

MODULE 1



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 1

0%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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

MODULE 1: General Breastfeeding Promotion Programs

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, or Chrome, and you should 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 name 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, but FNS may identify your State agency by name in any reports based on this survey. A decision to participate will not affect your agency or your employment status.

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WIC Peer Counseling Survey FAQ

FREQUENTLY ASKED QUESTIONS

[What is the WIC Peer Counseling Study?](#)

[Why are you doing this study?](#)

[I think our agency participated in a survey like this one a few years ago. Why is there another survey?](#)

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[Who is supposed to review final answers before submission? How do I submit/verify answers?](#)

[How long will this survey take to complete?](#)

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What is the WIC Peer Counseling Study?

The **WIC Peer Counseling Study** is an evaluation of the Food and Nutrition Service's (FNS) *Loving Support* Peer Counseling program. As part of Phase 1 of the study, FNS issued a report in 2009 about the implementation of *Loving Support* Peer Counseling programs. Your agency may have participated in a web survey administered during that phase. As part of Phase 2 of the study, we are asking State WIC Agencies to complete this new survey to update our understanding of how the *Loving Support* Peer Counseling program is being implemented in your State.

Why are you doing this study?

This study is being conducted for the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) by Abt Associates Inc., an independent research firm (www.abtassociates.com). FNS is interested in learning about the activities funded by the *Loving Support* peer counseling grant, as well as general breastfeeding promotion and support activities in your State agency. This information will help FNS understand the operation of the *Loving Support* Peer Counseling program and inform the agency about variation across States in how the program is implemented.

I think our agency participated in a survey like this one a few years ago. Why is there another survey?

Your agency may have participated in a web survey administered as part of Phase 1 of this study in 2008. As part of Phase 2 of the study, FNS is administering this survey to obtain updated information about how the *Loving Support* Peer Counseling program is being implemented in your State.

Who at my State WIC agency should complete each of the Modules?

The survey contains five modules and a certification module, each addressing a different topic area. We recommend that each of Modules 1 to 5 be completed by the staff member most knowledgeable about the topic area covered in that module. At your agency, there may be a single person who is able to answer questions in all five modules; or, your State agency director may decide to assign modules to different people depending on the types of questions in each module.

- Questions in **Module 1: General Breastfeeding Promotion Programs**, ask about breastfeeding promotion activities supported by your state in addition to those supported by the FNS *Loving Support* peer counseling grant.
- Questions in **Module 2: State-level Agency Staff and Training for Loving Support Peer Counseling**, ask about the number and type of State agency employees who work on different aspects of the program and the types of training offered to local WIC agency staff.
- Questions in **Module 3: State Distribution of Funds for Loving Support Peer Counseling**, ask about how your State agency distributes funding for the program to its local WIC agencies.
- Questions in **Module 4: State Written Guidance for Local Loving Support Peer Counseling Programs**, ask about the types of written guidance that your State agency provides to local WIC agencies about major aspects of the program.
- Finally, questions in **Module 5: State Data Collection about the Loving Support Peer Counseling Program**, ask about any data that your State Agency may collect from local WIC agencies on the program.

For each survey module, we ask that one staff person be responsible for entering data for that module. 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. It is okay for multiple people to work on different modules at the same time. If you have any further questions, please contact Abt Associates toll free at 1-855-311-2462 or WICPeerC@abtassoc.com.

Who is supposed to review final answers before submission? How do I submit/verify answers?

The Director of your State's WIC agency should review answers in each module. To do so, the director can click on the link to each survey module provided in the emailed survey invitation. After reviewing the responses for accuracy and completeness, the director should then open the Certification module and follow the instructions there.

How long will this survey take to complete?

We estimate that completing all five modules and certifying that these five modules are complete will take about 120 minutes, on average, but the duration depends on your responses: you may not be required to answer all of the possible questions in the survey modules.

How will you use our responses?

Responses from all survey respondents will be used to answer questions about the implementation of the *Loving Support* Peer Counseling program in your state. Your name 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, but FNS may identify your State agency by name in any reports based on this survey. A decision to participate will not affect your agency or your employment status.

Does this study have human subjects review clearance?

Yes, the study was approved by Abt Associates' Institutional Review Board. If you have any concerns about your participation in this survey, please contact Teresa Doksum, Institutional Review Board Administrator at Abt Associates, at (877) 520-6835 or via email at irb@abtassoc.com.

Who is funding the study?

The study has been funded by the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) under contract AG-3198-D-06-0105 to Abt Associates.

Who is Abt Associates?

