



## State WIC Agency Survey



### Welcome to the State WIC Agency Survey!

Thank you for your participation in the WIC Breastfeeding Peer Counseling Study, which is being conducted by researchers at Abt Associates Inc. on behalf of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS). The purpose of this survey is to better understand how the *Loving Support* Peer Counselor Program is being implemented in your State or Indian Tribal Organization. Many of the questions are focused on *Loving Support* peer counseling, 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.

[View General Instructions](#)

[Start Survey](#)

OMB Clearance Number: 0584-0548

Expiration Date: 7/31/2011

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

### 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.

### Confidentiality

Your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses will be released in a form that identifies you or any other staff member by name, except as required by law. Please note that this study is not part of an audit or management review of WIC operations. Your participation in the survey is completely voluntary. Failure to complete the survey will not affect you or your agency in any way.

## Technical Requirements for the Survey

In order for this survey to work properly for you, you will need the following:

- Internet Explorer 5.0 or above, Netscape Navigator 7.0 or above, or Mozilla Firefox Version 1.0 or above.
- Your browser must be Java-enabled.
- You must have the "pop-up blocker" feature disabled in your browser (if applicable).

If you are not able to meet these requirements, please call **1-877-401-7323**.

[Save & Continue >>](#)

## General Instructions

### Survey Structure

The State WIC Agency Survey is divided into the following topic areas:

- General Breastfeeding Promotion Programs
- State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities
- Training for *Loving Support* Peer Counseling
- State Distribution of Funds for *Loving Support* Peer Counseling
- State Written Guidance for Local *Loving Support* Peer Counseling Programs
- State Data Collection about the *Loving Support* Peer Counseling Program

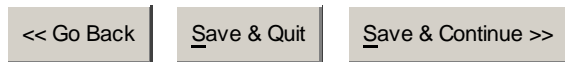
Questions for these topic areas are placed within six different modules, which may or may not be completed by the same staff member. In fact, we expect that multiple people at the State level will need to respond to the survey, including the State WIC director, the State breastfeeding or peer counselor coordinator and the State WIC budget officer. Please assign a staff member to complete each of the above modules, as appropriate for your State, and forward your invitation e-mail and letter containing your password to these people. The navigation page that follows this introduction will allow each respondent to jump directly to the module for which they are responsible. The first question in each module requests the name and title of the primary respondent for that specific module; this information may help if questions arise at a later point. Please note that this information will be kept confidential and will not appear in any reports.

At the end of this web survey, there is a "Conclusion" page. This is the place for the State WIC director, or designated staff member, to certify that the survey is complete. Once all six modules and the conclusion page have been submitted, your survey will be complete.

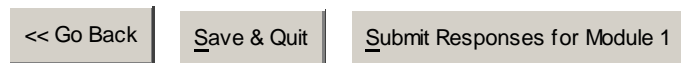
### Moving Through the Survey & Saving Responses

This web-based survey includes six modules of questions (described above), as well as this general instruction screen, an introduction screen, navigation screen, key definition screens and a conclusion page. As you go through this survey, you will see navigation buttons/links at the top and bottom of each page. These features will help you move through the survey.

As you are completing questions within a module, please use the buttons on the bottom of the page (see below). The “Save & Continue >>” button may be safely used to move to the next page of the survey and save the data you just entered. The “Save & Quit” button may also be used to save data on the current page and temporarily exit the survey. Please note, however, that the “<< Go Back” button will NOT save data. If you click the “<< Go Back” button to view previous responses, when you return to the current page, all questions on this page will be unanswered. If you’d like to save data before going to a previous page, please click “Save & Continue >>” and then “<< Go Back” twice. Also, it is important that you 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 work will not be saved.



On the last page of each module, the “Save & Continue >>” button is replaced with a “Submit” button like the one below. By clicking this button, all responses in this module will be saved and you will be directed to the navigation page, allowing you to link to any other module you are responsible for completing. If you have completed the modules assigned to you, press the submit button and then “Save & Quit” once you reach the navigation screen. Before your State WIC director has certified your State’s survey as complete, you may still return to a module that has been “submitted.”



On the top of each page, there are underlined phrases such as Return to Start of Survey, View General Instructions and Go to New Module. Clicking on these "hyperlinks" will redirect you to different section of the survey (e.g., one sends you to the start of the survey and one sends you to the navigation page, which allows you to jump to any module in the survey). As with the “<< Go Back” button, clicking one of these links will not save responses on the current screen. If you responded to any questions on the current page, please click the “Save & Continue >>” or “Save & Quit” button before moving to another section of this survey.

## Multiple Respondents

As mentioned, we expect that multiple people at the State level may need to respond to this survey. If a staff member is assigned to complete a specific module, they should click the appropriate module name on the navigation page after this introduction. Once they are finished with their module and click the submit button, they should click the “Save & Quit” button.

It is okay for multiple staff members to simultaneously work on questions within **different** modules. However, **multiple respondents must not work on the same module at the same time**. If two computers have simultaneous access to Module 1, for example, both sets of responses will be saved as separate records. To avoid problems, please assign one person to complete each module and ask that this person be the only one to access this module. While it is fine if this person needs to ask another person for answers, only one staff member should be responsible for entering the data. Please note that pages may be printed by clicking the print icon on your web browser (or, from your browser’s top menu options, select "File," and then select "Print").

If you do not have all the information on hand to answer a specific question, you may save the answers you’ve provided and quit until you obtain the data needed. If you plan to leave your computer for an extended amount of time to gather information, please mind the inactivity rule described below; it may be recommended that you click “Save & Quit” and re-open the survey once you are ready to continue.

