

Appendix E2: LWA Staff Interview Guide 2: Study Period

<Revised November 7, 2011>

Module A: Respondent Information

Interviewer: You will likely interview the Breastfeeding Coordinator and/or the Peer Counseling Coordinator. In some agencies the Breastfeeding Coordinator and the Peer Counseling Coordinator may be the same individual. You also may interview the LWA Director.

A1. Enter the name and title of each person participating in this interview.

Respondent	Title

I'm going to ask you some questions about the your agency's participation in the WIC Peer Counseling Study. I'll ask you about how the study has been going at your agency and about any changes you've made in the *Loving Support* Peer Counseling Program since you completed the Demonstration Period. I'll have specific questions about three groups of WIC participants:

- WIC participants who were randomly assigned to the treatment group;
- WIC participants who were randomly assigned to the control group; and
- WIC participants who are not participating in the study but receive breastfeeding peer counseling.

Unless I tell you otherwise, all of my questions have to do with the period of time after the Demonstration Period ended and since we've been randomly assigning peer counseling participants either to the treatment or control group. As you know, women in the treatment group are supposed to receive the enhanced *Loving Support* peer counseling services, and women in the control group are supposed to receive your agency's existing *Loving Support* peer counseling services – the “business-as-usual” peer counseling that you've been offering before you got involved in this study.

Module B: Agency Activities to Promote Breastfeeding

B1. First, I'd like to talk about your agency's activities to promote breastfeeding *other than* peer counseling. Have there been any changes in the *non-peer-counseling* activities available to WIC participants in your agency? [*Review the activities from Item B3 from the interview conducted during the first site visit for any changes*]

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

B2. Since the Demonstration Period ended, are you aware of any new breastfeeding awareness campaigns or changes in existing campaigns conducted by organizations other than WIC in the communities served by your agency?

- Yes
- No
- Don't know

If yes, describe:

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

- C1. Since the start of the Study Period (i.e., since the end of the Demonstration Period) and random assignment— have you added any new staff or re-assigned any existing staff *other than peer counselors* to work on the *Loving Support* Peer Counseling Program?
- C2. Have the responsibilities of any of existing agency staff changed since the start of the Study Period? (*Review the roster from the first site visit and check for any new or re-assigned staff. In particular, review Peer Counseling Coordinator and/or Breastfeeding Coordinator responsibilities.*) Have there been any changes in the average amount of time these staff spend working on the *Loving Support* Peer Counseling Program?

Agency Positions (Examples)	New Hire(s)?	Change in responsibilities	Change in average time on <i>Loving Support</i> since Demonstration Period ended
Peer counseling coordinator(s)		[if applicable]	__ avg. hours/week
Breastfeeding coordinator(s)		[if applicable]	__ avg. hours/week
[additional rows as needed]		[if applicable]	[if applicable]

Module D: *Loving Support* Peer Counselors

For Items D1 and D2 you will review the roster of peer counselors collected during the first site visit.

D1. Since the start of the Study Period, have you hired any new peer counselors and are you currently trying to hire additional peer counselors? (*write new peer counselors names and avg weekly hours worked below*)

- Yes, currently trying *If yes, How many?* _____
 Yes, hired additional for the Study Period *If yes, How many?* _____
 No
 Don't know

D2. Since the end of the Demonstration Period/ start of the Study Period have there been any changes in the roster of peer counselors or their average hours per week?

Table below pre-filled in advance of site visit:

	First Name(s)	Ave. Weekly Hours Worked (Demonstration Period)	Still working as peer counselor?	If changed, current avg. weekly hours worked	New Hire since end of Demo Period/Start of Study Period?
Peer Counselor #1	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	__ hrs/week	<input type="checkbox"/> YES
Peer Counselor #2	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #3	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #4	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #5	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #6	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #7	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES
Peer Counselor #8	<i>Prefilled from Demonstration Period</i>	<i>Prefilled</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES

Complete this table AFTER the interview and fill TABLE at end of MODULE F

D2i		D2ii	D2iii
Total # of Peer Counselors	Sum of Hours/Week	X 4.3 wks/mo	Total # of Peer Counseling Hours/Month

D3. Has the job description or qualifications for *Loving Support* peer counselors changed since the start of the Study Period?

- Yes *If yes, please provide us with a copy of the job description*
 No

- D4. Since the Study Period began, have there been any changes in *Loving Support* peer counselors' *other* job activities, for example teaching classes? (***If yes***, describe):
- D5. Since the start of the Study Period, have there been any changes in the wages or non-wage compensation you provide to peer counselors?

