

Welcome to the State WIC Agency Survey, Phase 2 of the WIC Peer Counseling Study

The WIC Breastfeeding Peer Counseling Study is being conducted by Abt Associates Inc. on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). You may have completed a survey in 2009 for Phase 1 of the study. The purpose of this survey is to update our understanding of how the *Loving Support* Peer Counselor Program is being implemented in your State. Many of the questions are focused on activities funded by the FNS *Loving Support* peer counseling grant, while others address general breastfeeding promotion and support activities in your State agency, which are helpful in understanding the context in which the *Loving Support* peer counseling is implemented.

OMB Clearance Number: 0584-0548

Expiration Date: 1/31/2015

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 120 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

Technical Requirements

For this online survey to work properly, you must be using Internet Explorer v.8 or above, Firefox v.Xx or above, or Google Chrome v.Xx or above; your browser must be Java-enabled; and you should also disable your pop-up blocker if it is currently enabled ([How to Turn Off Your Pop-up Blocker](#)). If you cannot meet these requirements, please call (toll-free) **855-311-2462**, for assistance.

Use of Cookies

This survey makes use of session cookies and is consistent with OMB guidelines for use of [Cookies](#) in Federally sponsored Web sites. While Cookies are used, they do not contain any identifying information about the user and will not be used for any purpose other than to ensure that the survey functions properly. After completing the survey, you may delete the cookies from your hard drive.

Privacy

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 will be released in a form that identifies you or any other staff member by name, except as required by law. Please note that this study is not part of an audit or management review of WIC operations. Your participation in the survey is completely voluntary. Failure to complete the survey will not affect you or your agency in any way.

[View Instructions](#)

[Start Survey \(Main Menu\)](#)

Please do not use the "Back" or "Forward" buttons on the top of your browser while in the survey. By doing so, the survey will not work properly, and your responses will not be saved.

The survey is divided into five modules, each one with items about one of the following topic areas:

Module 1: General Breastfeeding Promotion Programs

Module 2: State-level Agency Staff and Training for *Loving Support* Peer Counseling

Module 3: State Distribution of Funds for *Loving Support* Peer Counseling

Module 4: State Written Guidance for Local *Loving Support* Peer Counseling Programs

Module 5: State Data Collection about the *Loving Support* Peer Counseling Program

The survey begins with a "Start Survey" button that opens the Main Menu. On the Main Menu, each module is listed: click on your assigned Module to go directly to questions in that Module. The first question in each module requests the name and title of the primary respondent for that specific module; this information may help if questions arise at a later point. Please note that this information will be kept private and will not appear in any reports.

Multiple respondents may be working on a different module at the same time. Only one person should enter data into a module at a time; however, if two people are working on different modules at the same time, this is fine. Please be sure that you are working on the module that your State WIC director has assigned you. It is fine if you need to ask another person for answers, but only one staff member should be responsible for entering the data in a particular module. You may **print** pages by clicking the print icon on your web browser (or, from your browser's top menu options, select "File," and then select "Print").

Taking a break. If you do not have all the information on hand to answer a specific question, you may save the answers you've provided and logout of the survey until you obtain the data needed. If one person has not finished all of the items in an assigned module, she may logout of the survey and another respondent may then login to the survey and complete items in their assigned module. Each person assigned to a module may save and return later, so long as only one person at a time is working in the same module. If you plan to leave your computer for an extended amount of time to gather information, the survey will automatically log you out after 15 minutes of inactivity. You will need to log back in to continue.

[Continue](#)

Instructions—Page 2 of 2

Saving Answers and Navigating through the Survey

On each survey screen, you will see four buttons. Clicking any button will automatically save the responses you have entered on that page.

- The **Next** button advances you to the following question.
- The **Go Back** button takes you back to the previous question, in case you need to review or change an answer. Be aware: if you reverse directions in the survey and change a previous answer, the next question you see may not be the same one from which you reversed. In some items, your response selections determine which subsequent items you will receive.
- The **FAQ** button will open a pop-up window with Frequently Asked Questions that you may find helpful.
- The **Save and Come Back Later** button will automatically save and take you to the Main Menu. You may close the survey (or quit the browser) and return to the survey at a later time to continue answering questions. When you re-open the survey and click on the Module you were working in, you will be able to skip ahead to different groups of items. This may be helpful to avoid having to click through questions you have already answered. You may also use the **Save and Come Back Later** button to jump to previously-viewed items without going back one item at a time. For example, when you see buttons like those below, you may click 1.4-1.7, to skip over the first 3 items in the Module.

Go to Items: [1.1-1.3](#) [1.4-1.8](#) in Module 1

Completed Modules

After the last item in each module, you will have two options: Review Answers or Submit Module. If you are satisfied with your answers, click Submit Module. (Your State WIC Director will still be able to review any items in any of the Modules before submitting the entire survey as complete.) If you would like to review your responses, clicking Review Answers will take you to a list of Item numbers. You may review items one by one from start to finish in the module, or you may skip some items and review only the group of items you select.