Abt Associates Inc. (Abt) is an independent research firm headquartered in Cambridge, Massachusetts with offices in Bethesda, MD; Durham, NC; and Atlanta, GA. The Food and Nutrition Service (FNS) of the USDA has contracted with Abt to conduct the WIC Peer Counseling Study, which includes this survey of State WIC agencies. Abt has over 40 years of experience conducting a variety of studies of FNS's nutrition programs, including many studies with WIC agencies at both the State and local levels. For more information, please see www.abtassociates.com, or contact us directly (toll-free) at 855-311-2462.

Who can I contact if I have additional questions?

We welcome additional questions about the purposes or administration of this study. If you have questions about the study or need assistance completing the survey, please contact the survey team (toll free) at 855-311-2462 or via email at WICPeerC@abtassoc.com. You may also contact the study's project director, Dr. Carter Epstein at Abt Associates using this contact information. If you would like to contact FNS directly, please email the Project Officer, Karen Castellanos-Brown by email at Karen.Castellanos-Brown@fns.usda.gov or by telephone at 703-305-2732.

WIC Peer Counseling Survey: Turning Off Your Pop-Up Blocker

If you are using Internet Explorer:

1. Click on the 'Tools' button in the upper right of your browser window (the 'Tools' button looks like a gear).
2. On the 'Privacy' tab, under 'Pop-up Blocker,' clear the 'Turn on Pop-up Blocker' check box and click 'OK.'
3. Remember to turn your pop-up blocker back on after you have submitted the survey module.

If you are using Firefox:

1. At the top of the Firefox window, click on the Firefox button and then select 'Options'.
2. Select the 'Content' panel.
3. Uncheck the box marked "Block pop-up windows" and click 'OK.'
4. Remember to turn your pop-up blocker back on after you have submitted the survey module.

If you are using Google Chrome:

1. Click the Chrome menu button in the upper right corner of your browser window (it looks like 3 short, horizontal lines).
2. Select 'Settings' and then click on "Show advanced settings."
3. In the 'Privacy' section, click on the 'Content' settings button.
4. In the 'Pop-ups' section, select "Allow all sites to show pop-ups."
5. Remember to turn your pop-up blocker back on after you have submitted the survey module.



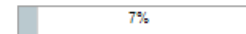
WIC Peer Counseling Survey: Cookies

Use of Cookies:

1. Cookies are enabled by default because they are required for this online survey (hereafter, "survey" refers to each of the six modules) to function properly. The purpose of these cookies is to ensure that aspects of the survey are customized for your State Agency and that you may save and return to the survey without having to re-enter already-completed items.
2. The type of cookies used in this survey are **Tier 2, multi-session without personally identifiable information** implemented in FluidSurvey Enterprise, Version 4.0 under license to Abt Associates Inc. This type of cookie does not include information that could be used to identify you.
3. The information collected in these cookies are session use identifiers that indicate the last item answered in the survey when a respondent closes their web browser.
4. Information in these cookies is used to make sure that the survey will properly display information customized for your State agency and so that the survey will return you (or another person who accesses the survey) to the last-answered item in the survey module.
5. Cookies are not shared with third parties and are not used to track your browsing behavior on other sites.
6. This survey uses SSL (secure socket layer) technology to protect information (the same security used by online banks).
7. You may delete cookies from your computer after you have completed the survey. Contact your IT help provider if you do not know how to delete cookies.
8. If you do not want cookies from this survey to be used, please do not continue with the survey. If you prefer to take this survey by telephone, please contact 1-855-311-2462 (this is a toll-free number staffed by study staff at Abt Associates, the company that is conducting this study for the Food and Nutrition Service of the USDA).



WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 1 of 2

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 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](#)

You are in **Module 1: [Breastfeeding Promotion Programs](#)**.

The first question will ask for your name and title; 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 and will not be given to FNS.

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.

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 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. Use the survey link that your State WIC director emailed you to log back in.

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WIC Peer Counseling Survey - Module 1

15%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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Saving Answers and Navigating through the Survey

On each survey page, you will see three buttons at the bottom, as well as a link to FAQs at the top. Clicking the Next button, or any other button, will automatically save the responses you have entered on that page.

- The **Next** button advances you to the following question.
- The **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 **Save and Continue Later** button will automatically save your responses and exit the survey. You may return to the survey at a later time to continue answering questions. When you re-open this survey module, you will be returned to the place in the survey where you were last working.
- The **FAQ** link at the top of the page will open a pop-up window with Frequently Asked Questions that you may find helpful.

Getting Help. If you need help with the survey please contact us at 855-311-2462 or WICPeerC@abtassoc.com

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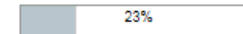
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BOLD THINKERS DRIVING
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WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Please enter the Name and Title of the person entering responses for Module 1. 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

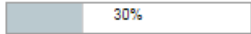
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WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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.

