

Appendix E2: LWA Staff Interview Guide 2: Study Period

WIC Peer Counseling Study

LWA Staff Interview Guide 2: Interviews During the Study Period

INTERVIEWER NAME	DATE	LOCATION	
NAME OF LWA	SITE ID	Time start	Time end

OMB Clearance Number: 0584-0548

Expiration Date: xx/xx/20xx

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Introduction

Thank you for taking the time today to participate in this interview. As part of the WIC Breastfeeding Peer Counseling Study for the U.S. Department of Agriculture, Food and Nutrition Service (FNS), we are interviewing people involved in the implementation of the *Loving Support* Breastfeeding Peer Counseling program. The purpose of this phase of our study is to describe study enrollment and random assignment of women to either the enhanced or standard peer counseling program, and to describe how WIC agencies are implementing the enhanced model of the *Loving Support* program, especially in-person visits with program participants.

You and your agency's name and location will not be identified in reports prepared for this study or in data files provided to FNS. None of your responses during the interview will be released in a form that identifies you or any other staff member by name, except as required by law. Although we may report direct quotations from the interview, you and your agency will be given pseudonyms. Because of the small number of individuals selected to participate in this interview, it is possible that you may be identifiable to other people on the basis of what you have said. Please note that this study is not part of an audit or management review of WIC. Your participation in the interview is completely voluntary, although someone from your agency must participate as a necessary component of your agency's participation in the impact study. Do you have any questions before we begin?

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. Next, 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**]

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

- 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. Next, I want to review which agency staff –*other than peer counselors*—who work on the *Loving Support Peer Counseling Program*. Since the Demonstration Period ended and random assignment started – have you added any new staff or re-assigned any existing staff to work on the *Loving Support Peer Counseling Program*? Have any of these staff changed the amount of time devoted to the program (***Review the roster from the first site visit Item C5 and check for any new or re-assigned staff.***)

Have the responsibilities of any of existing agency staff changed since the start of the Demonstration Period? ***If yes***, For which staff, and how? (***In particular, review Peer Counseling Coordinator and/or Breastfeeding Coordinator responsibilities.***) See table below.

Have there been any changes in the average amount of time these staff spend working on the *Loving Support Peer Counseling Program*? See table below.

Agency Positions (Examples)	New Position?	New Hire(s)?	Same position, person but changes in responsibilities	Average time on <i>Loving Support</i> since Demonstration Period began
Peer counseling coordinator(s)				__ avg. hours/week
Breastfeeding coordinator(s)				__ avg. hours/week
Lactation consultant(s)				__ avg. hours/week
Assistant agency director				__ avg. hours/week
Clinic or service site leader(s)				__ avg. hours/week
Data/information processing staff				__ avg. hours/week
Other? <i>Specify</i>				__ avg. hours/week

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 end of the Demonstration 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 after the Demonstration Period *If yes, How many?* _____
- No
- Don't know

D2. Since the end of the Demonstration Period, have any peer counselors left? (*Indicate in table below which peer counselors, if any, have left the position*)

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 Demonstration 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

D3. Are any of these considered “senior peer counselors”? *If yes enter names here:*

D4. Complete this table AFTER the interview and fill TABLE at end of MODULE F

D4a		D4b	D4c
Total # of Peer Counselors	Sum of Hours/Week	X 4.3 wks/mo	Total # of Peer Counseling Hours/Month

D5. Has the job description for *Loving Support* peer counselors changed since the end of the Demonstration Period?

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

D6. In addition to providing peer counseling, since the Demonstration Period ended, have there been any changes in *Loving Support* peer counselors' *other* job activities? These can include staff training, teaching classes, leading support groups, community outreach, making referrals, service documentation and program administrative tasks. ***If yes***: For each of these activities, could you please tell us about their responsibilities? What percentage of their time generally went to these activities?