## Taking a Break

The average total time to complete this survey will range between 1½ and 2½ hours. It is designed so that you may respond at your convenience and over multiple visits to this web site. Still, if you need to take a break for an extended period of time or have someone else work on the survey, make sure you save any changes made on your current page and close out of the survey.

**CAUTION: If you are inactive for more than 15 minutes in this survey, you will automatically be logged out and any unsaved responses on the current page will be lost.** You are considered "inactive" if you do not move from one page to another page in the survey. If you are logged out due to inactivity, a login screen will appear, giving you the opportunity to re-open your survey by entering your username and password.

## Opening your Survey

If you are logged out of the survey, either because of inactivity or you clicked "Save & Quit," you may re-enter the survey by either using the link in the survey invitation that was e-mailed to you, or by visiting the following website and entering your State's username and password:

[http://mobile.checkbox.com/abtassociates/WIC\\_PEERC\\_Intro.survey](http://mobile.checkbox.com/abtassociates/WIC_PEERC_Intro.survey)

Your username and password were sent to you in the e-mailed survey invitation as well as in the letter that was mailed to your State WIC director. Please note that your password is case sensitive. If you cannot find this information, please click the [Forgot your password?](#) link on the login screen and enter the e-mail address to which the original survey invitation was e-mailed; instructions will be sent to that e-mail address allowing you to create a new password. If you create a new password it is important that all staff members working on your State's survey are made aware of the new password.

## Reviewing Completed Modules

As modules are completed, the data are submitted to the researchers at Abt Associates. Data are not analyzed, however, until the State WIC Director (or designated staff member) certifies that the survey is complete by completing the questions on the conclusion page. It is recommended that data be reviewed for completeness and accuracy before the survey is certified as complete. When navigating to a module that has been submitted, you will see a screen with the following note: "You have already completed this survey. Click the Edit icon next to the response you wish to edit." Please click the "edit" icon (it looks like a paper and pencil) and navigate through the pages, revising information as necessary. Please note that the "Save & Quit" and "Submit Responses" buttons no longer appear at the bottom of the page; to save changes to a particular page, you must click the "Save & Continue >>" button.

## Finalizing the Survey

At the end of this web survey, there is a "Conclusion" page. This is the place for the state WIC director, or designated staff member, to certify that the survey is complete. It is recommended that this person review all modules for completeness and accuracy before completing this page; click the hyperlink next to the text "To review the responses to this questionnaire" and start with Module 1.

If a module has been completed, you will see a screen with the following note: "You have already completed this survey. Click the Edit icon next to the response you wish to edit." Please click the paper and pencil "edit" icon (see below) and navigate through the pages, revising information as necessary.

	Started	Completed
	5/19/2008 11:13:14 AM	5/20/2008 10:03:22 AM

After all modules have been reviewed and the State WIC director, or designated staff member, certifies that the survey is complete, click the "Finish" button. This will let us know that no further answers will be forthcoming, and we will process your responses. You will receive a confirmation e-mail that will indicate that your survey responses were successfully submitted to Abt Associates Inc. This e-mail will serve as your "certificate of survey completion." Once you have indicated that your survey is complete, it is very important that you do not modify any responses within the survey. If you need to revise a response after certifying that the survey is completed, please contact a member of Abt's survey team by calling 1-877-401-7323 or sending an e-mail to [WICPeerC@abtassociates.com](mailto:WICPeerC@abtassociates.com). Someone at Abt will either update the survey for you, or provide instructions for you to re-access your survey. Please do not re-access the survey without first receiving permission or the wrong data may be used in the final report.

After your survey has been submitted, it will be reviewed by staff at Abt Associates. If questions arise, we will contact you to clarify your responses.

## Want to Print Your Survey?

If you would like to print a copy of your responses on this survey, simply print out each survey page once you have completed it. To print a page, simply click on the print icon on your Web browser, or from the browser's top menu options, select "File," and then select "Print."

## Getting Help

We provided definitions of "key words" to assist you as you fill out the survey. If a word is underlined, you may simply click the word and a new window will open titled "Key Terms Used in the State WIC Agency Survey." Please locate and review the appropriate definition and then close the window by clicking the on the top right corner of the page.

If at any time you have questions regarding the survey, you may contact the toll-free Abt help line at **1-877-401-7323**. You can also reach us by email at [WICPeerC@abtassociates.com](mailto:WICPeerC@abtassociates.com), and a member of our project staff will respond either by e-mail or telephone.

## **Getting Started**

You are now ready to begin the survey. Please click on the “Save & Continue >>” button below. Thank you again for your participation in this important research study.

This Survey is divided into several different modules (listed below). Please complete each section before certifying that your survey is complete. If you are not able to answer the questions found in a particular module, please ask another staff person to complete that section.

Please click on the module name to go to that section.

[\*\*Module 1: General Breastfeeding Promotion Programs\*\*](#)

[\*\*Module 2: State-Level Staff for \*Loving Support\* Peer Counseling and Other Breastfeeding Promotion Activities\*\*](#)

[\*\*Module 3: Training for \*Loving Support\* Peer Counseling\*\*](#)

[\*\*Module 4: State Distribution of Funds for \*Loving Support\* Peer Counseling\*\*](#)

[\*\*Module 5: State Written Guidance for Local \*Loving Support\* Peer Counseling Programs\*\*](#)

[\*\*Module 6: State Data Collection about the \*Loving Support\* Peer Counseling Program\*\*](#)

[\*\*Conclusion \(Finalize & Submit Survey\)\*\*](#)

# Module 1: General Breastfeeding Promotion Programs

Information on Primary Respondent Completing Module 1

	Name	Title
1.	<input type="text"/>	<input type="text"/>

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

2. Does your State agency provide breastfeeding promotion services or programs (e.g., media campaigns, educational materials) for WIC participants in addition to *Loving Support* peer counseling?