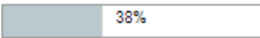
In addition to *Loving Support* peer counseling, does your State agency conduct breastfeeding promotion activities, programs or campaigns that target WIC participants? Please answer based on activities, programs, or campaigns undertaken *at the State level*. Do not include local WIC agency activities,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

- Yes
- No
- Don't know

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WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Please indicate the breastfeeding promotion activities, programs, or campaigns undertaken *at the State level* 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)
- None of the above

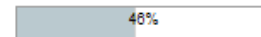
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WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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
- Don't know

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WIC Peer Counseling Survey - Module 1

53%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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
- No

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WIC Peer Counseling Survey - Module 1

81%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 1

80%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

How much NSA funding was spent on breastfeeding promotion activities other than *Loving Support* peer counseling last year, in FFY 2013?

Please round up cents to whole dollars.

\$

Please select one of the following:

- This amount **includes** any NSA funding that supplemented the *Loving Support* peer counseling grant
- This amount **excludes** any NSA funding that 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

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BOLD THINKERS DRIVING
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WIC Peer Counseling Survey - Module 1

78%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

How has your State agency chosen to use the *Loving Support* peer counseling 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:)
- None of the above

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WIC Peer Counseling Survey - Module 1

84%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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):
- None of the above

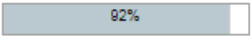
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WIC Peer Counseling Survey - Module 1



General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

You have completed the last question in this module of the survey. Please review the instructions below and submit your responses.

Please submit your responses by clicking below on the **Submit** button. After you have submitted these responses, your State WIC Director will be able to review the answers you gave, and make any changes, if desired.



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 1

100%

General Breastfeeding Promotion Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for completing Module 1 of the 2014 WIC Peer Counseling Survey of State WIC agencies! Please let your State WIC Director know that you have completed this Module of the survey.

You may close your browser.

MODULE 2



WIC Peer Counseling Survey - Module 2

0%

State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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

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.

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Privacy

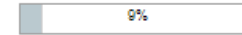
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WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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[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](#)

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

The first question will ask for your name and title; 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 and will not be given to FNS.

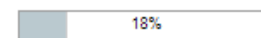
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WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support Peer Counseling*

(For questions on completing this survey see [Frequently Asked Questions](#))

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Getting Help. If you need help with the survey please contact us at 855-311-2462 or WICPeerC@abtassoc.com

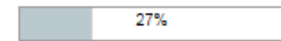
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WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Please enter the Name and Title of the person entering responses for Module 2. 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

Rosa Test

Title

Director of Community Outreach

Back

Save and continue later

Next



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 2

38%

State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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)

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Save and continue later

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WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Across these 20 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
Policy guidance (including decisions about allocating peer counseling funds, disseminating State WIC policies about peer counseling to local entities, etc.)	4
Monitoring the implementation of <i>Loving Support</i> peer counseling at local sites	3
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	10
Other (1) (please specify below)	1
Other (2) (please specify below)	2

Please specify (Other 1):

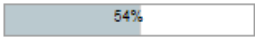
Training on counseling for doctors

Please specify (Other 2):

Working at community organizations



WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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

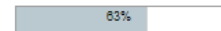
- Yes
- No

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

- Yes
- No



WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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.

You may mark one or multiple responses in each row.

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	No 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Monitoring the implementation of <i>Loving Support</i> peer counseling at local sites	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
e) Other (1) (please specify below)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f) Other (2) (please specify below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please specify (Other 1):

aining on counseling for doctors

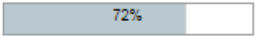
Please specify (Other 2):

ling at community organizations



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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 *Loving Support* peer
counseling whose salary is:

a) Fully supported by *Loving Support* grant

b) Partially supported by *Loving Support* grant

c) Not supported by *Loving Support* grant

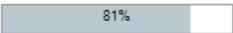
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Save and continue later

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WIC Peer Counseling Survey - Module 2



State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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 checked="" type="radio"/>
b) " <i>Loving Support</i> Through Peer Counseling: A Journey Together – For Peer Counselors"	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
d) Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e) Other lactation courses that award certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f) Other types of training (please specify below)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If State-level WIC staff provided other types of training related to *Loving Support*, please specify:

Cultural competency training



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 2

90%

State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

You have completed the last question in this module of the survey. Please review the instructions below and submit your responses.

Please submit your responses by clicking below on the Submit button. After you have submitted these responses, your State WIC Director will be able to review the answers you gave, and make any changes, if desired.

Back

Save and continue later

Submit



WIC Peer Counseling Survey - Module 2

100%

State-Level Staff and Training for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for completing Module 2 of the 2014 WIC Peer Counseling Survey of State WIC agencies! Please let your State WIC Director know that you have completed this Module of the survey.

You may close your browser.