D7. When we last visited your agency during the Demonstration Period, the pay range for your *Loving Support* peer counselors was

From \$ *prefilled* to \$ *prefilled* per (hour, week, 2-weeks, bi-monthly, monthly, annually, other) (***one selected***)

Is this still accurate, or has this pay range changed? ***If changed***:

From \$ __ to \$ __ per (hour, week, 2-weeks, bi-monthly, monthly, annually, other) ***select one. Specify other format if necessary.***

D8. Have there been changes to the types of non-wage compensation you offered provide to your *Loving Support* peer counselors?

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

E1. Below are the service delivery sites that were offering *Loving Support* Peer Counseling during the Demonstration Period. Have there been any changes in which sites offer this service or in the average monthly number of *Loving Support* Peer Counseling Participants?

Site #	Site Name Where <i>Loving Support</i> Peer Counseling is offered	Average Monthly # WIC Participants Eligible for Peer Counseling	If changed, record most recent month's figure	Ave. Monthly # <i>Loving Support</i> Peer Counseling Participants ¹	If changed, record most recent month's figure
1	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
2	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
3	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
4	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
5	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
6	<i>prefilled</i>	<i>prefilled</i>		<i>prefilled</i>	
	<i>New site</i>				
	<i>New site</i>				
All others Combined					

¹ LWAs may not be able to breakdown the number of peer counseling participants by delivery site; if so, ask for the average monthly number of participants across all sites combined

E2. The table below shows how the time of *Loving Support* peer counselors was allocated among your local clinics/service delivery sites offering *Loving Support* Peer Counseling. If there have been any changes since random assignment began, please indicate below. In particular, please add any new peer counselors hired. **If the allocation below has not changed and you have not hired or lost any peer counselors since the Demonstration Period, check here:**

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>						
9						
10						
11						
12						

Module F: *Loving Support* Peer Counseling Service Delivery

- F1. In preparation for the study you had planned to assign WIC participants to peer counselors at the point that a WIC participant enrolled in the study and before you knew the result of her random assignment. You also planned to designate an “alternate” peer counselor at that time. Your plans also included [*review agency’s specific plans for peer counselor assignment based on the MOU*]. In practice, plans often have to be adapted to fit actual circumstances. So, in practice, how has this process been working--or not—in comparison to what was planned?
- 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 (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 meet with a WIC participant when she goes into the hospital for delivery or during her first week post-partum? That is, how does actual practice align, or not, with the plans you had made for this situation?
- 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. During the Demonstration Period, we reviewed the percentage of WIC participants who first enrolled in *Loving Support* Peer Counseling Program at each trimester of their pregnancy. 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?

Estimated Average Caseload and Average Peer Counseling Intensity

F7. **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	(D4a)
Total # of Peer Counseling Hours	(D4c)

Caseload: Average # of WIC participants per Peer Counselor	(F4)/(D4a)
Intensity: Average # of Peer Counseling Hours per WIC participant	(D4c)/(F4)

Plans for implementing study enrollment

Now, I'd like to review how you planned to enroll women into the study and how it's been going. *[Review the agency's procedures to identify women eligible for the study, to obtain informed consent and enroll women who consent.]*

F8. Are these procedures the ones you've actually been using?
If yes, How have they been working?
If not, what procedures have you been using?

Contacts with WIC participants

During the study, data on contacts with WIC participants will be collected routinely from peer counselors' contact logs. For the next few items the goal is to review contact logs and discuss any discrepancies or unusual occurrences that might affect contacts with WIC participants.

Next, let me ask about peer counselor contacts with WIC participants during pregnancy. During the last month, peer counselors planned to contact pregnant WIC participants an average of times per month. In practice, peer counselors contacted pregnant WIC participants in the treatment and control groups, on average:

	Average frequency of contacts during pregnancy in most recent month	
	Avg # of contacts with pregnant WIC participants in the Control group	Avg # of contacts with pregnant WIC participants in the Treatment Group
Planned contacts during pregnancy		
at least [xx times/month; prefilled] during their first trimester;	<i>prefilled</i>	<i>prefilled</i>
[xx times/month; prefilled] during their second trimester; and	<i>prefilled</i>	<i>prefilled</i>
[xx times/month ; prefilled] during their third trimester	<i>prefilled</i>	<i>prefilled</i>
Avg. frequency during pregnancy: xx times/month	<i>Prefilled</i>	<i>Prefilled</i>

F9. Was this a typical month for your peer counselors or was anything about this month that was unusual that affected their work with women in the peer counseling program who are pregnant?