When the Entire Survey is Complete

As modules are completed, the data are submitted to the researchers at Abt Associates. Data are not analyzed, however, until the State WIC Director (or designated staff member) certifies that the survey is complete. We recommend that the data be reviewed for completeness and accuracy before the survey is certified as complete. To review modules, follow the instructions on the Conclusion page. After reviewing all modules for accuracy and verifying that the survey is complete, click the “Finish” button on the Conclusion page. This will let us know that no further answers will be forthcoming, and we will process your responses. You will receive a confirmation e-mail that will indicate that your survey responses were successfully submitted to Abt Associates Inc. Afterwards, you will no longer be able to change your survey responses.

Getting Help. Definitions of “key words” are provided as you fill out the survey. Click on any key word and a definition will pop up. If you need help, or you need to revise a response after submitting the survey, please contact us at 855-311-2462 or WICPeerC@abtassoc.com

[**Start Survey**](#)

Main Menu

If you are ready to begin the survey, click on a Module below.

- If this will be the first time you have opened a Module, you will go directly to the first item in that Module.
- If you have already viewed any items in that Module, you can select where to resume by clicking on the appropriate group of items. For example, using links like those shown below, you could click [1.4-1.8](#) to skip over the first 3 items in the Module.

Go to Items: [1.1-1.3](#) [1.4-1.8](#) in **Module 1**

[Module 1: Breastfeeding Promotion Programs](#)

[Module 2: State-level Agency Staff and Training for *Loving Support* Peer Counseling](#)

[Module 3: State Distribution of Funds for *Loving Support* Peer Counseling](#)

[Module 4: State Written Guidance for Local *Loving Support* Peer Counseling Programs](#)

[Module 5: State Data Collection about the *Loving Support* Peer Counseling Program](#)

[Conclusion \(Finalize and Submit Completed Survey\)](#)

REVIEW INSTRUCTIONS

QUIT AND COME BACK LATER

FAQs

MODULE 1: GENERAL BREASTFEEDING PROMOTION PROGRAMS

Please enter the Name and Title of the person entering responses for this Module. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name:

Title:

Go to Items: [1.1-1.3](#) [1.4-1.8](#)

We would like to learn about the WIC breastfeeding promotion activities supported in your State that are in addition to those supported by the FNS *Loving Support* peer counseling grant.

1.1. In addition to *Loving Support*, does your State conduct any breastfeeding promotion activities, programs or campaigns that target WIC participants? Please answer based on activities, programs, or campaigns undertaken *at the State level*. Do not include local WIC agency activities, programs or campaigns.

- Yes
- No
- Don't know

Skip to 1.7
Skip to 1.7

MAIN MENU FAQs NEXT

SAVE AND COME BACK LATER

MAIN MENU FAQs NEXT

SAVE AND COME BACK LATER

1.2. Please indicate the breastfeeding promotion activities, programs, or campaigns undertaken *at the State level* that your State agency funds for WIC participants. Please do not indicate local WIC agency activities, programs or campaigns.

Check all that apply

- Media campaigns and educational materials (e.g., television ads, posters, brochures)
 - Breastfeeding promotion training to staff other than *Loving Support* peer counselors
 - Make lactation consultants available to WIC participants
 - Sponsor certified lactation counselor training (or similar certification training)
 - Equipment (e.g., breast pumps)
 - Peer counseling or other counseling by clinic staff to WIC participants that is different than *Loving Support* peer counseling
 - Warmline or hotline
 - Classes or support group meetings for WIC participants
 - Other breastfeeding promotion activities, programs, or campaigns undertaken *at the State level*
- Please specify: *[If "Other" selected]*

1.3. Are you able to track *at the State level* the amount of **Nutrition Services and Administration (NSA) funds** spent for the breastfeeding promotion activities that you specified above?

- Yes
- No *Skip to 1.6*
- Don't know *Skip to 1.6*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

1.4. Does your State agency ask local WIC agencies to report what they spend from Nutrition Services and Administration (NSA) funds on breastfeeding promotion activities (that is, breastfeeding promotion activities *other than* Loving Support peer counseling)?

- Yes *Go to 1.5*
- No *Skip to 1.6*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

1.5. Do you track just what your State agency spends—using NSA funds—on breastfeeding promotion activities (*other than Loving Support peer counseling*) or does your agency also track what local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants) spend on these activities using **NSA funds**?

- We track just what the State spends from NSA funds on these breastfeeding promotion activities
- We track both what the State and what local WIC agencies spend from NSA funds on these breastfeeding promotion activities
- Don't know

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

1.6. How much **NSA funding** was spent on breastfeeding promotion activities described in Question 1.3 in **FFY 2013**?

\$ Round up cents to whole dollar

If 1.5 = 2 (We track both) then also display the following with Item 1.6:

Please select one of the following:

- This amount **includes** any NSA funding that augmented supplemented the *Loving Support* peer counseling grant
- This amount **excludes** any NSA funding that was used to supplemented the *Loving Support* peer counseling grant
- Don't know if this amount includes or excludes NSA funding that supplemented the *Loving Support* peer counseling grant