MODULE 3



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 3

0%

State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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

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, or Chrome; 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 name 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, but FNS may identify your State agency by name in any reports based on this survey. A decision to participate will not affect your agency or your employment status.

Save and continue later

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WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 1 of 2

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 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](#)

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

The first question will ask for your name and title; 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 and will not be given to FNS.

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.

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 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. Use the survey link that your State WIC director emailed you to log back in.

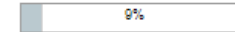
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Save and continue later

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WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 2 of 2

Saving Answers and Navigating through the Survey

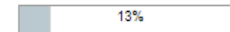
On each survey page, you will see three buttons at the bottom, as well as a link to FAQs at the top. Clicking the Next button, or any other button, will automatically save the responses you have entered on that page.

- The **Next** button advances you to the following question.
- The **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 **Save and Continue Later** button will automatically save your responses and exit the survey. You may return to the survey at a later time to continue answering questions. When you re-open this survey module, you will be returned to the place in the survey where you were last working.
- The **FAQ** link at the top of the page will open a pop-up window with Frequently Asked Questions that you may find helpful.

Getting Help. If you need help with the survey please contact us at 855-311-2462 or WICPeerC@abtassoc.com



WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling
(For questions on completing this survey see [Frequently Asked Questions](#))

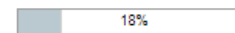
Please enter the Name and Title of the person entering responses for Module 3. This information may help if questions arise at a later point. This information will be kept private and will not appear in any reports or data files submitted to FNS.

Name

Title



WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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.

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

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Save and continue later

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WIC Peer Counseling Survey - Module 3

22%

State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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, check the box in the first column to indicate that the agency listed has "closed" and then enter the correct name of that agency in one of the blank rows provided on the last page after each of the local WIC agencies listed.

Local WIC Agency Name	Agency Closed/Not serving WIC participants	Operating <i>Loving Support</i> peer counseling?	Received funds from the State's FNS peer counseling grant?	If Yes in Column C: FNS peer counseling grant amount received (\$)	Received NSA funds to support <i>Loving Support</i> peer counseling?	If Yes in Column E: NSA funds amount received for <i>Loving Support</i> peer counseling (\$)	Received other for <i>Loving Support</i> peer counseling program from state?	If Yes in Column G: Other funding for <i>Loving Support</i> peer counseling program, amount received (\$)
Example Agency #1	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ 6000	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ 400	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ 500
Example Agency #2	<input checked="" 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	\$
Example Agency #3	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$ 3000	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$
Example Agency #4	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" 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	\$
Example Agency #5	<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	\$



WIC Peer Counseling Survey - Module 3

77%

State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

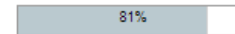
(Optional) Additional WIC agencies

	Local WIC Agency Name	Operating <i>Loving Support</i> peer counseling?	Received funds from the State's FNS peer counseling grant?	If Yes in Column C: FNS peer counseling grant amount received (\$)	Received NSA funds to support <i>Loving Support</i> peer counseling?	If Yes in Column E: NSA funds amount received for <i>Loving Support</i> peer counseling (\$)	Received other for <i>Loving Support</i> peer counseling program from state?	If Yes in Column G: Other funding for <i>Loving Support</i> peer counseling program, amount received (\$)
Additional Agency	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>
Additional Agency	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>
Additional Agency	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>
Additional Agency	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>
Additional Agency	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	\$ <input type="text"/>



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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 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

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* peer counseling?

- Yes
- No

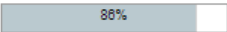
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Save and continue later

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WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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)

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?

[Back](#) [Save and continue later](#) [Next](#)



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 3

90%

State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

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.

State non-WIC funds (e.g., State public health dollars)

\$

60000

Gates Foundation nutrition grant

\$

40000

Back

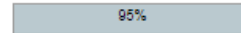
Save and continue later

Next



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 3



State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

You have completed the last question in this module of the survey. Please review the instructions below and submit your responses.

Please submit your responses by clicking below on the Submit button. After you have submitted these responses, your State WIC Director will be able to review the answers you gave, and make any changes, if desired.

Back

Save and continue later

Submit



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 3

100%

State Distribution of Funds for *Loving Support* Peer Counseling

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for completing Module 3 of the 2014 WIC Peer Counseling Survey of State WIC agencies! Please let your State WIC Director know that you have completed this Module of the survey.

You may close your browser.

MODULE 4



Go to: [Section 1: Qualifications](#) [Section 2: Timing of Services](#) [Section 3: Types of Contacts](#) [Section 4: Duties](#) [Section 5: Compensation](#)
[Section 6: Training and Supervision](#) [Section 7: Other Guidance](#)

WIC Peer Counseling Survey - Module 4

0%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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

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, or Chrome; 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 name 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, but FNS may identify your State agency by name in any reports based on this survey. A decision to participate will not affect your agency or your employment status.

