(D3_{iii})/(F2)</i> |

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 some or all of the agency staff who work directly with WIC Participants have received this training, and whether some or all of the peer counselors have received such training before the start of the Demonstration Period.

| Loving Support Training Chart | WIC Staff who work with WIC Participants <i>(choose one per row)</i> | | Peer Counselors <i>(choose one per row)</i> | |
|--|--|--------------------------|---|--------------------------|
| | Some | All | Some | All |
| 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. 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 just after peer counselors start working?

Module H: *Loving Support* Peer Counseling Expenditures

(Prefilled from response to FOA)

H1. 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: _____)

H2. 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.) \$ _____

H3. 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 |
|---|--|
| Salaries & benefits | |
| Salaries | |
| Fringe Benefits | |
| Non-labor direct expenditures | |
| Travel | |
| Contract/ Purchased services | |
| Capital equipment | |
| Non-capital equipment and supplies | |
| Indirect cost and occupancy expenditures (rent, utilities, etc.) | |
| Total Expenditures for <i>Loving Support</i> peer counseling | |

H4. 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? <i>If most, some, or few/none, report why peer counselors are not permitted in other hospitals.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11a. Since the start of the Demonstration Period, have any of these hospitals' practices that affect breastfeeding changed?

- I2. 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? ***If yes, ask for Description. If necessary, give examples:*** 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.
- I3. Have you started any new collaborations as part of the Demonstration Period? ***If yes, ask for Description***
- I4. 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 --]*.

Assigning WIC Participants to Peer Counselors

- J1. Have you made any changes in the criteria you use to decide which WIC participants will receive peer counseling?
- J2. Have you made any changes in the way that WIC participants are assigned to peer counselors?
- J3. 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?
- J4. 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

Now I'd like to talk about how you planned to implement the enhanced peer counseling services, and how those plans have been working.

- J5. 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?

J6. 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: | |

J7. What are the main challenges to completing these contacts with WIC participants in the hospital just after delivery? What practices have proven most successful?

J8. 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 | |

J9. What are the main challenges to completing these in-person meetings during the first week post-partum? What practices have proven most successful?

J10. 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): | |

J11. Are you on target to meet the goals of the Demonstration Period?

- Yes
- No *If not:* What do you think would help?

J12. Do you know how WIC participants receiving the enhancements are reacting to them?

J13. 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

J14. 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

J15. 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

J16. What information or training have you provided to LWA staff (other than peer counselors) about the enhanced peer counseling services or the Demonstration Period?

J17. 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?

J18. Have you made any changes in how peer counselors are supervised, or the types of mentoring they are provided?

Module K. Plans for the Study Period (onset of random assignment)

- 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 Period, 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?