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

1.7. How has your State agency chosen to use the *Loving Support* grant funds?

Check all that apply

- Use some Loving Support grant funds at the state level (e.g., for staff training, planning, etc.)
- We chose to focus the grant funds on a small number of sites, rather than trying to make funding available to all sites.
- We chose to distribute the grant funds to as many sites as possible rather than concentrating funding on relatively few sites.
- We chose initially to focus the grant funds on sites that were enhancing existing peer counseling programs.
- We chose initially to focus the grant funds on sites that were beginning peer counseling programs.
- Other

Please specify: *[If "Other" selected]*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

1.8. At the State level, are there other major initiatives underway (other than any sponsored by your State WIC agency) that you believe have an impact on breastfeeding rates in your State:

Check all that apply

- Major public education campaigns, sponsored by either public or private funding
- Efforts to change hospital policies to limit the distribution of formula and make them more “Baby Friendly”
- Major training initiatives for health professionals to support breastfeeding
- Other

Please specify: *[If “Other” selected]*

THIS IS THE LAST
QUESTION IN

THIS MODULE
SELECT AN OPTION BELOW

REVIEW ANSWERS

SUBMIT MODULE

GO TO INSTRUCTIONS

SAVE AND COME BACK LATER

MODULE 2: STATE-LEVEL STAFF AND TRAINING FOR *LOVING SUPPORT* PEER COUNSELING

Please enter the Name and Title of the person entering responses for this Module. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name:

Title:

Go to Items:

[2.1-2.3](#)

[2.4-2.7](#)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.1. How many State WIC employees work on the *Loving Support* Peer Counseling program in your State? Please include anyone who is involved in policy guidance, training and/or monitoring as they relate to *Loving Support* peer counseling. Please include yourself.

Enter a whole number (do not use decimals or fractions)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.2. Across these [fill number from 2.1] State WIC employees who work on the *Loving Support* Peer Counseling program, about how many full-time equivalent persons (FTEs) work on *Loving Support*? For your estimate, please assume that 40 hours per week is equal to 1 Full-Time Equivalent person.

	Aspect of <i>Loving Support</i> peer counseling	Number of State WIC employees involved in this aspect of <i>Loving Support</i> peer counseling in your State
a)	Policy guidance (including decisions about allocating peer counseling funds, disseminating State WIC policies about peer counseling to local entities, etc.)	
b)	Monitoring the implementation of <i>Loving Support</i> peer counseling at local sites	
c)	Training on <i>Loving Support</i> peer counseling for staff at local WIC agencies or other local entities that provide <i>Loving Support</i> peer counseling to WIC participants	
d)	Other (1) (please specify): <input data-bbox="537 805 1205 842" type="text"/>	
e)	Other (2) (please specify): <input data-bbox="537 880 1205 917" type="text"/>	

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.3. Does your State WIC agency have a designated *Loving Support* peer counseling coordinator?

- Yes
- No

2.4. Are the state-designated breastfeeding promotion coordinator and the state-designated *Loving Support* peer counseling coordinator the same individual employee?

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.5. Which State WIC employees work on each of the following aspects of *Loving Support* peer counseling? If your agency does not have a designated Breastfeeding Promotion Coordinator or a designated *Loving Support* Peer Counseling Coordinator, please indicate this by marking the corresponding box in the first row. *[if box in first row checked then remaining boxes in column cannot be selected]*

	Aspect of <i>Loving Support</i> peer counseling	State-designated Breastfeeding Promotion Coordinator	State-designated <i>Loving Support</i> Peer Counseling Coordinator	Other State WIC employees
a)	No such position exists in our State WIC agency	<input type="checkbox"/>	<input type="checkbox"/>	
b)	Policy guidance (including decisions about allocating peer counseling funds, disseminating State WIC policies about peer counseling to local entities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Monitoring the implementation of <i>Loving Support</i> peer counseling at local sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Training on <i>Loving Support</i> -peer counseling for staff at local WIC agencies or other local entities that provide <i>Loving Support</i> peer counseling to WIC participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Other (1) (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Other (2) (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.6. How many of your State WIC employees involved in *Loving Support* peer counseling have salaries that are fully, partially, or not at all supported by the FNS *Loving Support* peer counseling grant?

		Number of employees working on <i>Loving Support</i> peer counseling whose salary is:
a)	Fully supported by <i>Loving Support</i> grant	
b)	Partially supported by <i>Loving Support</i> grant	
c)	Not supported by <i>Loving Support</i> grant	

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

2.7. Please indicate the training related to *Loving Support* peer counseling that State staff provided to local WIC agency staff (or to staff at other local entities that provide *Loving Support* peer counseling to WIC participants) in the last 12 months. We would like to know about training that the State provided directly or paid for through contracts or other agreements.

		No training offered	Training offered one time	Training offered more than one time	Don't know
a)	" <i>Loving Support</i> Through Peer Counseling: A Journey Together – For WIC Managers" training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b)	" <i>Loving Support</i> Through Peer Counseling: A Journey Together – For Peer Counselors"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c)	Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d)	Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e)	Other lactation courses that award certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f)	If State-level WIC staff provided other types of training related to <i>Loving Support</i> , please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

**YOU HAVE COMPLETED THE LAST QUESTION IN THIS MODULE
SELECT AN OPTION BELOW**

REVIEW ANSWERS

SUBMIT MODULE

GO TO INSTRUCTIONS

SAVE AND COME BACK LATER

MODULE 3: STATE DISTRIBUTION OF FUNDS FOR *LOVING SUPPORT* PEER COUNSELING

Please enter the Name and Title of the person entering responses for this Module. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name:

Title:

[Go to Items](#)

[3.1-3.3](#)

[3.4-3.7](#)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

This section focuses on how your State agency distributes funding for the *Loving Support* peer counseling program, which may be funded by FNS *Loving Support* peer counseling grants exclusively or in combination with other funding sources.