Yes

No

*Skip to 7*

Don't Know

*Skip to 7*

3. Please indicate the breastfeeding promotion activities undertaken *at the State level* that your State agency funds for WIC participants. Please **do not** indicate local WIC agency activities.

(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

Only answer if Q3 = Other.

3a. For the previous question, you checked the box next to "other." Please specify.

4. 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 in Question 3?

Yes

No

*Skip to 7*

Don't Know

*Skip to 7*

5. Do you track just what the State spends on the above-indicated activities or do you also include what local WIC agencies spend on those activities using [NSA funds](#)?

Just what the State spends

What both the State spends and what local WIC agencies spends

Don't Know

6. How much [NSA funding](#) was spent on breastfeeding promotion activities described in Question 3 in [FFY 2007](#)?

This amount *includes* NSA funding that augmented the *Loving Support* peer counseling grant.

This amount *excludes* NSA funding that augmented the *Loving Support* peer counseling grant.

Don't Know



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

(Check all that apply)

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

**8. At the State level, what other major initiatives are underway 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 (*Specify:*)

# Module 2: State-Level Staff for *Loving Support* Peer Counseling and Other Breastfeeding Promotion Activities

Information on Primary Respondent Completing Module 2

	Name	Title
	<input type="text"/>	<input type="text"/>

9. Please list the **FIRST** name and title of all State WIC employees who work on the *Loving Support* peer counseling program in your State (Do not include last names of State WIC employees). Please include anyone who is involved in either policy guidance, resource allocation, financial monitoring, and/or management information systems as they relate to *Loving Support* peer counseling. Please include yourself.

(Please press the tab key or use your mouse to move between lines. Pressing the enter key will take you out of the survey.)

	Name & Title
1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>

9a. For each *Loving Support* staff person listed in Question 9, please indicate how long this person has been in this position, whether s/he is a *Loving Support* peer counseling coordinator, the types of activities in which this person is involved and whether this person's salary is fully supported, partially supported, or not supported by the FNS *Loving Support* peer counseling grant.

	Approximately how long has this person been in this position?			Is this person a state-designated <i>Loving Support</i> peer counseling coordinator?		Is this person involved in...						Specify other activities (if applicable)	How is this person's salary supported? (Select one)		
	< 1 year	1-3 years	> 3 years	Yes	No	Resource Allocation	Policy Guidance	Financial Monitoring	MIS	Training	Other		Fully Supported by Loving Support grant	Partially Supported By Loving Support grant	Not Supported by Loving Support grant
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Adding up all of the time of all of the State WIC staff involved in the *Loving Support* peer counseling program, what is the approximate average number of staff hours per month paid for by the *Loving Support* peer counseling program, as opposed to the staff hours supported by [NSA](#) or other funding?

	Hours per Month	Don't Know

11. When you think about *Loving Support* peer counseling in your State, is there one person you would consider its champion whose efforts and enthusiasm really make it work?

Yes

No

*Skip to 12*

Don't Know

*Skip to 12*

11a. Who would you consider your state's *Loving Support* peer counseling champion - i.e., the person whose efforts and enthusiasm really make it work?

12. Please indicate if anyone at the State level who is involved in the *Loving Support* peer counseling program undertakes the following activities:

(Check all that apply)

Conducts **needs assessment** to identify the local program, population, geographic areas, and potential sites to target the WIC peer counseling services

Provides **technical assistance** to local WIC programs to hire a **breastfeeding/peer counseling coordinator**

**Develops statewide program policies** for *Loving Support* peer counseling

Provides **technical assistance** to local WIC programs on **basic policies and procedures** for a peer counseling program

Provides **training to local WIC staff** (other than peer counselors) about breastfeeding and peer counseling

Provides **training to peer counselors** about peer counseling duties and responsibilities

Develops **informational materials about breastfeeding**, which may include collecting data

**Monitors the implementation** of local WIC peer counseling services

Designs and/or participate in **evaluation or ongoing monitoring** of local WIC peer counseling services including data collection

**Conducts program promotion** with local organizations in the community

Provides **information to WIC clients** about the peer counseling program

Reports on the **program operations** to WIC administrative staff

Provides **direct supervision to local peer counselors**

Other (Specify):

# Module 3: Training for *Loving Support* Peer Counseling

Information on Primary Respondent Completing Module 3

	Name	Title
	<input type="text"/>	<input type="text"/>

## Training Received By WIC State Agency Staff

13. Please indicate the training related to *Loving Support* peer counseling that State-level WIC staff have received since your State first accepted the *Loving Support* peer counseling funding.

	No training received	Training received one time	Training received more than one time	Don't Know
<i>Loving Support</i> peer counseling training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If State-level WIC staff received other types of training related to <i>Loving Support</i> , please specify below.				
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Training Offered By State Agency Staff or Sponsored by the State

14. In the last question we asked you about training State staff received. Here we ask about training State staff *provided or sponsored*. Please indicate the training related to *Loving Support* peer counseling that State staff provided to local WIC agency staff since your State first accepted the *Loving Support* peer counseling funding. 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
"Using <i>Loving Support</i> to Manage Peer Counseling Programs" training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other locally and/or State-offered training on breastfeeding and/or role of peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation management training approved through IBCLC Continuing Education Recognition Points (CERPS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other lactation courses that award certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If State-level WIC staff provided other types of training related to <i>Loving Support</i> , please specify below.				
<input type="text" value="-"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Module 4: State Distribution of Funds for *Loving Support* Peer Counseling

Information on Primary Respondent Completing Module 4

Name	Title
<input type="text"/>	<input type="text"/>

This section focuses on how the State 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.