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

E1. Below are the service delivery sites that were offering the enhancements to the *Loving Support Peer Counseling* during the Demonstration Period. Which sites are participating in the Study Period and how many peer counselors at each site are participating?

Site #	Site Name Where Enhanced <i>Loving Support Peer Counseling</i> is offered	# Peer Counselors
1	<i>prefilled</i>	<i>prefilled</i>
2	<i>prefilled</i>	<i>prefilled</i>
3	<i>prefilled</i>	<i>prefilled</i>
4	<i>prefilled</i>	<i>prefilled</i>
5	<i>prefilled</i>	<i>prefilled</i>
6	<i>prefilled</i>	<i>prefilled</i>
	<i>New site</i>	
	<i>New site</i>	
All others Combined		

E2. Now that the Study Period is underway, we'd like to update information on how peer counselors allocate their time to the clinics/service delivery sites that are participating in the study. Are there any peer counselors working on the study who are not listed below? Has the allocation of peer counselor time to sites changed since the study began?

Peer Counselor Time Allocation Chart

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

Module F: *Loving Support* Peer Counseling Service Delivery

- F1. How has the process of matching peer counselors and alternate peer counselors to WIC participants been working out?
- F2. Have there been any changes in who makes these assignments or in the factors that you consider when matching Peer Counselors to WIC participants (*If necessary, probe* for peer counselor availability, language, age, cultural or racial/ethnic similarity, geographic proximity to WIC participant’s hospital/home/preferred LWA service delivery site, similar temperament, other?)
- F3. What happens if a peer counselor isn’t available to contact a WIC participant when she goes into the hospital for delivery or to meet with her during her first 10-days post-partum? How often are the designated alternate peer counselors needed?
- F4. During the last reported month, how many women total were in the *Loving Support* Peer Counseling Program— that is, across all peer counselors, how large was the total peer counseling caseload? (*This answer is needed for calculating caseload and intensity – see TABLE at end of MODULE F*)
- F5. Since the study began, what percentage of WIC participants first enrolled in *Loving Support* Peer Counseling Program:

% WIC Participants who first enroll in <i>Loving Support</i> :	During Demonstration Period	Currently
During their first trimester of pregnancy:	<i>prefilled</i>	
During their second trimester of pregnancy:	<i>prefilled</i>	
During their third trimester:	<i>prefilled</i>	
Within the first month after they had given birth:	<i>prefilled</i>	
More than one month post-partum:	<i>prefilled</i>	

- F6. At our last visit to your agency, during the Demonstration Period, your agency reported that [*prefilled*] percent of women targeted for the *Loving Support* Peer Counseling Program actually took up the services—that is, they participated in an in-person or telephone contact with a *Loving Support* peer counselor. Has this percentage changed since the study began? If so, what percent of women targeted now take up services?

Contacts with WIC participants

- F7. Now let's discuss the delivery of the enhanced *Loving Support* peer counseling services to women assigned to the treatment group. How do peer counselors find out when a WIC participant in the study is in the hospital to deliver her baby?
- F8. Have there been any major barriers to making contacts with WIC participants in the Treatment group when they are in the hospital? What steps have you taken in response to those challenges?
- F9. About how many attempts on average are required before a peer counselor successfully contacts a WIC Participant in the Treatment Group who is in the hospital to deliver her baby?
- F10. How do peer counselors make arrangements to complete the in-person post-partum visit? What are the major challenges you've encountered? What steps have you taken in response to those challenges? What practices have proven most successful?
- F11. About how many attempts on average are required before a peer counselor successfully meets in-person with a WIC Participant in the Treatment Group during the first 10-days post-partum?
- F12. Do peer counselors ever inadvertently contact a WIC Participant in the control group when she is in the hospital? What steps were taken to reduce this?
- F13. Do peer counselors ever hold in-person meetings during the first 10-days postpartum with WIC Participants in the control group? *If yes*, what are the circumstances when this happens (i.e., peer counselor happens to be in the office when a WIC participant comes in to get her next set of food voucher).
- F14. Do WIC participants in the control group ever request in-person meetings with peer counselors during their first 10-days post-partum? How do peer counselors respond to these requests?