3.1. Does your WIC State Agency currently distribute funds from the FNS *Loving Support* peer counseling grant and/or state funds to any local WIC agencies or other (non-WIC) local organizations to provide *Loving Support* peer counseling services to WIC participants?

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

[The name of each local WIC agency in the State will be pre-loaded into the table rows below]

3.2. For each local WIC agency listed below, please indicate whether or not the agency operates (or has operated within the last 12 months) a *Loving Support* Peer Counseling program; whether or not the agency receives funds to operate their *Loving Support* peer counseling program from the State’s FNS peer counseling grant, from NSA funds, and/or from other sources, and the amount of funds received from each source. If any agency is not listed, please add it in one of the blank rows provided. If a listed agency has closed or is no longer serving WIC participants please check the box in the first column. To edit the name of a local WIC agency, select the box below the agency’s name and enter the new name.

	LOCAL_SITE_NAME	A) Agency Closed/Not serving WIC participants	B) Operating <i>Loving Support</i> Peer Counseling?	C) Received funds from the State’s FNS peer counseling grant?	<i>[If Yes in previous column:]</i> D) FNS peer counseling grant amount received	E) Received NSA funds to support <i>Loving Support</i> peer counseling?	<i>[If Yes in previous column:]</i> F) NSA funds amount received for <i>Loving Support</i> peer counseling	G) Received other for <i>Loving Support</i> peer counseling program from state?	<i>[If Yes in previous column:]</i> H) Other funding for <i>Loving Support</i> peer counseling program, amount received
a)	<i>[Local WIC agency_01]</i> Edit name <input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____
b)	<i>[Local WIC agency_02]</i> Edit name <input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____
c)	<i>[Local WIC agency_03]</i> Edit name <input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____
d)	<i>Type name of any missing local WIC agency/other local organization that provides <i>Loving Support</i> peer counseling to WIC participants</i>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____	<input type="radio"/> Yes <input type="radio"/> No	\$____, ____

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

3.3. In addition to providing local sites with funding from the *Loving Support* peer counseling grant and/or NSA funds, did your State allocate additional funds from NSA or from other sources for the *Loving Support* peer counseling program?

- Yes, we distribute other funds to sites to augment *Loving Support* peer counseling programs
- No, we do not distribute other funding to sites besides that from the *Loving Support* grant and/or NSA funds to support the *Loving Support* peer counseling program

3.4. Whether or not your State explicitly allocates NSA and other funds to sites to augment the FNS *Loving Support* grant, does your State allow sites to choose to spend some of their NSA funds to augment *Loving Support*?

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

- 3.5. What are the sources of the additional funds that your State allocates for *Loving Support* peer counseling? (Check all that apply)
- State non-WIC funds (e.g., State public health dollars)
 - Other funds (e.g., private philanthropic funding)

- 3.6. What are the sources of these other funds (e.g., private philanthropic funding) that are used to provide additional financial support for the *Loving Support* peer counseling program? *[3.6 is presented if "Other funds" is selected in 3.5]*

- 3.7. You indicated that your State provided the following sources of additional funds for *Loving Support* peer counseling. Please provide the amount of funding in the last 12 months that went to local *Loving Support* peer counseling programs.

		\$ Amount of Funding
a)	State non-WIC funds (e.g., State public health dollars)	\$
b)	<i>[Response from question 3.6]</i>	\$

THIS IS THE LAST QUESTION IN THIS MODULE
SELECT AN OPTION BELOW

REVIEW ANSWERS

SUBMIT MODULE

GO TO INSTRUCTIONS

SAVE AND COME BACK LATER

MODULE 4: STATE WRITTEN GUIDANCE FOR LOCAL *LOVING SUPPORT* PEER COUNSELING PROGRAMS

Please enter the Name and Title of the person entering responses for this Module. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name:

Title:

Go to Items:

[4.1-4.10](#)

[4.11-4.20](#)

[4.21-4.30](#)

[4.31-4.40](#)

[4.41-4.50](#)

[4.51-4.56](#)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

This section is about written guidance the State WIC Agency provides to local WIC agencies about major aspects of the *Loving Support* peer counseling program.

4.1. Does your State agency provide written guidance to local WIC agencies about the role, responsibilities, and qualifications of local WIC peer counseling coordinators? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.4*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.2. Does your State agency require or recommend that local peer counseling coordinators have any of the following educational levels or certifications? (Check all that apply)

- Associate's degree or higher
- Bachelor's degree or higher
- International Board Certified Lactation Consultant or IBCLC eligible
- Registered dietitian or nutritionist
- Registered nurse
- Other. Please specify:

4.3. Does your State agency require or recommend that local peer counseling coordinators have any of the following types of experience, skills or other qualifications? (Check all that apply)

- Experience in program management
- Experience in breastfeeding promotion
- Training in lactation management
- Personal experience in breastfeeding
- Bilingual or multilingual
- Experience in peer counseling
- Other. Please specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.4. Does your State agency provide written guidance to local WIC agencies about the qualifications of local WIC peer counselors?