15a. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to any local WIC agencies to implement the *Loving Support* peer counseling program?

Yes

No

15b. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to any regional entities (i.e., that include more than one local WIC agency, such as a regional health district) to implement the *Loving Support* peer counseling program?

Yes

No

15c. Does the WIC State Agency currently distribute the FNS *Loving Support* peer counseling grant and/or state funds to agencies that are not local WIC agencies or regional entities?

Yes	No	If yes, please explain
-----	----	------------------------

Answer Q15c and Q16d if Q15b = Yes.

15c. How many regional entities are there?

15d. How many receive FNS peer counseling grant funds?

Unless this is an ITO, if Questions 15a, 15b, and 15c = No, Module 4 is completed. Go to next module.

16. How many local WIC agencies are in your State?

Number of local agencies

17. Of these local agencies, how many offer *Loving Support* peer counseling?

17a. Of the local agencies that offer *Loving Support*, how many had peer counseling programs in place the same as or similar to *Loving Support* peer counseling prior to the FNS peer counseling grants?

(Include voluntary programs)

	Number of Agencies	Don't Know
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18. Of local agencies that offer *Loving Support* peer counseling, how many receive funding from FNS peer counseling grants?

	Number of Agencies	Don't Know
--	--------------------	------------

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

Yes, we distribute NSA and/or other funds to sites to augment *Loving Support* peer counseling programs

No, we do not distribute any funding to sites in addition to the *Loving Support* grant to support the *Loving Support* peer counseling program

19a. Whether or not your State explicitly allocates NSA and other funds to sites to augment the FNS *Loving Support* grant, does your State allow sites to choose to spend some of their NSA funds to augment *Loving Support*?

Yes

No

*Skip to 21*

20. What are the sources of the additional funds that your State allocates for *Loving Support* peer counseling?



- Nutrition Services and Administration (NSA) funds
- State non-WIC funds (e.g., State public health dollars)
- Other funds (e.g., private philanthropic funding)

20a. On the previous page you indicated that your State allocates “other funds” (e.g., private philanthropic funding) that were used to provide additional financial support for the *Loving Support* peer counseling program. Please specify the sources of these funds below.

20b. You indicated that your State provided the following sources of additional funds for *Loving Support* peer counseling. Please provide the amount of funding in FFY 07 that went to local *Loving Support* peer counseling programs.

	\$ Amount of Funding	Do not collect this information.
<u>Nutrition Services and Administration (NSA) funds</u>	<input type="text"/>	<input type="checkbox"/>
State non-WIC funds (e.g., State public health dollars)	<input type="text"/>	<input type="checkbox"/>
(Response from Q20a)	<input type="text"/>	<input type="checkbox"/>

21. Taking into account all sources of funding for *Loving Support* peer counseling, what percentage of funding to local agencies comes from the FNS *Loving Support* peer counseling grant?  
(Select one)

- 100%
- 75 - 99%
- 50 - 74%
- 25 - 49%
- Less than 25%

# Module 5: State Written Guidance for Local *Loving Support* Peer Counseling Programs

Information on Primary Respondent Completing Module 5

	Name	Title
	<input type="text"/>	<input type="text"/>

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.

Module 5 includes intricate skip patterns based on items selected for Question 22. There are 14 subsections, but the respondent should only answer questions related to items checked for Question 22.

22. Does the State provide guidance to local WIC agencies about the following aspects of local *Loving Support* peer counseling programs? Guidance can include either State recommendations or State requirements.

(Check all that apply)

- Role, responsibilities, and qualifications of local WIC peer counseling coordinators. (If checked, answer Questions 23-28)
- Qualifications of local WIC peer counselors. (If checked, answer Questions 29-30)
- Timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital). (If checked, answer Question 31)
- Frequency of peer counselor's contact with program participants. (If checked, answer Questions 32-34)
- Maximum length of time that WIC participants may receive peer counseling. (If checked, answer Question 35)
- Settings where peer counseling services are provided to clients. (If checked, answer Questions 36-38)
- The types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants. (If checked, answer Question 39)
- Accessibility of peer counselors to clients outside WIC clinic hours. (If checked, answer Question 40)
- Caseload, number of clients for each peer counselor. (If checked, answer Question 41)
- Wages or benefits and career paths for peer counselors. (If checked, answer Questions 42-47)
- Nature and amount of initial and ongoing training and support that peer counselors receive. (If checked, answer Questions 48-52)
- Supervision and job monitoring of peer counselors. (If checked, answer Question 53)

- Community partnerships related to the *Loving Support* peer counseling program that local agencies must establish. (If checked, answer Questions 54-55)
- Peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).
- Documentation of peer counselors' interactions with WIC participants. (If checked, answer Question 56)
- Content of peer counseling activities with clients (e.g., topics/issues to discuss with clients, educational activities) and participants.
- Procedures for referrals of *Loving Support* peer counseling participants to other related services participants.
- No Written Guidance**

If no written guidance, Module 5 is completed. Go to next module.

## Local Peer Counseling Coordinators

*Answer if guidance is provided about role, responsibilities, and qualifications of local WIC peer counseling coordinators.*

23. Does the State recommend or require that local WIC agencies with a *Loving Support* peer counseling program designate a local peer counselor coordinator?