Save and continue later

Next



Go to: [Section 1: Qualifications](#) [Section 2: Timing of Services](#) [Section 3: Types of Contacts](#) [Section 4: Duties](#) [Section 5: Compensation](#)
[Section 6: Training and Supervision](#) [Section 7: Other Guidance](#)

WIC Peer Counseling Survey - Module 4

1%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 1 of 2

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 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](#)

You are in Module 4: State Written Guidance for Local *Loving Support* Peer Counseling Programs.

The first question will ask for your name and title; 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 and will not be given to FNS.

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.

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 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. Use the survey link that your State WIC director emailed you to log back in.

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

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Saving Answers and Navigating through the Survey

On each survey page, you will see three buttons at the bottom, as well as a link to FAQs at the top. Clicking the Next button, or any other button, will automatically save the responses you have entered on that page.

- The **Next** button advances you to the following question.
- The **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 **Save and Continue Later** button will automatically save your responses and exit the survey. You may return to the survey at a later time to continue answering questions. When you re-open this survey module, you will be returned to the place in the survey where you were last working.
- The **FAQ** link at the top of the page will open a pop-up window with Frequently Asked Questions that you may find helpful.
- You may click on links at the top of the page to navigate to different sections within the Module. This is useful if you would like to review questions in a previous section: Module 4 covers the following topics:
 - Peer Counselor Qualifications (7 questions)
 - Timing of Peer Counseling Services (12 questions)
 - Types of Peer Counseling Contacts (12 questions)
 - Peer Counselor Duties (4 questions)
 - Peer Counselor Compensation (8 questions)
 - Training, Support and Supervision (6 questions)
 - Other guidance about *Loving Support* Peer Counseling (7 questions)

Getting Help. If you need help with the survey please contact us at 855-311-2462 or WICPeerC@abtassoc.com

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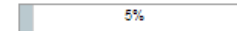
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Please enter the Name and Title of the person entering responses for Module 4. 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

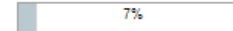
Title



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WIC Peer Counseling Survey - Module 4



State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

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.

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.

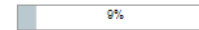
- Yes
 No

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

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)
- None of the above

Does your State agency require or recommend that local peer counseling coordinators have any of the following types of experience, skills or other qualifications?

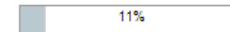
(Check all that apply)

- 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:
- None of the above



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

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

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

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 other than being a paraprofessional 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." (See [Definition from WIC](#))

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

Does your State agency require or recommend that local peer counselors have any of the following types of experience, skills or other qualifications?

My State Agency's Guidelines for local peer counselors' qualifications (required, recommended, or neither)

(Select one response per row):

	REQUIRED for local peer counselors	RECOMMENDED for local peer counselors	NEITHER required or recommended
Current or previous WIC recipient	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current or previous breastfeeding experience	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ethnic background similar to the target peer counseling program participants	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speak the same language as the target peer counseling program participants	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 1: Peer Counselor and Other Staff Qualifications

Does your State agency require or recommend that local peer counselors meet any of the following job requirements?

My State Agency's Guidelines for local peer counselors' job requirements (required, recommended, or neither)

(Select one response per row):

	REQUIRED for local peer counselors	RECOMMENDED for local peer counselors	NEITHER required or recommended
Available to clients outside the usual clinic hours	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Available to clients outside the WIC clinic setting	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Does your State agency require or recommend that local peer counselors meet any of the following other job requirements?

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. Number of hours/week required:

Minimum length of commitment to serve as peer counselor. Months of commitment required:

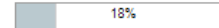
Other. Please specify:

None of the above



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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

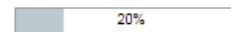
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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

- Yes
- No

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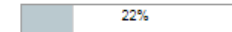
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 2: Timing of Peer Counseling Services

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

- Yes
 No

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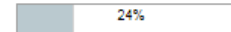
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State Written Guidance for Local *Loving Support* Peer Counseling Programs
(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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

- First
- Second
- Third

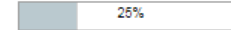
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Section 2: Timing of Peer Counseling Services

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

- Yes
- No

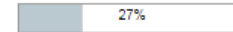
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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. Please specify:

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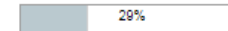
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 2: Timing of Peer Counseling Services

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

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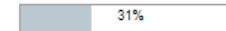
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 2: Timing of Peer Counseling Services

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

Days

Hours

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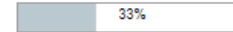
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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

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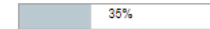
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

Does your State agency have guidelines—recommendations or requirements—about the frequency of peer counselor contact during any of the following time periods?