Guidance can include either State recommendations or State requirements.

- Yes
- No *skip to 4.8*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.5. FNS requires peer counselors to be paraprofessionals (see definition below). **Does your State agency require or recommend that local peer counselors have any additional educational qualifications or certifications?** (Check all that apply)

- - GED or high school completion
 - Associate's degree or higher
 - Bachelor's degree or higher
 - Master's degree or higher
 - Coursework or continuing educational credits (CECs) in lactation management, nutrition or nursing
 - Professional certification, e.g., Certified Lactation Counselor, International Board Certified Lactation Consultant or IBCLC eligible, registered dietitian or nutritionist
 - Other. Please specify:
- No other educational qualifications or certifications are required or recommended

Paraprofessionals are “those without extended professional training in health, nutrition, or the clinical management of breastfeeding who are selected from the group to be served and are trained and given ongoing supervision to provide a basic service or function. Paraprofessionals provide specific tasks within a defined scope of practice. They assist professionals, but are not licensed or credentialed as healthcare, nutrition, or lactation consultant professionals.” (definition from http://www.nal.usda.gov/wicworks/Learning_Center/FNS_model.pdf)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.6a Does your State agency require or recommend that local peer counselors have any of the following types of experience, skills or other qualifications? (Check one response for each row)

My State Agency's guidelines for local peer counselors' qualifications (required, recommended or neither)	REQUIRED qualification for local peer counselors	RECOMMENDED qualification for local peer counselors	NEITHER required or recommended
Current or previous WIC recipient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or previous breastfeeding experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic background similar to the target peer counseling program participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak the same language as the target peer counseling program participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.6b Does your State agency require or recommend that local peer counselors have any of the following other types of experience, skills or qualifications? (Check all that apply)

- Age similar to the target peer counseling program participants
- Live in the same community as the target peer counseling program participants
- Enthusiastic about breastfeeding
- Project positive image of WIC, present information consistent with WIC philosophy
- Good parenting model
- Have good interpersonal communication skills
- Ability to recognize when to make referrals to other services, specialists, and programs
- None of the above

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.7a Does your State agency require or recommend that local peer counselors meet any of the following job requirements?
(Check all that apply)

My State Agency's guidelines for local peer counselors' job requirements (required, recommended or neither)	REQUIRED for local peer counselors	RECOMMENDED for local peer counselors	NEITHER required or recommended
Available to clients outside the usual clinic hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available to clients outside the WIC clinic setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.7b Does your State agency require or recommend that local peer counselors meet any of the following other job requirements?
(Check all that apply)

- Willing to travel throughout the WIC service area
- Have access to reliable transportation
- Have own telephone
- Available to conduct peer counseling services for a minimum number of required hours per week
 - o *If selected:* What is the required minimum hours/week? _____ hours/week
- Minimum length of commitment to serve as peer counselor
 - o *If selected:* What is the minimum length of commitment required? ____ months
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.8. Does your State agency provide written guidance to local WIC agencies about the timing of peer counselors' first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital)? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.11*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.9. Does your State agency recommend or require that peer counselors *first* contact WIC participants during pregnancy?

- Yes
- No *skip to 4.12 (4.10, 4.11 will not be presented)*

4.10. Does your State agency recommend or require that peer counselors *first* contact WIC participants during a specific trimester?

- Yes
- No *skip to 4.12 (4.11 will not be presented)*

4.11. During which trimester does your State agency recommend or require that peer counselors *first* contact WIC participants?

- First
- Second
- Third

4.12. Does your State agency recommend or require that peer counselors *first* contact WIC participants within a specific time frame after delivery?

- Yes
- No *skip to 4.14 (4.13 will not be presented)*

4.13. When after delivery does your State agency recommend or require that peer counselors *first* contact WIC participants?

- While in Hospital
- Within first week at home
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.14. Does your State agency have guidelines about how soon a response is required after a request for breastfeeding assistance from a WIC participant?

- Yes
- No *skip to 4.16*

4.15. Please specify below—either in days or hours—the guideline for the maximum time that can elapse after a request.

Number of *days* that can elapse after a request for breastfeeding assistance

OR

Number of *hours* that can elapse after a request for breastfeeding assistance

4.16. Does your State agency provide written guidance to local WIC agencies about the frequency of peer counselors' contact with program participants? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.18*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.17. Does your State agency have guidelines—recommendations or requirements—about the frequency of peer counselor contact during any of the following time periods? (Check Yes or No in each row)

During pregnancy		Yes	No
a)	During 1 st trimester	<input type="radio"/>	<input type="radio"/>
b)	During 2 nd trimester	<input type="radio"/>	<input type="radio"/>
c)	During 3 rd trimester	<input type="radio"/>	<input type="radio"/>
After delivery		Yes	No
d)	Week 1 after hospital discharge	<input type="radio"/>	<input type="radio"/>
e)	Weeks 2-4	<input type="radio"/>	<input type="radio"/>
f)	Months 2-4	<input type="radio"/>	<input type="radio"/>
g)	Months 4-6	<input type="radio"/>	<input type="radio"/>
h)	After 6 months	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.18. Does your State agency provide written guidance to local WIC agencies about the maximum length of time that WIC participants may receive peer counseling? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.20*

4.19. According to your State agency's written guidance—recommendations or requirements—what is the maximum number of months after delivery that a WIC participant may receive *Loving Support* peer counseling?