Yes

No      *Skip to 25*

24. Does the State recommend or require that the local *Loving Support* peer counseling coordinator be a different person than the local breastfeeding promotion coordinator?

Yes

No

25. Does the State have guidelines about the educational level or experience of local peer counseling coordinators?

Yes

No      *Skip to 27*

**26. Please indicate whether the State has guidelines for the following education, experience, and other qualifications for local peer counseling coordinators.**

(Check all that apply)

- Associate's degree
- Bachelor's degree
- International Board Certified Lactation Consultant or IBCLC eligible
- Registered dietitian or nutritionist
- Registered nurse
- Experience in program management
- Experience in breastfeeding promotion
- Training in lactation management
- Experience as health-related program supervisor
- Personal experience in breastfeeding
- Computer skills
- Bilingual
- Experience in counseling
- Experience in peer counseling
- Other (Specify:)

**27. Does your State have guidelines about the responsibilities of local peer counseling coordinators?**

- Yes
- No

**28. If yes, please indicate whether the State has guidelines about the responsibilities of peer counseling coordinators in the following areas.**

(Check all that apply)

- Conduct needs assessments** related to *Loving Support* peer counseling services
- Participate** in local WIC program's establishing **the basic policies and procedures** for *Loving Support* peer counseling program
- Supervise and monitor work performance** of *Loving Support* peer counselors
- Participate in the **training of local WIC agency staff** about breastfeeding and peer counseling
- Provide **training to local *Loving Support* peer counselors**

- Monitor the implementation** of local *Loving Support* peer counseling services
- Design and/or participate in **evaluation** of local *Loving Support* peer counseling services
- Conduct promotion activities** for the *Loving Support* peer counseling program
- Provide **information to WIC clients** about the *Loving Support* peer counseling program
- Initiate or serve as **point of contact for community organizations** that collaborate on *Loving Support* activities
- Report on the program operations to State WIC** administrative staff
- Other (Specify:)

## Local Peer Counselor Qualifications

*Answer if guidance is provided about qualifications of local WIC peer counselors.*

29. Does the State have guidelines about the educational level or experience of local peer counselors?

Yes

No **Skip to 31a**

30. If yes, please indicate whether the State has guidelines about the qualifications of local peer counselors in the following areas.

(Check all that apply)

- [Paraprofessional](#)
- Professional certification, e.g., International Board Certified Lactation Consultant or IBCLC eligible, registered dietitian or nutritionist, lactation management
- GED or high school completion
- Associate's degree
- Bachelor's degree
- Master's degree
- Current or previous WIC recipient
- Current or previous breastfeeding experience
- Ethnic background similar to the target peer counseling program participants
- Age similar to the target peer counseling program participants
- Speak the same language as the target peer counseling program participants
- Live in the same community as the target peer counseling program participants

- Available to clients outside the usual clinic hours
- Available to clients outside the WIC clinic setting
- Willing to travel to remote parts of the WIC service area
- Available to conduct peer counseling services for a minimum number of required hours per week  
**If selected**, what is the required minimum hours/week? \_\_\_\_\_ hours
- Minimum length of commitment to serve as peer counselor  
**If selected**, what is the minimum length of commitment required? \_\_\_\_\_ months
- Good parenting model
- Project positive image of WIC, present information consistent with WIC philosophy
- Enthusiastic about breastfeeding
- Have good interpersonal communication skills
- Recognize when to make referrals to other services, specialists, and programs
- Have access to reliable transportation
- Must have telephone
- Other (Specify:)

## Timing of First Contact

**Answer if guidance is provided about timing of peer counselor's first contact with pregnant women or new mothers (e.g., during pregnancy, in hospital).**

31a. Does the State recommend or require that peer counselors *first* contact WIC participants during pregnancy?

Yes

No **Skip to 31d**

31b. Does the State recommend or require that peer counselors *first* contact WIC participants during a specific trimester?

Yes

No **Skip to 31d**

31c. During which trimester does the State recommend or require that peer counselors *first* contact WIC participants?

First

Second

Third

31d. Does the State recommend or require that peer counselors *first* contact WIC participants within a specific time frame after delivery?

Yes

No

31e. If yes, when after delivery does the State recommend or require that peer counselors *first* contact WIC participants?

While in hospital

Within first week at home

Other/It depends (Specify):

## Frequency of Contact

*Answer if guidance is provided about frequency of peer counselor's contact with program participants.*

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

Yes

No

*Skip to 34*

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

Number of *days* that can elapse after a request

*OR*

Number of *hours* that can elapse after a request

**34. What are the State guidelines about frequency of contact during the following time periods?**

	At least 1 time every...							Specify Other
	No Guidelines	1 week	2 weeks	1 month	2 months	3 months	Other	
<b>During pregnancy</b>								
During 1st trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During 2nd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During 3rd trimester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
During last month of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>After delivery</b>								
Week 1 (after hospital stay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Weeks 2-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Months 2-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Months 4-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
After 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



## Maximum Length of Time

*Answer if guidance is provided about maximum length of time that WIC participants may receive peer counseling.*

35. Please indicate your State's guidelines about the maximum number of months after delivery that a WIC participant may receive *Loving Support* peer counseling.

Enter number of months

## Settings

*Answer if guidance is provided about settings where peer counseling services are provided to clients.*

36. Please indicate the settings for which the State has guidelines regarding peer counselors' in-person contact with WIC participants.

(Check all that apply)

In the hospital

In WIC participants' homes

In local WIC offices during office hours

In local WIC office after hours

Other (Specify:)

37. Do your guidelines prohibit in-person contact between WIC participants and peer counselors in the any of the settings listed below?

