

INTERIM EVALUATION FINDINGS: Sonoma WIC Breastfeeding Peer Counselor Program, 2007

This report provides a summary of interim evaluation findings for the Breastfeeding Peer Counselor Program (BFPC). These findings are derived from a survey completed by program participants, data submitted by BFPC staff in progress reports to First 5 Sonoma County, participant data from WIC's ISIS database, as well as interviews with program staff. The purpose of this report is to summarize accomplishments of the program from March to December 2007 and to offer a preliminary assessment of the program's strengths and weaknesses for review and discussion.

PROGRAM DESCRIPTION

The Sonoma County Department of Health Services (DHS) Women, Infants, and Children program (WIC) launched the Breastfeeding Peer Counselor Program (BFPC) in January of 2006 to provide breastfeeding support for clients at all three WIC agencies in Sonoma County: the Department of Health Services, the Alliance Medical Center, and the Sonoma County Indian Health Project. In March 2007, Sonoma County DHS received a grant from First 5 Sonoma County to support the BFPC. The goal of the program is to raise the initiation, duration, and exclusive breastfeeding rates among participants.

Participants in the BFPC program make up approximately 15% of the total population of women enrolled in Sonoma County WIC.¹ Through the program, women who are pregnant or have a baby under one year of age receive guidance, information, and encouragement from a trained peer counselor to support them while breastfeeding. The text box to the right describes the minimum number of contacts an enrollee has with her counselor. In addition to telephone help, the peer counselors offer home visits to mothers who need more personal assistance and facilitate weekly breastfeeding support groups. Women experiencing particular difficulty are referred to a lactation consultant.

Frequency of Peer Counselor Phone Consults with WIC Mothers:	
<u>Prenatal</u>	
-	One contact each month in first 8 months of pregnancy
-	Weekly contact during last month of pregnancy
<u>Postpartum</u>	
-	2-3 days postpartum
-	5-7 days postpartum
-	10-14 days postpartum
-	21 days postpartum
-	1 month postpartum
-	Monthly until baby is 1 year old

The following tables illustrate how the Peer Counselor links to First 5 Sonoma County's strategic plan elements, as well as provide administrative information for the program.

Links to First 5 Sonoma County Strategic Plan Elements	
Goal Area	Health and Healthy Development
Priority Outcome	Children will be well-nourished and physically active.
Pathway to Results Indicator	Children will be in their expected weight range for their age.

Administrative Information	
Funding Period	March 2007 – September 2010
Funding Amount	\$367,435
Contractor	Sonoma County Department of Health Services, Women-Infants-Children (DHS WIC)

¹ Of the total 2,124 women enrolled in Sonoma County WIC in December 2007, 324 (15%) were enrolled in the BFPC program.

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PROGRAM THEORY

The Peer Breastfeeding Program follows USDA guidelines and State WIC policy in its program design. Research conducted by Best Start, a social marketing group by the USDA, indicates that successful peer breastfeeding support programs include the following elements:

- Peer counselors recruited from the target population being served (previous or current WIC clients)
- Intensive training to provide accurate information and problem-solving support
- Calls initiated by peer counselors
- Routine contacts during pregnancy and the early days of breastfeeding, weekly contacts during the first month or two with contacts tapering off as the baby ages, and continued contact until the baby weans
- Educational settings that are interactive and use a nonjudgmental approach²

One reason that low-income women have lower breastfeeding rates is the lack of social support for breastfeeding.³ In describing a peer support program, Best Start reports: “New mothers who received help from a peer counselor said they valued the prompt response to distress calls and the caring concern exhibited by the peer counselors, which helped the women feel comfortable to share concerns and ask questions they were not comfortable asking their health providers...Many said that without their peer counselors, they would have stopped breastfeeding.”

Breastfeeding has many proven benefits including mother-child bonding, improved oral health, and reduced risk for childhood obesity.⁴ Although not an explicit goal of the program, the emotional support provided by peer counselors may also reduce social isolation and postpartum depression in some participants.

EVALUATION METHODS

This interim evaluation includes data from progress reports submitted to First 5 Sonoma County as well as analysis of the following:

- **Staff Interviews** – Evaluators conducted in-person interviews with the Peer Counselor Program Coordinator, the DHS WIC Health Program Manager, and three peer counselors. LFA conducted phone interviews with two peer counselors who were not available at the time of the site visit. Interviews allowed evaluators to gather information on participants served, program activities, and major challenges and successes of the program.
- **Site Visit Observation** – Evaluators observed a support group taking place at DHS WIC, noting the content, format, and atmosphere present during discussion.
- **Participant Follow-up Survey** – A total of 486 women ended participation⁵ in the BFPC program and 181 (37%) completed a participant follow-up survey. Any mother who ends participation in the program and returns to the WIC office is given a follow-up survey to complete on the spot.
 - The survey measured women’s duration of service, satisfaction with the program, breastfeeding success, and suggestions for program improvement.⁶

² Using Loving Support to Implement Best Practices in Peer Counseling. Best Start Social Marketing, June 2004.