F10. Now let's discuss the delivery of the enhanced *Loving Support* peer counseling services to women assigned to the treatment group, beginning with your agency's plans were to get notification that a WIC participant was in hospital by [*methods prefilled*]; is that how it has actually been happening? Have there been any major barriers to making these contacts? What steps have you taken in response to those challenges?

F11. Peer counselors planned to contact, on average, [*prefilled*] women in the hospital for delivery per month contacted [*prefilled*]. During the most recent month, peer counselors successfully contacted women **at the hospital – either by telephone or in-person, and** [*prefilled*] attempts were unsuccessful. Again, was this a typical month, or was there anything unusual that affected your peer counselors' ability to make contacts with women in the hospital?

Planned number of hospital contacts (avg per month):	<i>prefilled</i>
Number of successful hospital contacts:	<i>prefilled</i>
Number of unsuccessful attempted hospital contacts:	<i>prefilled</i>

F12. Your plan indicated that peer counselors would attempt to make arrangements for the first week post-partum visit when they contacted WIC participant in the hospital; in practice, how are peer counselors making arrangements to complete the in-person post-partum visit? How well are peer counselors able to complete in-person post-partum meetings? What are the major challenges you've encountered? What steps have you taken in response to those challenges?

F13. During the last reported month, [*prefilled*] of WIC participants assigned to the enhanced *Loving Support Peer Counseling Program* have met **in-person** with a peer counselor **during their first week (that is, up to 10 days) post-partum**, and that it takes, on average, about [*prefilled*] attempts to set up each meeting. What are the main challenges to completing the in-person meetings during the first week post-partum? What practices have proven most successful?

Planned avg. # of in-person post-partum contacts in a month:	<i>prefilled</i>
Number of successful in-person contacts during first week (up to 10 days) post-partum	<i>prefilled</i>
Number of unsuccessful attempted in-person post-partum contacts	<i>prefilled</i>
Avg # of attempts to set up in-person contact during first week (up to 10 days) post-partum	<i>prefilled</i>

F14. How often have peer counselors inadvertently contacted a woman from the control group when she was in the hospital? What steps were taken to reduce this? Are WIC participants in either the control or treatment group themselves calling their peer counselor from the hospital? If yes, how often has this happened?

F15. Do peer counselors ever hold in-person meetings with women with infants 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).

F16. Are WIC participants in the control group themselves requesting in-person meetings with peer counselors during their first week post-partum? How do peer counselors respond to these requests? Are there particular situations where a WIC participant in control group seem more likely to request an in-person meeting post-partum?

F17. During our last interview in [*month, year*], your agency was offering the following services to WIC participants in group settings: [*prefilled*]. Has anything changed in the provision of services to WIC participants in groups?

Module G: Recruiting, Training and Supporting Peer Counselors

- G1. ***If any hiring of peer counselors since the study began has occurred or any is ongoing:***
Have required or preferred qualifications for peer counselors changed at all since the study has been underway?
- G2. 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?
- G3. 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?
- G4. 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 monthly 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 the objectives of these collaborations changed, or have any of your agency’s procedures for working with these organizations changed since the study began? If so, please describe these changes.

	Organization 1 Name:	Organization 2 Name:	Organization 3 Name:
Objectives	<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 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		
	Organization 1 Name:	Organization 2 Name:
Objectives		
Major achievements		
Major Challenges		

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 in order to offer the enhanced *Loving Support* peer counseling services to all WIC participants in peer counseling?
- J3. How have peer counselors responded to offering the enhanced *Loving Support* peer counseling services?

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.