(Check all that apply)

In the hospital

In WIC participants' homes

In local WIC office after hours

Our guidelines *do not* prohibit contact between WIC participants and peer counselors in any of the WIC participants in any of these settings

Other (Specify:)

**38. Do your guidelines address liability issues related to in-person contact between WIC participants and peer counselors in the any of the settings listed below?**

(Check all that apply)

- In the hospital
- In WIC participants' homes
- In local WIC offices during office hours
- In local WIC office after hours
- Our guidelines *do not* address liability issues in any of these settings
- Other (Specify:)

## Type of Contact

*Answer if guidance is provided about the types of contact (i.e., in-person, telephone) that peer counselors have with WIC participants.*

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

- Yes
- No

## Accessibility

*Answer if guidance is provided about accessibility of peer counselors to clients outside WIC clinic hours.*

**40. What are the State's guidelines about accessibility of *Loving Support* peer counselors outside of WIC program hours?**

**Must a peer counselor be available *by telephone* for specific periods of time?**

- Yes
- No

**Must a peer counselor be available *in person* for some periods of time?**

- Yes
- No

Ask Questions 40a-40e if a peer counselor must be available by telephone for specific periods of time.

40a. What kind of equipment does the State recommend or require that local agencies provide to make WIC peer counselors accessible to WIC participants?

(Check all that apply)

- Cell phones
- Answering machines
- Beepers
- No equipment
- Other (Specify:)

40b. What time periods does the State recommend or require that peer counselors be available by phone for their own clients (if they are assigned a caseload) at least some of the time?

(Check all that apply)

- Evenings
- Weekends
- Holidays
- The programs in our state do not operate this way.
- Other (Specify:)

40c. Do the recommendations or requirements for peer counselor availability by phone depend on the status of the WIC participant (i.e., if she is pregnant, just after delivery, etc.)?

- Yes
- No

40c1. If yes, which types of clients are high priority (i.e., if she is pregnant, just after delivery, etc.)?

40d. Does your state have guidelines on time periods that at least one peer counselor must be available to WIC clients, whether or not these clients are in that counselor's caseload?

- Yes
- No

*Skip to 40f*

40e. Does your State recommend or require that at least one peer counselor be available by phone to all WIC clients, or only some types of WIC clients (e.g., when pregnant, just after delivery, etc.)?

All WIC clients *Skip to 40f*

Only some WIC clients

40e1. If only some WIC clients, please indicate which ones are high priority (e.g., when pregnant, just after delivery, etc.)?

**Ask Questions 40f-40h if a peer counselor must be available in person for some periods of time.**

40f. What time periods does your State recommend or require that peer counselors be available in person for their own clients at least some of the time?

(Check all that apply)

Not applicable. Peer counselors in this State do not have specific caseloads.

Evenings

Weekends

Holidays

Other (Specify:)

40g. Does your State recommend or require a peer counselor to be available in person to all of their own clients or only some clients, depending upon their status (e.g., when pregnant, just after delivery)?

All of their caseload

Only some of their caseload

40g1. If only some of their caseloads, please indicate the priority groups (e.g., when pregnant, just after delivery)?

40h. Does your State have guidelines about when a peer counselor must be available in person at least some time periods for WIC participants not on their caseload?

Yes

No

**40h1. If yes, which of the following time periods do your State's guidelines require peer counselors to be available in person (for at least some time periods) for WIC participants not on their caseload?**

- Evenings
- Weekends
- Holidays
- Other (Specify:)

## Caseload

*Answer if guidance is provided about caseload, number of clients for each peer counselor.*

**41. Please indicate the State's caseload guidelines for peer counselors.**

	No guidelines	Maximum caseload	Are these guidelines for...		
			Full-time	Part-time	DK
Pregnant women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exclusive	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All pregnant and breastfeeding women	<input type="checkbox"/>	<input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41a. If one or more maximum caseloads were based on part-time hours for peer counselors, please indicate the average number of hours per week upon which you based these caseloads.**

## Wages, Benefits and Career Paths

*Answer if guidance is provided about wages or benefits and career paths for peer counselors.*

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

Yes

No *Skip to 45*

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

Yes

No *Skip to 45*

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

Yes *Skip to 45*

No

44a. If no, what is the minimum amount that peer counselors must be paid?

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

Yes

No *Skip to 47*

46. Please indicate below the non-wage compensation about which your State has guidelines.

(Check all that apply)

Paid leave (e.g., sick, holiday, vacation)

Health insurance benefits

Other benefits (e.g., life insurance, disability insurance)

Compensation for job-related expenses (e.g., mileage, telephone)

Other types of compensation (*Specify:*)

47. Does the State have guidelines about career paths for peer counselors?

Yes

No

## Training and Support

*Answer if guidance is provided about nature and amount of initial and ongoing training and support that peer counselors receive.*

48. Does the State have guidelines about the minimum types and levels of initial training that peer counselors must receive?