DURING PREGNANCY (Check Yes or No in each row)

	Yes	No
During 1st trimester	<input type="radio"/>	<input checked="" type="radio"/>
During 2nd trimester	<input checked="" type="radio"/>	<input type="radio"/>
During 3rd trimester	<input type="radio"/>	<input checked="" type="radio"/>

AFTER DELIVERY (Check Yes or No in each row)

	Yes	No
Week 1 after hospital discharge	<input checked="" type="radio"/>	<input type="radio"/>
Weeks 2-4	<input checked="" type="radio"/>	<input type="radio"/>
Months 2-4	<input type="radio"/>	<input checked="" type="radio"/>
Months 4-6	<input type="radio"/>	<input checked="" type="radio"/>
After 6 months	<input type="radio"/>	<input checked="" type="radio"/>

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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

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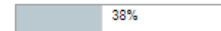
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State Written Guidance for Local *Loving Support* Peer Counseling Programs
(For questions on completing this survey see [Frequently Asked Questions](#))

Section 2: Timing of Peer Counseling Services

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):

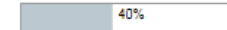
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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. Please specify:
- None of the above

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)

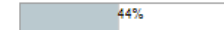
- In the hospital
- In WIC participants' homes
- In local WIC agency offices after hours
- Other settings. Please specify:
- No: Our guidelines *do not prohibit* in-person contact between WIC participants and peer counselors in any of these settings



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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 clinic hours
- In local WIC agency offices after hours
- Other settings. Please specify:
- No: Our guidelines *do not address liability issues* in any of these settings
- We are currently working to address liability issues

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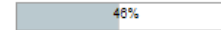
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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.

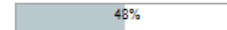
- Yes
- No

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WIC Peer Counseling Survey - Module 4



State Written Guidance for Local *Loving Support* Peer Counseling Programs
(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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

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50%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

• See the prompt(s) below.

Section 3: Types of Peer Counseling Contacts

Do State guidelines recommend or require in-person contact between WIC participants and peer counselors at any of the following times?

DURING PREGNANCY (Check Yes or No in each row)

	Yes	No
During 1st trimester	<input checked="" type="radio"/>	<input type="radio"/>
During 2nd trimester	<input checked="" type="radio"/>	<input type="radio"/>
During 3rd trimester	<input checked="" type="radio"/>	<input type="radio"/>

AFTER DELIVERY (Check Yes or No in each row)

	Yes	No
Please provide an answer in this row.		
Week 1 after hospital discharge	<input type="radio"/>	<input type="radio"/>
Weeks 2-4	<input checked="" type="radio"/>	<input type="radio"/>
Months 2-4	<input checked="" type="radio"/>	<input type="radio"/>
Months 4-6	<input type="radio"/>	<input checked="" type="radio"/>
After 6 months	<input type="radio"/>	<input checked="" type="radio"/>
Another time period	<input checked="" type="radio"/>	<input type="radio"/>

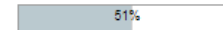
Please specify other time period(s):

After first birthday



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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
- No, but we are currently considering issuing such guidance to local WIC agencies

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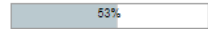
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

• See the prompt(s) below.

Section 3: Types of Peer Counseling Contacts

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?

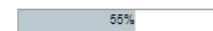
(Select one response per row)

	Is prohibited	Is discouraged	Is permitted as long as peer counselors follow certain rules	Is encouraged	Our agency has no specific policy
Text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Please provide an answer in this row.					
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook or other social media	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skype or other video-based communication technologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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

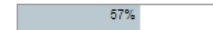
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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)

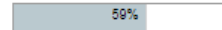
	No contacts are made this way	Less than ¼	Between ¼ and ½	Between ½ and ¾	More than ¾	Don't know
By telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
In-person (at any location)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By mailings sent to WIC participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
By text message	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By social media (e.g., Facebook, Twitter)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skype or other video-based communication technologies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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State Written Guidance for Local *Loving Support* Peer Counseling Programs
(For questions on completing this survey see [Frequently Asked Questions](#))

Section 3: Types of Peer Counseling Contacts

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 ¼	Between ¼ and ½	Between ½ and ¾	More than ¾	Don't know
In a hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
At a WIC clinic or local office setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
At a WIC participant's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
In another location	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

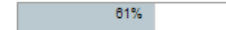
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 4: Peer Counseling Duties

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

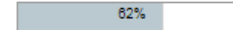
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(For questions on completing this survey see [Frequently Asked Questions](#))

Section 4: Peer Counseling Duties

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

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64%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 4: Peer Counseling Duties

Does your State agency 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

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

WIC participants per peer counselor working
20 or fewer hours per week:

WIC participants 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.