³ Shealy KR., Li R., Benton-Davis S., Grummer-Strawn LM. The CDC Guide to Breastfeeding Interventions. *U.S. Department of Health and Human Services*, 2005.

⁴ Gartner LM. Breastfeeding and the use of human milk. *Pediatrics*, February 2005; 115(2): 496-506.

⁵ Participation may end because a client chooses to leave the program, because their baby reaches 1 year of age, or because they become unreachable.

⁶ Successful completion of program is defined by ongoing contact with a Peer Counselor until baby is one year old.

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- **WIC ISIS Data** – Every month for the past six months, the Program Manager queried the WIC ISIS database for key information about participating mothers. Specifically, these data provide the percentage of mothers in the Peer Counselor Program who are exclusively breastfeeding during each quarter of their baby’s first year. The data examines three groups of women: 1) Women who have received full program services, defined as receiving at least one consult after giving birth, 2) Women who have received any program services at all. This group includes women who received full program services as well as women who only received services prenatally, and 3) Women who did not receive any program services.

SUMMARY OF RESULTS

Process Findings: Services Provided

This section summarizes programmatic activities and services provided between March and December 2007 [Exhibit 1]. Exhibit 2 provides detail on one particular program activity: support groups for enrolled mothers. Exhibits 3 and 4 at the conclusion of this section examine how productivity has changed over time, taking a closer look at monthly outputs during each of the three reporting periods.

**Exhibit 1
Program Activities March-December 2007**

Activity	Number of Occurrences
New peer counselor trainings	5
In-services for peer counselors	9
Phone consults with prenatal and postpartum WIC clients	3,071
Support group meetings	44
Home visits to enrolled women	35
Lactation consultation to women experiencing difficulty breastfeeding	138

**Exhibit 2
Support Groups**

Location	Start Date	Schedule	Average Attendance
DHS WIC	3/07	Weekly	6
Alliance Medical Center	1/08	Monthly	11-15
Sonoma County Indian Health Project ⁷	5/07	Monthly	0-1
Creek Side High School	10/07	Monthly	6

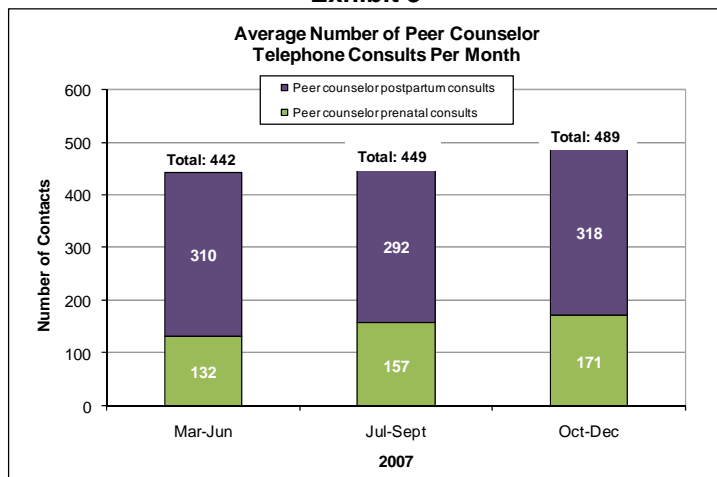
Key Findings

- Peer counselors have about 450 substantive telephone conversations with prenatal and breastfeeding mothers per month. A total of 3,071 telephone consults were provided from March to December of 2007.

⁷ Support group discontinued in August, 2007, due to low attendance.

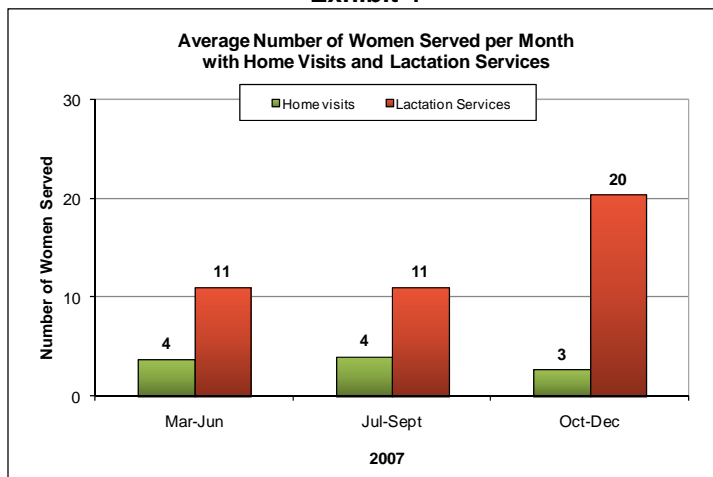
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Exhibit 3