Yes

No      *Skip to 50*

49. Does the State's minimum training guidelines exceed the *Loving Support* peer counseling model guidelines?

(To view these guidelines, click [here](#) and read item V of the "Ten components of the FNS model for the *Loving Support* peer counseling program" table)

Yes

No

Don't Know

50. Does the State have guidelines about the amount of in-service training that peer counselors must receive?

Yes

No

51. Does the State have guidelines about other types of ongoing supervision and support that peer counselors receive?

Yes

No

**52. If yes, please specify the areas in which there are State guidelines about support to peer counselors.**

(Check all that apply)

- Access to breastfeeding consultants and other experts
- Regular contact with local peer counseling supervisor
- Participation in WIC agency or clinic staff meetings
- Opportunities to meet regularly with other peer counselors

## Supervision and Job Monitoring

*Answer if guidance is provided about supervision and job monitoring of peer counselors.*

**53. Please indicate in which of the following areas the State provides guidance to local WIC programs.**

(Check all that apply)

- Frequency of contact with *Loving Support* peer counselor coordinator/supervisor
- Review of client contact logs/activity records by coordinator/supervisor
- Routine spot checks by coordinator/supervisor
- Attendance of *Loving Support* peer counselors in supervisory meetings and/or WIC staff meetings
- Observation of *Loving Support* peer counseling activities by coordinator/supervisor
- Formal performance evaluation/review of *Loving Support* peer counselors
- Submission of monthly work activity reports by peer counselors
- Monitoring client participation and retention rates for individual peer counselors
- Review of peer counselors' time sheets, travel vouchers, phone logs, paperwork
- Other (Specify:)

## Community Partnerships

*Answer if guidance is provided about community partnerships related to the Loving Support peer counseling program that local agencies must establish.*

**54. Does the State provide guidance about the types of agencies that should participate in community partnerships?**

- Yes
- No



**55. If yes, in the State guidance, what types of organizations should participate in community partnerships?**

(Check all that apply)

- Hospitals
- Clinics
- Schools
- Community agencies
- Other government agencies
- Other (Specify:)

## Peer Counselors Documentation of Interactions with WIC Participants

*Answer if guidance is provided about peer counselors' job activities (e.g., duties related to staff training, making referrals, service documentation and program administrative tasks).*

**56. What is the State's guidance about the type of information peer counselors record/document about peer counseling activities?**

(Check all that apply)

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

# Module 6: State Data Collection about the *Loving Support Peer Counseling Program*

Information on Primary Respondent Completing Module 6

	Name	Title
	<input type="text"/>	<input type="text"/>

**The next section addresses information on breastfeeding collected at the State level, the method used to collect it, and the schedule for data collection. Some of the questions are designed to understand information on breastfeeding in general, not just about the Loving Support peer counseling program.**

**57. How does the State define each of the following:**

**57a. Ever breastfed (breastfeeding initiation)**

- Breastfed or fed breast milk to infant at least once.
- Don't Know
- Other definition (*Specify*)

**57b. Breastfeeding duration**

- Number of weeks an infant is at least partially breastfeeding
- Number of months an infant is at least partially breastfeeding
- Don't Know
- Other definition (*Specify*)

**57c. Breastfeeding exclusivity**

- No solids, water, or other liquids besides breastmilk
- Receives exclusive breastfeeding package
- Don't Know
- Other definition (*Specify*)

**58. Please specify which of the following indicators are collected by the State for either all WIC participants or for *Loving Support* peer counseling participants.**

(Check all that apply)

- Breastfeeding at hospital discharge
- Ever breastfed
- Breastfeeding duration
- Breastfeeding exclusivity
- None of the Above

**Answers to Question 58 determine which of Questions 59-64 should be answered. If None of the Above, skip to Question 65.**

***The following questions pertain to information your state collects on breastfeeding initiation. Answer this section if "Breastfeeding at hospital discharge" was checked for Question 58.***

**59. About which populations are breastfeeding *initiation* data collected?**

- All WIC participants
- Loving Support peer counseling participants only *Skip to 59b*

**59a. Can a separate rate for *Loving Support* peer counseling participants be calculated?**

- Yes
- No

**59b. How are data on breastfeeding *initiation* (i.e., "at hospital discharge" and/or "ever breastfed") collected?**

(Select all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion.
- Other (Specify:)

**59c. How are data on breastfeeding *initiation* available at the State level?**

(Select all that apply)

- Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Available in electronic document formats
- Available in paper only
- Not all data are in one format
- Other (Specify:)

**59d. How often are data on breastfeeding *initiation* collected?**

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify:)

**59e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *initiation* is.**

*Least Accurate*

*Most Accurate*

- 1      2      3      4      5
- - 
  - 
  - 
  -

***The following questions pertain to information on breastfeeding duration. Answer this section if "Breastfeeding duration" was checked for Question 58.***

**60. Do you measure breastfeeding *duration* in weeks or months?**

- Measured in weeks
- Measured in months
- Other (Specify:)

**61. About which populations are breastfeeding *duration* data collected?**

- All WIC participants
- Loving Support peer counseling participants only      ***Skip to 61b***

**61a. Can a separate rate for *Loving Support* peer counseling participants be calculated?**

- Yes
- No

**61b. How are data on breastfeeding *duration* collected?**

(Select all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion.
- Other (Specify:)

**61c. How are data on breastfeeding *duration* available at the State level?**

(Select all that apply)

- Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)
- Available in electronic document formats
- Available in paper only
- Not all data are in one format
- Other (Specify:)

**61d. How often are data on breastfeeding *duration* collected?**

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify:)

**61e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *duration* is.**

*Least Accurate*

*Most Accurate*

- 1      2      3      4      5
- - 
  - 
  - 
  -

**The following questions pertain to information your State collects on breastfeeding exclusivity. Answer this section if "breastfeeding exclusivity" was checked for Question 58.**

**62. Do you collect breastfeeding exclusivity data by the age of the infant?**

Yes

No

**Skip to 63**

Don't Know

**Skip to 63**

**62a. If yes, at what age(s) do you measure exclusivity?**

(Enter # of months)

**63. About which populations are data on breastfeeding exclusivity collected?**

All WIC participants

Loving Support peer counseling participants only

**Skip to 63b**

**63a. Can a separate rate for Loving Support peer counseling participants be calculated?**

Yes

No

**63b. How are data on breastfeeding exclusivity collected?**

(Select all that apply)

Entered by local WIC agencies into centralized data base

Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements

Survey sent from State to local WIC agencies for completion.