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Section 5: Peer Counseling Compensation

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

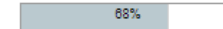
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Section 5: Peer Counseling Compensation

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

- Yes
- No

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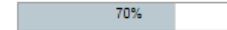
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 5: Peer Counseling Compensation

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

- Yes
- No

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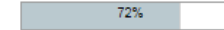
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 5: Peer Counseling Compensation

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

- Yes
 No

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

Minimum amount, \$ per hour:

10

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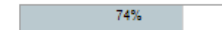
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(For questions on completing this survey see [Frequently Asked Questions](#))

Section 5: Peer Counseling Compensation

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

- Yes
- No

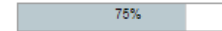
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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 5: Peer Counseling Compensation

For which areas of non-wage compensation does your State agency have guidelines?

(Check all that apply)

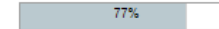
- Paid leave
- Health insurance benefits
- Other benefits (e.g. life, disability insurance)
- Compensation for job-related expenses (e.g., mileage, telephone charges)
- Other non-wage compensation. Please specify:



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State Written Guidance for Local *Loving Support* Peer Counseling Programs
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Section 5: Peer Counseling Compensation

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.

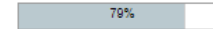
- Yes
 No

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 6: Training, Support, and Supervision

Does your State agency have guidelines about the types and minimum amount of initial training that peer counselors must receive?

Guidance can include either State recommendations or State requirements.

- Yes
- No

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

- Yes
- No

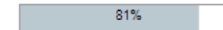
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State Written Guidance for Local *Loving Support* Peer Counseling Programs
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Section 6: Training, Support, and Supervision

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

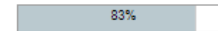
- Yes
- No

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

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Section 6: Training, Support, and Supervision

Please specify the areas in which there are State agency guidelines about support for peer counselors.

(Check all that apply)

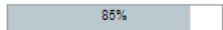
- Access to breastfeeding consultants and other experts
- Regular contact with local peer counseling supervisor
- Opportunities to shadow experienced peer counselors and/or lactation consultants
- Participation in WIC agency or clinic staff meetings
- Opportunities to meet regularly with other peer counselors
- Other. Specify:
- None of the above



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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 6: Training, Support, and Supervision

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

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87%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 6: Training, Support, and Supervision

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.

(Check all that apply)

- 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. Please specify:
- None of the above

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88%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 7: Other Guidance About *Loving Support* Peer Counseling

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

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

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90%

State Written Guidance for Local *Loving Support* Peer Counseling Programs
(For questions on completing this survey see [Frequently Asked Questions](#))

Section 7: Other Guidance About *Loving Support* Peer Counseling

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.

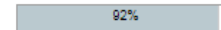
- Yes
 No

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State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 7: Other Guidance About *Loving Support* Peer Counseling

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:
- None of the above



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Go to: [Section 1: Qualifications](#) [Section 2: Timing of Services](#) [Section 3: Types of Contacts](#) [Section 4: Duties](#) [Section 5: Compensation](#)
[Section 6: Training and Supervision](#) [Section 7: Other Guidance](#)

WIC Peer Counseling Survey - Module 4

94%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 7: Other Guidance About *Loving Support* Peer Counseling

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

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

Back

Save and continue later

Next



Go to: [Section 1: Qualifications](#) [Section 2: Timing of Services](#) [Section 3: Types of Contacts](#) [Section 4: Duties](#) [Section 5: Compensation](#)
[Section 6: Training and Supervision](#) [Section 7: Other Guidance](#)

WIC Peer Counseling Survey - Module 4

96%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Section 7: Other Guidance About *Loving Support* Peer Counseling

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. Please specify:



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

Go to: [Section 1: Qualifications](#) [Section 2: Timing of Services](#) [Section 3: Types of Contacts](#) [Section 4: Duties](#) [Section 5: Compensation](#)
[Section 6: Training and Supervision](#) [Section 7: Other Guidance](#)

WIC Peer Counseling Survey - Module 4

98%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

You have completed the last question in this module of the survey. Please review the instructions below and submit your responses.

Please submit your responses by clicking below on the Submit button. After you have submitted these responses, your State WIC Director will be able to review the answers you gave, and make any changes, if desired.

Back

Save and continue later

Submit



WIC Peer Counseling Survey - Module 4

100%

State Written Guidance for Local *Loving Support* Peer Counseling Programs

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for completing Module 4 of the 2014 WIC Peer Counseling Survey of State WIC agencies! Please let your State WIC Director know that you have completed this Module of the survey.

You may close your browser.