Data Source: Sonoma WIC Progress Reports

Exhibit 4



Data Source: Sonoma WIC Progress Reports

- Telephone consults with mothers are increasing over time. The monthly average rose from 442 to 489 over the months examined [Exhibit 3].
- Lactation consultations have increased due to demand; however, such services have been limited because provision of in-house lactation consultation is subject to the International Board Certified Lactation Consultant’s (IBCLC) availability. The only IBCLC on staff is the program coordinator, who is also responsible for staff trainings with Peer Counselors. When new BFPCs must be trained, the program coordinator has limited time to devote to mothers in need of lactation consultation services.
- Only three to four home visits were made per month; few women accept home visits.
- Attendance at Mother’s Groups can be erratic. Sometimes only two to three mothers are present. Nonetheless, looking across all sessions, the number of women reached is consistent with expectations outlined in the evaluation plan (with five to six participants per group).

Outcome Findings

The previous section of this report examined program outputs and services that occurred in March to December 2007. Outcome measures allow examination of the impact of those activities on participants. This section examines outcome findings regarding exclusive breastfeeding rates, outreach and retention, and participant satisfaction.

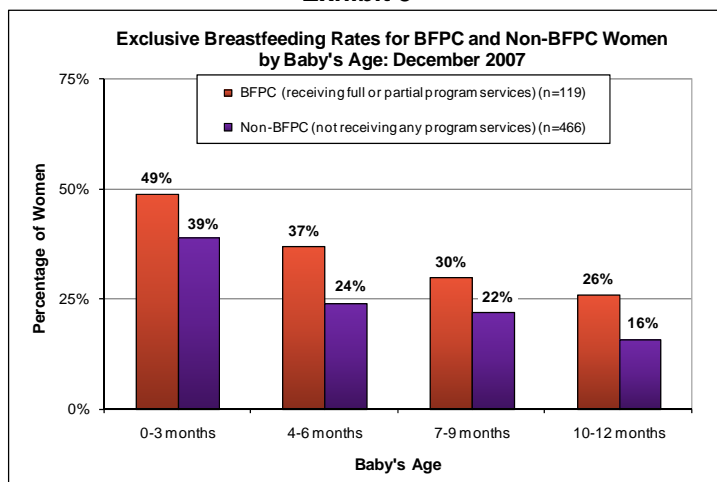
Exclusive Breastfeeding

WIC recommends exclusive breastfeeding “based on scientific evidence that shows the benefits for infant survival, growth, and development.”⁸ Women who participate in the BFPC program work with a peer counselor to learn strategies for continuing exclusive breastfeeding throughout their child’s first year.

⁸ Taveras EM, et al. Opinions and practices of clinicians associated with continuation of exclusive breastfeeding. *Pediatrics*, April 2004; 113(4): 283-290.

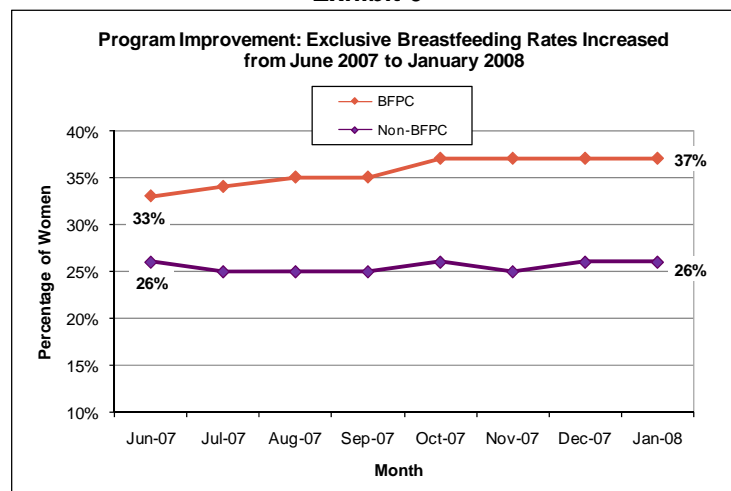
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Exhibit 5⁹



Data Source: WIC ISIS Database

Exhibit 6¹⁰



Data Source: WIC ISIS Database

Key Findings

- At all stages of baby's first year, program participants show greater rates in exclusive breastfeeding than non-participants.
- Participants who received consultation services from their peer counselor after giving birth show the highest rates of exclusive breastfeeding of the three groups examined. Participants who only received partial services (had consults before birth, but ended program participation or were unreachable after birth) still had higher exclusive breastfeeding rates than WIC clients who did not participate in the program. These findings suggest that the more contact a woman has with a peer counselor, particularly after their baby is born, the more likely they will exclusively breastfeed [Exhibit 5].
- As shown in Exhibit 6, from June 2007 to January 2008, BFPC participants consistently show higher rates of exclusive breastfeeding than WIC mothers not participating in the program.
- Participant breastfeeding rates appear to increase over time, suggesting that the program has improved with time to better support mothers in their breastfeeding efforts.