Enter maximum number of months (recommended or required):

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.20. Does your State agency provide written guidance to local WIC agencies about the settings where peer counseling services are provided to clients? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.24*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.21. For which of the following settings does your State agency have guidelines—recommendations or requirements—about peer counselors’ in-person contact with WIC participants? (Check all that apply)

- In the hospital
- In WIC participants’ homes
- In local WIC agency offices during clinic hours
- In local WIC agency offices after hours
- Other settings. Specify:

4.22. Do your State agency’s guidelines *prohibit* in-person contact between WIC participants and peer counselors in any of these settings? (Check all that apply)

- In the hospital
- In WIC participants’ homes
- In local WIC agency offices after hours
- Other settings. Specify:
- Our guidelines *do not prohibit* in-person contact between WIC participants and peer counselors in any of these settings.

4.23. Do your State agency’s guidelines address liability issues related to in-person contact between WIC participants and peer counselors in any of these settings? (Check all that apply)

- In the hospital
- In WIC participants’ homes
- In local WIC agency offices during office hours
- In local WIC agency offices after hours
- Other settings. Specify:
- Our guidelines *do not address liability issues* in any of these settings.
- We are currently working to address liability issues

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.24. Does your State agency provide written guidance to local WIC agencies about the types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.29*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.25. Does your State agency recommend or require that at least some of the contact between peer counselors and WIC participants be in-person?

- Yes
- No *skip to 4.27*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.26. Do State guidelines recommend or require in-person contact between WIC participants and peer counselors at any of the following times? (Check Yes or No in each row)

Guidelines recommend or require in-person contact:		
During pregnancy	Yes	No
During 1 st trimester	<input type="radio"/>	<input type="radio"/>
During 2 nd trimester	<input type="radio"/>	<input type="radio"/>
During 3 rd trimester	<input type="radio"/>	<input type="radio"/>
After delivery		
Week 1 after hospital discharge	<input type="radio"/>	<input type="radio"/>
Weeks 2-4	<input type="radio"/>	<input type="radio"/>
Months 2-4	<input type="radio"/>	<input type="radio"/>
Months 4-6	<input type="radio"/>	<input type="radio"/>
After 6 months	<input type="radio"/>	<input type="radio"/>
Another time period(s). Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.27. Does your State agency provide written guidance to local WIC agencies about peer counselors' use of text messages, email, Facebook, or other social media?

- Yes
- No *skip to 4.29*
- No, but we are currently considering issuing such guidance to local WIC agencies *skip to 4.29*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.28. Does your State agency prohibit, discourage, permit under certain rules, or decide on a case-by-case basis which of these types of communication technologies peer counselors may use with WIC participants? *Select one response per row*

Peer counselors use of:	Is prohibited	Is discouraged	Is permitted as long as peer counselors follow certain rules	Is encouraged	Our agency has no specific policy
a) Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Facebook or other social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Skype or other video-based communication technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.29. Does your State agency have data on how often *Loving Support* peer counselors—in local entities/local WIC agencies across your State agency—contact WIC participants by phone relative to how often they contact WIC participants in-person, by mail, social media or other modes of communication?

- Yes
- No *skip to 4.32*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.30. Looking across the local WIC agencies or other local entities that offer peer counseling to WIC participants, approximately what proportion of peer counseling contacts are made: (Choose one option in each row)

	No contacts are made this way	Less than $\frac{1}{4}$ of in-person contacts	Between $\frac{1}{4}$ and $\frac{1}{2}$ of in-person contacts	Between $\frac{1}{2}$ and $\frac{3}{4}$ of in-person contacts	More than $\frac{3}{4}$ of in-person contacts	Don't know
a) By telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) In-person (at any location)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) By mailings sent to WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) By text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) By social media (e.g., Facebook, Twitter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Skype or other video-based communication technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.31. For in-person contacts between WIC participants and peer counselors, approximately what proportion of these contacts occur (Choose one option in each row):

	Less than $\frac{1}{4}$ of in-person contacts occur here	Between $\frac{1}{4}$ and $\frac{1}{2}$ of in-person contacts occur here	Between $\frac{1}{2}$ and $\frac{3}{4}$ of in-person contacts occur here	More than $\frac{3}{4}$ of in-person contacts occur here	Don't know
a) In a hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) At a WIC clinic or local office setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) At a WIC participant's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) In another location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.32. Does your State agency provide written guidance to local WIC agencies about whether or not peer counselors may lead breastfeeding classes, support groups, or workshops? *Guidance can include either State recommendations or State requirements.*

- Yes
- No

4.33. Does your State agency provide written guidance to local WIC agencies about peer counselors' caseloads or the number of clients for each peer counselor? *Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.36*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.34. Does that State require or recommend that each WIC participant is matched to a single peer counselor for the duration of time she receives peer counseling services (with exceptions for turnover among peer counselors, maternity leave, illness, vacation or other peer counselor time-off)?