MODULE 5



WIC Peer Counseling Survey - Module 5

0%

State Data Collection About The *Loving Support* Peer Counseling Program
(For questions on completing this survey see [Frequently Asked Questions](#))

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

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

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, or Chrome, and you should 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

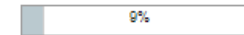
Your name will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses will be released in a form that identifies you or any other staff member by name, except as required by law. Please note that this study is not part of an audit or management review of WIC operations, but FNS may identify your State agency by name in any reports based on this survey. A decision to participate will not affect your agency or your employment status.

Save and continue later

Next



WIC Peer Counseling Survey - Module 5



State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 1 of 2

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 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](#)

You are in Module 5: State Data Collection about the *Loving Support* Peer Counseling Program.

The first question will ask for your name and title; 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 and will not be given to FNS.

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.

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 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. Use the survey link that your State WIC director emailed you to log back in.

[Back](#) [Save and continue later](#) [Next](#)



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5

18%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

Instructions — Page 2 of 2

Saving Answers and Navigating through the Survey

On each survey page, you will see three buttons at the bottom, as well as a link to FAQs at the top. Clicking the Next button, or any other button, will automatically save the responses you have entered on that page.

- The **Next** button advances you to the following question.
- The **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 **Save and Continue Later** button will automatically save your responses and exit the survey. You may return to the survey at a later time to continue answering questions. When you re-open this survey module, you will be returned to the place in the survey where you were last working.
- The **FAQ** link at the top of the page will open a pop-up window with Frequently Asked Questions that you may find helpful.

Getting Help. If you need help with the survey please contact us at 855-311-2462 or WICPeerC@abtassoc.com

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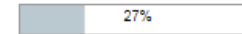
Save and continue later

Next



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5



State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

Please enter the Name and Title of the person entering responses for Module 5. 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



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5



State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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

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Save and continue later

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BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5

45%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

Are these data (about local agencies' *Loving Support* peer counseling programs) collected electronically?

- Yes
- No

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

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Save and continue later

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WIC Peer Counseling Survey - Module 5

54%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

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 (please specify:)
- None of the above

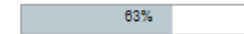
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Save and continue later

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WIC Peer Counseling Survey - Module 5



State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

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 (please specify:)
- None of the above



WIC Peer Counseling Survey - Module 5

72%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

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 (please specify:)
- None of the above

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Save and continue later

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REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5

81%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

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

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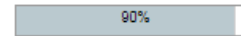
Save and continue later

Next



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5



State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

You have completed the last question in this module of the survey. Please review the instructions below and submit your responses.

Please submit your responses by clicking below on the Submit button. After you have submitted these responses, your State WIC Director will be able to review the answers you gave, and make any changes, if desired.

Back

Save and continue later

Submit



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

WIC Peer Counseling Survey - Module 5

100%

State Data Collection About The *Loving Support* Peer Counseling Program

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for completing Module 5 of the 2014 WIC Peer Counseling Survey of State WIC agencies! Please let your State WIC Director know that you have completed this Module of the survey.

You may close your browser.

CERTIFICATION MODULE



WIC Peer Counseling Survey - Certification Module

0%

Submitting the Completed Survey

(For questions on completing this survey see [Frequently Asked Questions](#))

PLEASE REVIEW THE INSTRUCTIONS BELOW.

As this State's WIC director or an individual designated by this State's WIC director, you may review the responses provided for each module of this survey, and make any changes, if desired. To review each module, click on the links included in the **original invitation email** you received from WICPEERC@abtassoc.com. These links will allow you to review responses in each of the five modules of this survey:

- 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**

Please review responses to each module and ensure that they are complete and, to the best of your knowledge, accurate. As you review each module, any changes you make will be automatically saved. If you do not wish to change a survey response, do not alter the response shown on screen.

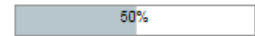
Once you have finished reviewing the five modules, please click on the "Next" button below: doing so will bring you to a final certification page for all five modules of your State WIC Agency's Survey for the WIC Peer Counseling Study. If you need assistance, please email WICPEERC@abtassoc.com, or call (toll-free), 1-855-311-2462.

Save and continue later

Next



WIC Peer Counseling Survey - Certification Module



Submitting the Completed Survey

(For questions on completing this survey see [Frequently Asked Questions](#))

Enter Name:

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

If you have been designated by the State WIC director, please enter your title:

I have reviewed the following modules and certify that they are complete:

(Check each module you certify as completed.)

- 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 off all five modules above, you are certifying that this online survey is complete and ready to be processed. Please click below on the Submit button.



WIC Peer Counseling Survey - Certification Module

100%

Submitting the Completed Survey

(For questions on completing this survey see [Frequently Asked Questions](#))

Thank you for submitting your State WIC Agency's responses to the 2014 Survey of State WIC agencies for the WIC Peer Counseling Study! We appreciate the time and effort that you and your staff have put into the 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.

You may close your browser.