Participant Outreach and Retention

Data for the following sections on "Participant Outreach and Retention" and on "Support Received and Participant Satisfaction" are derived from a follow-up survey that was provided to participants upon completion or discontinuation of the program.¹¹ After the surveys were completed, WIC staff coded 158 of the total 181 in order to provide additional information on the participants. Additional coding indicated the client's date of first contact with a Peer Counselor (Exhibit 7), their baby's age

⁹ The California State WIC association's definition of exclusive breastfeeding is "The infant receives only breast milk, no other food or fluid. Exclusive breastfeeding rates decline as babies ages and begin to integrate other foods and liquids into their diet." Exhibit 5 is based on sample data on two types of WIC participants: (1) Women who have received full or partial program services, including those who received only prenatal contact (sample size=119) and, (2) Women who never received any services from the BFPC program (sample size=466). The effect of program dosage on breastfeeding practices (among participants who received full versus partial program services) is an area for further exploration.

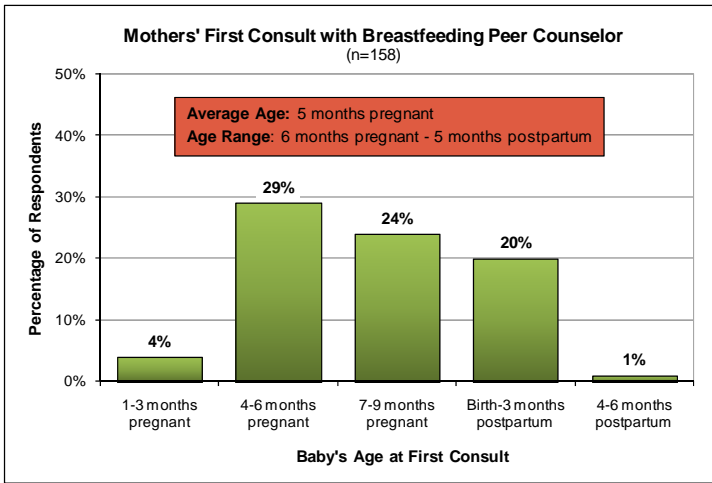
¹⁰ The "BFPC group" in Exhibit 6 represents a sample of women in the Breastfeeding Peer Counselor program. Of the total 2,124 women enrolled in Sonoma County WIC in December 2007, 324 (15%) were enrolled in the BFPC program. The BFPC sample represents approximately one-third of all program participants. Sample sizes range from 112 to 124 women (varies by month). The "Non-BFPC group" is a sample of women not enrolled in the program but receiving WIC services. Non-participant data are from approximately one-quarter of all non-participants. Sample sizes for non-participants range from 463 to 480 non-participants. Data were not available for March through June 2007.

¹¹ Discontinuation from the program indicates that a mother either received Peer Counseling services for the entire first year after birth (at which time she becomes ineligible for further services), voluntarily left the program while pregnant or within the first year after birth, or was dropped from client list due to lack of contact. A detailed breakdown of reasons for discontinuation is not currently tracked.

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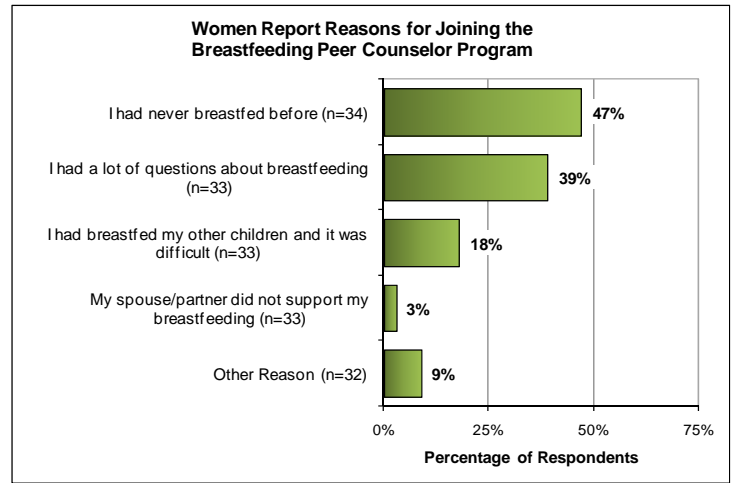
when the client ended program participation (Exhibit 9), and the reason that client ended participation (Exhibit 10).