- Yes
- No

4.35. What does your State agency recommend or require about the maximum number of WIC participants a peer counselor is assigned?

Recommended or required maximum # of WIC participants:

Per peer counselor working 20 or fewer hours per week:

Per peer counselor working 21 or more hours per week:

State does not have recommendations or requirements about maximum # of WIC participants per peer counselor.

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.36. Does your State agency provide written guidance to local WIC agencies about wages or benefits and career paths for peer counselors?
Guidance can include either State recommendations or State requirements.

Yes

No *skip to 4.41*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.37. Does your State agency require that all peer counselors be paid?

- Yes
- No *skip to 4.41*

4.38. Does your State agency set a minimum amount that peer counselors must be paid?

- Yes
- No *skip to 4.41*

4.39. Is the minimum amount that peer counselors must be paid equivalent to WIC-entry level wages?

- Yes
- No

4.40. What is the minimum amount that peer counselors must be paid?

Minimum amount : \$ per hour

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.41. Does your State agency have any guidelines about non-wage compensation (e.g., travel reimbursement, paid leave) for peer counselors?

- Yes
- No *skip to 4.43*

4.42. For which areas of non-wage compensation does your State agency have guidelines? (Check all that apply.)

- Paid leave
- Health insurance benefits
- Other benefits (e.g. life, disability insurance)
- Compensation for job-related expenses (e.g., mileage, telephone charges)
- Other non-wage compensation. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.43. Does your State agency provide written guidance to local WIC agencies about the nature and amount of initial and ongoing training and support that peer counselors receive? *Guidance can include either State recommendations or State requirements.*

Yes

No [Skip to 4.46](#)

4.44. Does your State agency have guidelines about the minimum types and levels of initial training that peer counselors must receive? *Guidance can include either State recommendations or State requirements.*

Yes

No

4.45. Does your State agency have guidelines about the amount of ongoing training that peer counselors must receive?

Yes

No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.46. Does your State agency have guidelines about the types of ongoing support that peer counselors receive?

Yes

No *skip to 4.48*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.47. Please specify the areas in which there are State agency guidelines about support for peer counselors. (Check all that apply)

- Access to breastfeeding consultants and other experts
- Regular contact with local peer counseling supervisor
- Opportunities to shadow experienced peer counselors and/or lactation consultants
- Participation in WIC agency or clinic staff meetings
- Opportunities to meet regularly with other peer counselors
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.48. Does your State agency provide written guidance to local WIC agencies about supervision and job monitoring of peer counselors?

Guidance can include either State recommendations or State requirements.

- Yes
- No *skip to 4.50*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.49. Please indicate in which of the following areas your State agency provides written guidance to local WIC programs about supervision and job monitoring of peer counselors.

- Periodic review of client contact logs/activity records by coordinator/supervisor
- Attendance of *Loving Support* peer counselors in WIC staff meetings
- Observation of *Loving Support* peer counseling activities by coordinator/supervisor
- Formal performance evaluation/review of *Loving Support* peer counselors
- Monitoring client participation and retention rates for individual peer counselors
- Review of peer counselors' time sheets, travel vouchers, phone logs, paperwork
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.50. Does your State agency provide written guidance to local WIC agencies about peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks)? *Guidance can include either State recommendations or State requirements.*

- Yes
- No

4.51. Does your State agency provide written guidance to local WIC agencies about the content of peer counseling activities with clients (e.g., topics/issues to discuss with clients, educational activities) and participants? *Guidance can include either State recommendations or State requirements.*

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.52. Does your State agency provide written guidance to local WIC agencies about documentation of peer counselors' interactions with WIC participants? *_Guidance can include either State recommendations or State requirements.*

- Yes
- No *skip to 4.54*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.53. What type(s) of information does your State agency recommend or require peer counselors to document about peer counseling activities? (Check all that apply)

- Location of contact
- Type of contact (e.g., home visit, phone)
- Duration of contact
- Topics/issues discussed with client
- Referrals made
- Status of breastfeeding (e.g., initiation, exclusivity)
- Unsuccessful attempts to contact WIC participants
- Materials sent to participants
- Demographic data about participant and her baby
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.54. Does your State agency provide written guidance to local WIC agencies about procedures for referrals of *Loving Support* peer counseling participants to other related services participants? *Guidance can include either State recommendations or State requirements.*

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.55. Does your State agency provide written guidance to local WIC agencies requiring or recommending that they establishing community partnerships in support of the *Loving Support* peer counseling program? Guidance can include either State recommendations or State requirements.