Other (Specify:)

**63c. How are data on breastfeeding exclusivity available at the State level?**

(Select all that apply)

Stored in an electronic spreadsheet or data base (e.g., Excel, ACCESS or other data base)

Available in electronic document formats

Available in paper only

Not all data are in one format

Other (Specify:)

**63d. How often are data on breastfeeding *exclusivity* collected?**

(Select one)

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Other (Specify)

**63e. On a scale of 1 to 5, 1 being the least accurate, please tell us a number that reflects how accurate you think the data for breastfeeding *exclusivity* is.**

*Least Accurate*

*Most Accurate*

- 1      2      3      4      5
- 

**Answer if Question 58 was not “None of the Above.”**

**64. How are these indicators (ie., data on breastfeeding *initiation*, *duration* and/or *exclusivity*) used?**

(Check all that apply. Not all indicators may be used for all purposes.)

- Needs assessment
- Federal reporting
- Monitoring *Loving Support* peer counseling program
- Evaluating *Loving Support* peer counseling program
- Monitoring other breastfeeding promotion initiatives
- Evaluating other breastfeeding promotion initiatives
- Other (Specify)

## Loving Support Peer Counseling Program Data

65. Which of these data items about the *Loving Support* peer counseling program does the State collect?  
(Check all that apply)

- Overall number of WIC participants in Loving Support peer counseling
- Number of pregnant WIC participants receiving Loving Support peer counseling
- Number of postpartum WIC participants receiving Loving Support peer counseling
- Number of Loving Support peer counseling contracts
- Type of prenatal Loving Support peer counseling received by individual participants
- Frequency of prenatal Loving Support peer counseling received by individual participants
- Type of Loving Support peer counseling received by individual participants after delivery
- Frequency of Loving Support peer counseling received by individual participants after delivery
- Number of weeks or months over which postpartum Loving Support peer counseling services are received by individual participants
- 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
- Caseload, hours worked, breastfeeding rates, or other disposition information for individual peer counselors
- Other

	<i>Please specify:</i>
Other Response 1	<input type="text"/>
Other Response 2	<input type="text"/>
Other Response 3	<input type="text"/>

None of the above .

If “None of the above” Module 6 is completed. Go to next module.



**66. How are these data used?**

(Check all that apply)

- Needs assessment
- Federal reporting
- Monitoring *Loving Support* peer counseling program
- Evaluating *Loving Support* peer counseling program
- Don't Know
- Other (*Specify:*)

**67. Are the program data that you indicated the State collects gathered through one method or by more than one method?**

- One method
- More than one method

**Answer Questions 68 and 69 if Question 67 = "One method."**

**68. How are these data collected?**

(Check all that apply)

- Entered by local WIC agencies into centralized data base
- Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements
- Survey sent from State to local WIC agencies for completion
- Other (*Specify:*)

**69. How often are these data collected?**

- On an ongoing basis
- More than once a year
- Annually
- Less often than annually
- Don't Know

**Answer Questions 70-72 if Question 67 = “More than one method.”**

**70. How are these data collected?**

(Check all that apply)

	Entered by local WIC agencies into centralized data base	Periodic paper or electronic reports produced by local WIC agencies and sent to State office as part of program requirements	Survey sent from State to local WIC agencies for completion	Other	If Other, Specify:
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**71. How are these data available at the State level?**

(Check all that apply)

	Stored in an electronic spreadsheet or database (e.g., Excel, Access or other database)	Available in electronic document formats	Available in paper only	Not all data are in one format	Don't Know
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**72. How often are these data collected?**

(Check all that apply)

	On an ongoing basis	More than once a year	Annually	Less often than annually	Don't Know
Overall number of WIC participants in <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pregnant WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of postpartum WIC participants receiving <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of prenatal <i>Loving Support</i> peer counseling received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of <i>Loving Support</i> peer counseling received by individual participants after delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of weeks or months over which postpartum <i>Loving Support</i> peer counseling services are received by individual participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographic information about <i>Loving Support</i> peer counseling participants (e.g., race, age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback from WIC participants about the effects of <i>Loving Support</i> peer counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caseload, hours worked, number of contacts, breastfeeding rates, or other disposition information for individual peer counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Conclusion

[Review responses before completing this section](#)

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

**Enter Name:**



I am the State WIC director.



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

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

(Clicking on a module name will bring you to that module)



[Module 1: General Breastfeeding Promotion Programs](#)



[Module 2: State-Level Staff for \*Loving Support\* Peer Counseling and Other Breastfeeding Promotion Activities](#)



[Module 3: Training for \*Loving Support\* Peer Counseling](#)



[Module 4: State Distribution of Funds for \*Loving Support\* Peer Counseling](#)



[Module 5: State Written Guidance for Local \*Loving Support\* Peer Counseling Programs](#)



[Module 6: State Data Collection about the \*Loving Support\* Peer Counseling Program](#)

By checking all 6 modules above you are certifying that this online survey is complete and ready to be processed.

Thank you for submitting responses for the State WIC Agency Survey.

We will be in contact with you if we have further questions. If you'd like to contact us, please do not hesitate to call 1-877-401-7323 or email [WICPeerC@abtassoc.com](mailto:WICPeerC@abtassoc.com).