Exhibit 7



Data Source: Sonoma WIC Client Database

Exhibit 8¹²

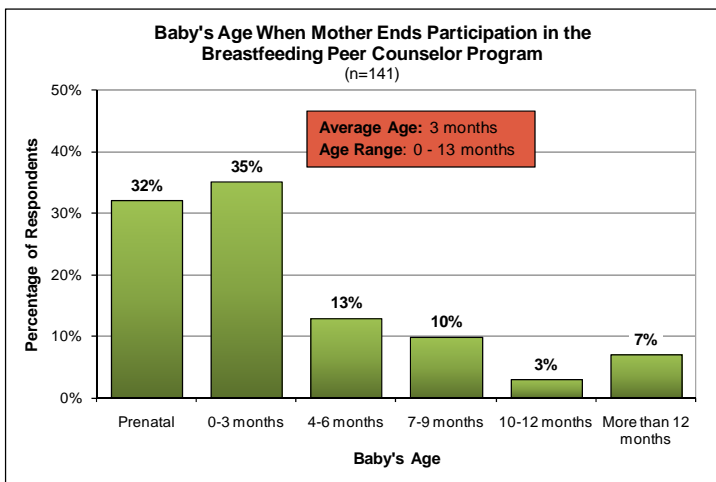


Data Source: Sonoma WIC Participant Follow-Up Survey

Key Findings

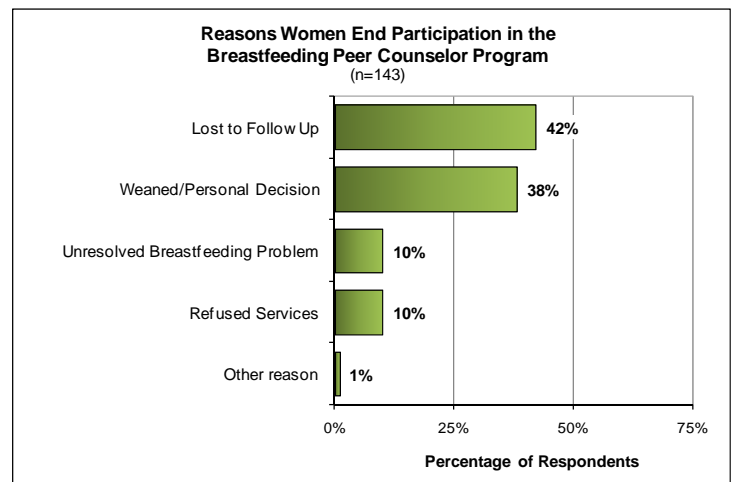
- Eighty-percent of BFPC participants who responded to the follow-up survey were initially contacted prenatally. The remaining 20% were first contacted postpartum.¹³
- On average, mothers are in their fifth month of pregnancy when they are initially contacted by a breastfeeding peer counselor. Peer counselors reach the majority (53%) of participants between the fourth and ninth month of pregnancy [Exhibit 7].
- Participants join the program because they are new to breastfeeding (47%) and/or have many questions about breastfeeding (39%) [Exhibit 8].

Exhibit 9¹⁴



Data Source: Sonoma WIC Client Database

Exhibit 10¹⁵



Data Source: Sonoma WIC Client Database

¹² The sum of the percentages is more than 100% because respondents could check all that apply. Only a small percentage of respondents received a survey with this question. The majority of respondents completed a survey before LFA worked with Sonoma WIC to develop a revised version including the addition of this question.

¹³ Prenatal contact is key to the success of this best practice model. When new clients are first seen in a WIC office, they are offered the peer counselor program. Counselors are assigned immediately after the referral is received.

¹⁴ Of the 158 coded follow-up surveys, 17 did not include codes indicating the baby's age when mother ends program participation.

¹⁵ Of the 158 coded follow-up surveys, 1 did not include the code indicating why the client ended participation. In addition, 14 of the coded follow-up surveys are not included in Exhibit 10 because the client succeeded in breastfeeding to one year or completed the program with their Peer Counselor.