- Yes
- No *if No, then this is the last item in the Module. Go to Submit Module Screen.*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

4.56. Does your State agency recommend or require local WIC agencies to collaborate or form community partnerships with any of the following types of organizations? (Check all that apply)

- Hospitals
- Health clinics
- Schools
- Local food banks
- Emergency housing agencies/homeless shelters
- Child care centers
- Other community agencies
- Other government agencies
- Other. Specify:

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

SUBMIT MODULE SCREEN

**YOU HAVE COMPLETED THE LAST QUESTION IN THIS MODULE
PLEASE SELECT AN OPTION BELOW**

REVIEW ANSWERS

SUBMIT MODULE

GO TO INSTRUCTIONS

SAVE AND COME BACK LATER

MODULE 5: STATE DATA COLLECTION ABOUT THE *LOVING SUPPORT* PEER COUNSELING PROGRAM

Please enter the Name and Title of the person entering responses for this Module. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name:

Title:

Go to Items: [5.1-5.3](#) [5.4-5.6](#)

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

The next section addresses data that your State Agency may collect on the *Loving Support Peer Counseling* program.

5.1. Does your State WIC agency collect any data from local WIC agencies or other local entities that provide peer counseling to WIC participants about their *Loving Support Peer Counseling* programs?

- Yes
- No *skip to Submit Module Screen*

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

5.2. Are these data collected electronically?

- Yes
- No

5.3. Are these data collected from local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants) at the individual WIC Participant level?

(Data at the individual level does not necessarily mean that agencies report names, addresses, or other personally identifying information about WIC participants to your State agency. If WIC participants receive a unique identification number, for example, data at the individual level might use ID numbers rather than names to protect a WIC participant's identity. If local agencies provide only summary data about groups of WIC participants receiving *Loving Support* peer counseling, you should answer "No.")

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

5.4. Which of these data items about their *Loving Support Peer Counseling program* does your State agency collect from local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants)? (Check all that apply)

- Number of WIC participants in *Loving Support* peer counseling
- Number of pregnant and post-partum WIC participants receiving *Loving Support* peer counseling
- Number of *Loving Support* peer counselors in the local WIC agency
- Number of *Loving Support* peer counseling contacts across all peer counselors in the local WIC agency
- Average number of *Loving Support* peer counseling contacts per WIC participant receiving *Loving Support* peer counseling
- Caseload, hours worked, or other information for individual peer counselors
- Other. Specify:
- None of the above

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

5.5. Which of the following data about *Loving Support* peer counseling services does your State agency collect from local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants)? (Check all that apply)

- Type of prenatal *Loving Support* peer counseling (telephone, in-person, etc.) received by individual participants
- Frequency of prenatal *Loving Support* peer counseling received by individual participants
- Type of *Loving Support* peer counseling (telephone, in-person, etc.) received by individual participants after delivery
- Frequency of *Loving Support* peer counseling received by individual participants after delivery
- Number of weeks or months after delivery over which *Loving Support* peer counseling services are received by individual participants
- Other. Specify:
- None of the above

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

5.6. Which of the following data about **WIC participants receiving *Loving Support* peer counseling services** does your State agency collect from local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants)? (Check all that apply)

- Demographic information about Loving Support peer counseling participants (e.g., race, age, region)
- Feedback from WIC participants about the effects of Loving Support peer counseling
- Food packages received by WIC participants and their infants for women receiving Loving Support peer counseling after delivery
- Breastfeeding status of WIC participants receiving Loving Support peer counseling after delivery
- Other. Specify:
- None of the above

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

5.7 Does your State agency ask local WIC agencies (or other local entities that provide *Loving Support* peer counseling to WIC participants) to submit electronic data from peer counselors' documentation of their interactions with WIC participants receiving *Loving Support* peer counseling services?

- Yes
- No

MAIN MENU

FAQs

NEXT

SAVE AND COME BACK LATER

SUBMIT MODULE SCREEN

YOU HAVE COMPLETED THE LAST QUESTION IN THIS MODULE
PLEASE SELECT AN OPTION BELOW

REVIEW ANSWERS

SUBMIT MODULE

GO TO INSTRUCTIONS

SAVE AND COME BACK LATER

CONCLUSION

Thank you very much for responding to this survey. Before submitting your responses, we would like your State's WIC director to certify that this survey is complete by clicking the appropriate boxes below.

Enter Name:

- I am the State WIC director.
- I have been designated by the State WIC director to review the survey and determine the information is complete.

I have reviewed the following modules and certify that they are complete: *(Check each module you certify as completed. Clicking on a module name will take you to that module if you need to review it)*

- Module 1: General Breastfeeding Promotion Programs
- Module 2: State-Level Staff and Training for *Loving Support* Peer Counseling
- Module 3: State Distribution of Funds for *Loving Support* Peer Counseling
- Module 4: State Written Guidance for Local *Loving Support* Peer Counseling Programs
- Module 5: State Data Collection about the *Loving Support* Peer Counseling Program

By checking all 5 modules above you are certifying that this online survey is complete and ready to be processed.
Thank you for submitting responses for the State WIC Agency Survey.

We will be in contact with you if we have further questions. If you'd like to contact us, please do not hesitate to call 1-855-311-2462 or email WICPeerC@abtassoc.com.

SUBMIT COMPLETED SURVEY