Estimated Average Caseload and Average Peer Counseling Intensity

Complete this table AFTER the conclusion of the interview

During last reported month before Demonstration Period	
# of WIC participants enrolled in peer counseling	(F4)
Total # of Peer Counselors	(D2 _i)
Total # of Peer Counseling Hours	(D2 _{iii})

Caseload: Average # of WIC participants per Peer Counselor	$(F4)/(D2_i)$
Intensity: Average # of Peer Counseling Hours per WIC participant	$(D2_{iii})/(F4)$

Module G: Recruiting, Training and Supporting Peer Counselors

- G1. Your plans for training included the following [*prefilled*]. In practice, have there been any adaptations to this plan? Were there any areas of the training that were not as effective as expected? What steps were taken to remediate?
- G2. Your plans for supervising and supporting/mentoring peer counselors included the following [*prefilled*]. In practice, are these plans working? Have they been adapted in any way?
- G3. Your plans included providing peer counselors with the following resources to help them deliver the enhanced *Loving Support* peer counseling services to women in the treatment group. Have these resources been provided to peer counselors? If not, why not?

Module H: *Loving Support* Peer Counseling Expenditures

H1. Have there been any changes in the amount of funding you receive for the peer counseling program, or funding levels at your agency overall that may have affected staff who work directly with the peer counseling program? I realize that you receive a quarterly grant amount from Abt as part of your participation in the study but I'm asking about other changes in funding amounts for the *Loving Support* Peer Counseling Program, or for your agency as a whole.

- Yes
- No
- Don't know

If yes Describe these funding changes. How have these funding changes affected agency staff who work with the peer counseling program? How have these funding changes affected peer counselors?

H2. Have you had any unexpected expenses related to participating in the study?

Module I: Relationships with Hospital and Other Community Partnerships

11. Below is information about hospitals that serve WIC participants in your area and any partnerships between your agency these hospitals. I'd like to review this information to see if any of these hospitals have changed their policies since the study began.

		Proportion at 1 st site visit (<i>prefilled</i>)				Circle Changes (if any)
		ALL	MOST	SOME	FEW/ NONE	
a.	What proportion of these hospitals have been designated a Baby-Friendly Hospital, as outlined by UNICEF and the World Health Organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
b.	What proportion of these hospitals have rooming in for newborns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
c.	In what proportion of these hospitals are mothers encouraged to breastfeed within the first hour after birth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
d.	In what proportion of these hospitals are breastfeeding infants routinely given any supplementation, including water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
e.	What proportion of these hospitals provide formula discharge packs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
f.	What proportion of these hospitals have lactation consultants on staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
g.	What proportion of the hospitals have staff that received training in lactation management in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
h.	What proportion of these hospitals have any discharge lactating support programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
i.	What proportion of these hospitals refer pregnant or newly delivered women to your agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
j.	In what proportion of these hospitals do WIC staff provide education to newly delivered women in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
k.	In what proportion of these hospitals are WIC certifications of newly delivered women and their infants done while in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
l.	In what proportion of these hospitals does your agency have a local clinic or service delivery site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None
m.	In what proportion of these hospitals are peer counselors allowed access to WIC participants in this hospital? <i>If most, some, or few/none, report why peer counselors are not permitted in other hospitals.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Most Some Few/None

- I2. When we visited you in [month, year] before the start of the study, your agency was collaborating, or was planning to collaborate, with the following non-hospital organizations to implement the *Loving Support Peer Counseling Program*? [review table below]. Have there been any changes to these collaborations since the Study Period began? If so, please describe these changes.

	Organization 1 Name:	Organization 2 Name:	Organization 3 Name:
	<i>Prefilled</i>	<i>Prefilled</i>	<i>Prefilled</i>
Unchanged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes (describe)			

- I3. Have you formed any new collaborations since the Study Period began? In particular, have you formed any collaborations with organizations to help you deliver the enhancements to the *Loving Support Peer Counseling Program* to women in the treatment group? What have been the major achievements and major challenges of each new collaboration?

New Collaborations Since the Start of the Study Period		
	Organization 1 Name:	Organization 2 Name:
Describe the collaboration		

- I4. When we visited you in [month, year] before the start of the study, you indicated that agency staff and peer counselors [did/did not] encourage pregnant WIC participants or new mothers to participate in the “*Text4Baby*” program? Has there been any change in this practice since the study began?

Module J: Perception of the Enhancements

- J1. After the study concludes, is your agency planning to offer the enhanced *Loving Support* peer counseling services to all WIC participants in peer counseling? Why or why not?
- J2. What changes would you make?

Thank you very much for spending this time with me and for answering these questions. We appreciate all of the effort and hard work that you and your staff are making to help make this study a success.