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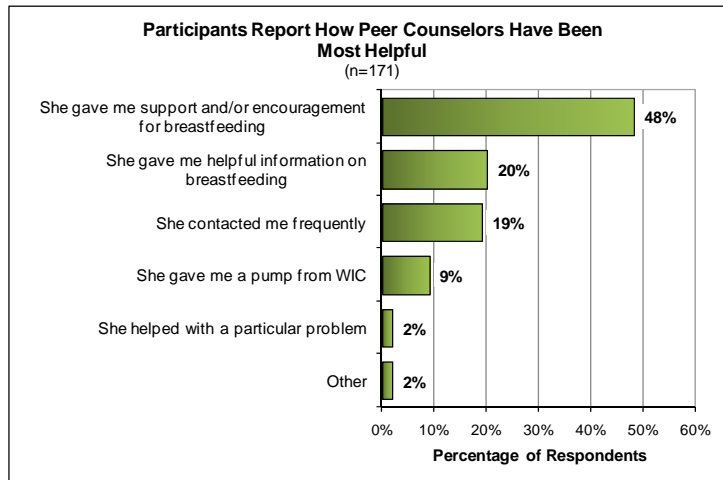
- Of the women who end participation in the program, many (67%) do so before their baby reaches three months of age [Exhibit 9].
- Women are considered “lost to follow up” when a peer counselor leaves three messages for the mother – each two weeks apart – with no response. This often requires numerous calls to busy signals or no answer. A “personal decision not to breast-feed” can mean either the mother chose to wean or she chose not to initiate breastfeeding. Clients who were lost to follow-up (42%) and clients who made a personal decision to not breastfeed the child (38%) are the two most frequent groups of women who do not continue to participate in the program [Exhibit 10].

Support Received and Participant Satisfaction

Key Findings

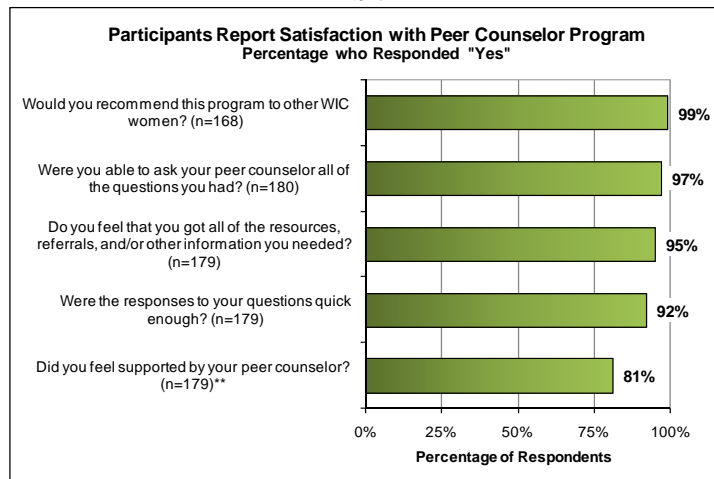
- Nearly half (48%) of women find the support and encouragement for breastfeeding the most helpful aspect of having a peer counselor. As one participant explains, “It was nice to have someone to talk to who knew what I was going through and was there for me anytime I needed it.” [Exhibit 11]
- Just over half (56%) of women reach their breastfeeding goal while participating in the Peer Counselor program. A participant who had trouble initiating breastfeeding with her daughter notes, “It was very helpful for me because if I didn’t have a pump my daughter would not have been taking my breast milk.” Another woman reflects that “when [her] baby was five days old, [she] did not know how to alleviate the nipple pain and [her peer counselor] was able to solve the problem.”

Exhibit 11



Data Source: Sonoma WIC Participant Follow-Up Survey

Exhibit 12¹⁶



Data Source: Sonoma WIC Participant Follow-Up Survey

¹⁶ Only a small percentage of respondents received a survey with this question. The majority of respondents completed a survey before LFA worked with Sonoma WIC to develop a revised version including the addition of this question. 81% reported feeling very or extremely supported, 13% feel somewhat supported, 2% slightly supported, 3% not at all supported.

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- An overwhelming majority of women are satisfied with the BFPC program. One participant comments, “It was a lot of help for me, for my baby’s development and for my development as a parent,” and another says, “They clarified all of my doubts as a first time mom.”
- Only 3% felt they were not supported at all by their peer counselor.
- Nearly all (99%) women would recommend the program to other women at [Exhibit 12].

Program Implementation: Successes and Challenges

The WIC Peer Counselor program achieved significant accomplishments in 2007. The program reached hundreds of mothers and is having a demonstrated effect on participant’s breastfeeding rates. Above all, the program is providing a consistently high quality of service. Program participants overwhelmingly report total satisfaction: they praise their peer counselor, and exclaim gratitude for the information and support they receive. These accomplishments notwithstanding, program participants offer the following suggestions for program improvement.

**Exhibit 13
Participant Feedback
Sonoma County WIC Breastfeeding Peer Counselor Program**

What changes would you recommend to this program? What could peer counselors have done to help you meet your goal?	Number of Open-Ended Comments	Percentage of Total Comments (n=127)
Nothing <i>The program and peer counseling services were excellent/the peer counselor could not have done more to help me breastfeed</i>	90	71%
Connect with mothers to provide more individual in-person support¹⁷ <i>More home visits and face-to-face connections with participants, as well as more forceful insistence to continue breastfeeding.</i>	21	17%
Provide more information <i>More information on the consequences of not breastfeeding, solutions for increasing milk production, weaning</i>	8	6%

To delve deeper into potential areas for program improvement, LFA interviewed all program staff and conducted a site visit to the program. Peer counselors themselves offered thoughts on ways to improve experiences for both staff and participants.

Strengths

The key programmatic strengths that LFA observed are:

- Thorough staff training and supervision
- Well structured “curriculum” for clients
- Functional tracking system for client contacts
- Successful participant outreach and enrollment

Thorough staff training and supervision. All peer counselors agreed that their training provided helpful communication strategies and thorough information on breastfeeding issues. A total of 120 hours of supervised work following initial training ensures that counselors can communicate their knowledge with mothers effectively. Monthly in-services for BFPCs continually refresh and build upon initial training.

¹⁷ While Peer Counselors have heard from some mothers that home visits do not interest them, 17% of survey respondents expressed an interest in more in-person meetings with a Peer Counselor, including home visits.

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Well-structured curriculum for BFPC phone conversations. Peer counselors are required to cover set topics in their phone calls to ensure that every mother receives thorough information. Thus, in each call the mother is assured a useful lesson about breastfeeding as well as a chance to talk through personal challenges and issues. For a detailed list of conversation topics which peer counselors cover, please see Attachment C.

Functional call tracking systems. Peer counselors must log every attempted and successful phone consults to ensure that mothers are contacted regularly. Peer counselors also are expected to be persistent with difficult to reach mothers; before a client is considered “lost to follow up,” they must leave at least three messages two weeks apart each.

Successful outreach and enrollment of WIC clients. When pregnant women and new mothers sign up for WIC services, they receive a sign-up sheet to complete if they are interested in breastfeeding support. The form is easy to complete and printed in both Spanish and English. These mothers are then contacted by their assigned peer counselor and, after learning basic facts about the benefits of breastfeeding, they overwhelmingly agree to participate in the program. One peer counselor estimated that only ten mothers, out of hundreds she has contacted, have refused services. The program is currently at full capacity, with some peer counselors carrying caseloads of over 80 clients.

Areas for Improvement

While Sonoma County’s WIC Breastfeeding Peer Counselor Program has demonstrated impressive success toward their goals, further enhancements to the program would make it even stronger. LFA identified the following areas for improvement.

- Participant attrition rates during early infancy
- In person services: support group attendance, home visits and hospital visits
- Collaboration
- Counselor recruitment and retention
- Data systems

Participant attrition rates during early infancy. Results reveal that many mothers drop out of the program or are “lost to contact” in the first three months after birth. According to program staff, this is often a challenging and tumultuous time for young mothers, a time in which breastfeeding problems can easily lead to early weaning. In order to enhance breastfeeding initiation, duration and exclusivity rates, the peer counselor program may wish to consider the following strategies:

- Maintain accurate contact information by asking participants to provide updates and alternate contact numbers
- Work with WIC staff to find ways that the agency as a whole can better support breastfeeding amongst clients.

In-person services: support group attendance, home visits and hospital visits. WIC’s Breastfeeding Support Groups are lively and sociable venues for breastfeeding education, but they are not always well attended. Sometimes only two or three mothers are present. The program has already improved attendance by providing healthy snacks, offering incentives such as certificates for breastfeeding success, and offering Spanish-only groups. The following ideas may further improve support group attendance.

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- Require mothers to sign up ahead of time
- Disperse WIC packets at the peer group
- Offer transportation reimbursements
- Offer more incentives for participation
- Offer more locations to improve access for women with limited transportation

Research indicates that the more home and hospital visits made by peer counselors, the higher the rates of exclusive breastfeeding at 2 weeks, 3 months, and 6 months.¹⁸ WIC's Peer Counselors report consistently offering home visits to mothers, but very few women accept the offer. The program may be able to increase home visiting by learning strategies on how to promote visits from the Families First Home Visiting Program. Improved framing and encouragement from peer counselors may increase acceptance of home and hospital visits.

Collaboration and cultural competency. Peer counselors work with women who are referred through two partner agencies as well as through the Sonoma DHS run WIC program. Collaboration with these agencies is challenging, perhaps because not all staff fully embrace the model espoused by WIC's peer counselor program. In some cases, partner agencies do not consistently publicize the program or make referrals. The WIC peer counselor program will reach a broader diversity of women in Sonoma County if relations are strengthened with their partners, especially with the Sonoma County Indian Health Project

Peer counselor recruitment and retention. By definition, peer counselors should be of similar background to the women they serve. Many WIC mothers are young and have low education levels, minimal paid work experience, and limited English proficiency. Economics, language, and transportation issues make recruitment and retention of a stable peer counselor workforce quite difficult. Of the original nine peer counselors initially trained in March, 2006, only two remain.

High turnover rates diminish the quality of service experienced by clients. Turnover also reduces program efficiency and creates a drain on resources. Each new peer counselor requires 25 hours of initial training and 120 hours of supervised work before they can counsel mothers independently. This enormous time investment for the program coordinator means she cannot provide individualized lactation consultations for all the clients who need it. Mothers she cannot see are referred to outside agencies. However, providing lactation services in-house ensures better quality and continuity of service.

Some large WIC agencies outside of the county have moved away from the original peer counselor model and employ nutritional assistants to maintain a more stable counselor staff. However, Sonoma DHS does not have enough nutritional assistants on staff for this option. Instead, the peer counselor program must seek creative solutions for their high turnover rate. Some suggestions include:

- Intensify BFPC recruitment
- Offer more attractive pay, benefits, hours, and incentives
- Enhance morale and professionalism by building a supportive work community

Data systems. The peer counselor program has a new tracking system required by the state. Unfortunately, this tracking system is not designed for client management and it has been

¹⁸ Using Loving Support to Implement Best Practices in Peer Counseling. Best Start Social Marketing, June 2004.

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challenging for staff to maintain multiple tracking and accountability systems. Currently, the Peer Counselor program uses the following systems for data on program oversight and accountability:

- ISIS data
- Follow-up surveys
- Counselor daily activity logs
- State required client tracking database (PHFE)

Program performance would be improved if the peer counselor program had a single tracking system in which to record client information, client contacts, and satisfaction surveys. Given multiple demands from funders and government agencies, this may not be possible. Nonetheless, the program should work toward streamlining their current systems to ensure that key program outputs are adequately tracked without placing an undue burden on staff time.

CONCLUSIONS, ADDITIONAL QUESTIONS FOR EXPLORATION, AND NEXT STEPS

Conclusions

This interim evaluation examined the services provided by WIC's Breastfeeding Peer Counselor Program from March to December 2007. LFA examined the quantity of services provided, the quality of service based on participant feedback, and the program's impact on breastfeeding rates. On all measures, the peer counselor program demonstrates impressive achievement.

- The program is reaching a large number of WIC clients. Between March and December of 2007, hundreds of women received information about breastfeeding from a peer counselor.
- Participants report high quality services and information. Virtually all (99%) of survey respondents would recommend the program to other WIC women.
- Exclusive breastfeeding rates for participants are substantially higher than the rates for non-participants. In January of 2008, thirty-seven percent of the WIC clients who had spoken with a peer counselor while pregnant or after giving birth were exclusively breastfeeding. 26% of WIC clients who had not received any peer counselor consultation were exclusively breastfeeding.

Additional Questions and Next Steps

This interim evaluation leave some questions unresolved. To strengthen the evaluation, First 5 Sonoma County and the WIC Breastfeeding Peer Counselor Program should consider the following next steps:

- **Explore how WIC's ISIS database can help measure program impact.** It remains uncertain how much the program itself increases breastfeeding, and how much "selection bias" is contaminating outcome findings. While women in the program have higher exclusive breastfeeding rates, it could be that women who choose to participate in the program are, from the outset, more likely to breastfeed. It is nearly impossible to eliminate selection bias in evaluating voluntary programs such as the BFPC. However, results can be strengthened with data that compare the characteristics of participants and non-participants. WIC's ISIS database may be useful for comparing these two populations of WIC clients. These data were not available for analysis for this interim report.
- **Conduct further analysis of survey results.** In addition to obtaining new data from the ISIS database, further analysis of existing survey data may yield useful information. Future analysis could examine which components of peer counselor support led to achievement of breastfeeding goals. Future reports can also delve deeper on "dosage" issues: whether women

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who are in the program for a long time are more likely to feel supported and to reach their breastfeeding goals than women who are “lost to contact” early on. One limitation of generalizing from survey data is the possibility of selection bias; survey administration methods do not require all participants to complete a survey. A total of 486 women completed participation or left the BFPC program and 181 (37%) completed a participant follow-up survey. Any mother who ends participation in the program and returns to the WIC office is given a follow-up survey to complete on the spot. Women who did not complete the survey either did not return to the WIC office or declined from completing the survey. Women who complete the survey may systematically differ from those who do not in some respects. For instance, women who never return to the WIC office could be more economically self-sufficient or more transient than those who leave the BFPC program but maintain regular WIC contact.

- **Examine long-term outcomes and cost-effectiveness of program.** The potential health outcomes of this program include decreased obesity among child participants. In addition, the program model may have cost savings for the County. Study of these outcomes may further demonstrate program effectiveness.